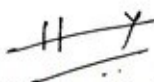


Patient Name : Mrs.POONAM KUMARI	Collected : 28/Sep/2024 10:06AM
Age/Gender : 40 Y 8 M 26 D/F	Received : 28/Sep/2024 01:41PM
UHID/MR No : CJPN.0000098103	Reported : 28/Sep/2024 04:18PM
Visit ID : CJPNOPV208361	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32720	

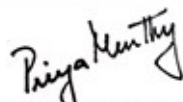
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	35.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.2	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.3	fL	83-101	Calculated
MCH	28	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,470	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.9	%	40-80	Electrical Impedance
LYMPHOCYTES	25.7	%	20-40	Electrical Impedance
EOSINOPHILS	6	%	1-6	Electrical Impedance
MONOCYTES	5.4	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2147.93	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	891.79	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	208.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	187.38	Cells/cu.mm	200-1000	Calculated
BASOPHILS	34.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.41		0.78- 3.53	Calculated
PLATELET COUNT	131000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	32	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



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Consultant Pathologist



Dr. Priya Murthy
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Consultant Pathologist



Patient Name : Mrs.POONAM KUMARI	Collected : 28/Sep/2024 10:06AM
Age/Gender : 40 Y 8 M 26 D/F	Received : 28/Sep/2024 01:41PM
UHID/MR No : CJPN.0000098103	Reported : 28/Sep/2024 04:18PM
Visit ID : CJPNOPV208361	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32720	

DEPARTMENT OF HAEMATOLOGY

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

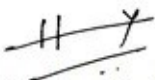
RBCs: are normocytic normochromic

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

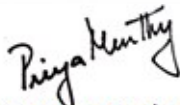
PLATELETS: appear mildly decreased in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD LEUCOPENIA AND MILD THROMBOCYTOPENIA.



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Patient Name : Mrs.POONAM KUMARI	Collected : 28/Sep/2024 10:06AM
Age/Gender : 40 Y 8 M 26 D/F	Received : 28/Sep/2024 01:41PM
UHID/MR No : CJPN.0000098103	Reported : 28/Sep/2024 04:27PM
Visit ID : CJPNOPV208361	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

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



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AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mrs.POONAM KUMARI	Collected : 28/Sep/2024 10:06AM
Age/Gender : 40 Y 8 M 26 D/F	Received : 28/Sep/2024 01:53PM
UHID/MR No : CJPN.000098103	Reported : 28/Sep/2024 03:13PM
Visit ID : CJPNOPV208361	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32720	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	88	mg/dL	70-100	HEXOKINASE


Comment:

As per American Diabetes Guidelines, 2023

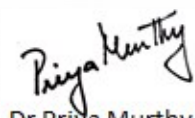
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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



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Patient Name : Mrs.POONAM KUMARI	Collected : 28/Sep/2024 01:05PM
Age/Gender : 40 Y 8 M 26 D/F	Received : 28/Sep/2024 05:13PM
UHID/MR No : CJPN.0000098103	Reported : 28/Sep/2024 05:44PM
Visit ID : CJPNOPV208361	Status : Final Report
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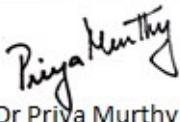
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, 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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Patient Name : Mrs.POONAM KUMARI	Collected : 28/Sep/2024 10:06AM
Age/Gender : 40 Y 8 M 26 D/F	Received : 28/Sep/2024 02:43PM
UHID/MR No : CJPN.000098103	Reported : 28/Sep/2024 04:17PM
Visit ID : CJPNOPV208361	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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 glycaemic 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

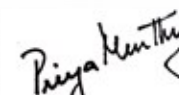
A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

Patient Name : Mrs.POONAM KUMARI	Collected : 28/Sep/2024 10:06AM
Age/Gender : 40 Y 8 M 26 D/F	Received : 28/Sep/2024 04:25PM
UHID/MR No : CJPN.0000098103	Reported : 28/Sep/2024 06:23PM
Visit ID : CJPNOPV208361	Status : Final Report
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Emp/Auth/TPA ID : 22E32720	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	117	mg/dL	<200	CHO-POD
TRIGLYCERIDES	78	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	75	mg/dL	<130	Calculated
LDL CHOLESTEROL	59.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.78		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


Comment:

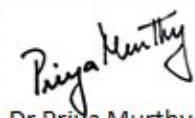
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


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SIN No: JPR240903144

Apollo Health and Lifestyle Limited

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.35	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.26	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	81.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.43	g/dL	6.6-8.3	Biuret
ALBUMIN	4.18	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		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, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.


2. Cholestatic Pattern:

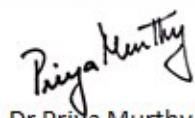
*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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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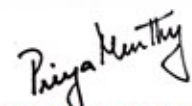

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Patient Name : Mrs.POONAM KUMARI	Collected : 28/Sep/2024 10:06AM
Age/Gender : 40 Y 8 M 26 D/F	Received : 28/Sep/2024 04:25PM
UHID/MR No : CJPN.0000098103	Reported : 28/Sep/2024 06:23PM
Visit ID : CJPNOPV208361	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32720	

DEPARTMENT OF BIOCHEMISTRY

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


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Age/Gender : 40 Y 8 M 26 D/F	Received : 28/Sep/2024 04:25PM
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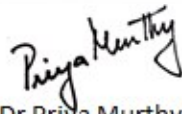
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.66	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	14.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.57	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.57	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.43	g/dL	6.6-8.3	Biuret
ALBUMIN	4.18	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		0.9-2.0	Calculated



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



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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
SIN No: JPR240903144

Apollo Health and Lifestyle Limited

(CIN - U06110TC2800PHG115819)
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:
32, 100/125, Doddabangla Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 1860 500 7788
www.apolloclinic.com

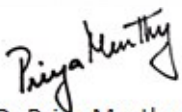
APOLLO CLINICS NETWORK
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Patient Name : Mrs.POONAM KUMARI	Collected : 28/Sep/2024 10:06AM
Age/Gender : 40 Y 8 M 26 D/F	Received : 28/Sep/2024 04:25PM
UHID/MR No : CJPN.0000098103	Reported : 28/Sep/2024 06:18PM
Visit ID : CJPNOPV208361	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32720	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	<38	IFCC



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



Patient Name : Mrs.POONAM KUMARI	Collected : 28/Sep/2024 10:06AM
Age/Gender : 40 Y 8 M 26 D/F	Received : 28/Sep/2024 04:22PM
UHID/MR No : CJPN.000098103	Reported : 28/Sep/2024 05:56PM
Visit ID : CJPNOPV208361	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32720	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.92	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.15	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.074	µIU/mL	0.34-5.60	CLIA

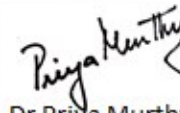
Comment:

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

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

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


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


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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: JPR240903142

Apollo Health and Lifestyle Limited (CIN - U061107C2800PH6115849)
 This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
 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:
 5th Floor, Deekshapada Building, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034


1860 500 7788
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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.POONAM KUMARI	Collected : 28/Sep/2024 10:06AM
Age/Gender : 40 Y 8 M 26 D/F	Received : 28/Sep/2024 04:22PM
UHID/MR No : CJPN.0000098103	Reported : 28/Sep/2024 05:56PM
Visit ID : CJPNOPV208361	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32720	

DEPARTMENT OF IMMUNOLOGY

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

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

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

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



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 Karnataka- 560034

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Patient Name : Mrs.POONAM KUMARI	Collected : 28/Sep/2024 10:06AM
Age/Gender : 40 Y 8 M 26 D/F	Received : 28/Sep/2024 01:32PM
UHID/MR No : CJPN.0000098103	Reported : 28/Sep/2024 02:53PM
Visit ID : CJPNOPV208361	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32720	

DEPARTMENT OF CLINICAL PATHOLOGY

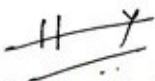
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

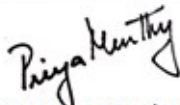
*** End Of Report ***

Result/s to Follow:

PERIPHERAL SMEAR, GLUCOSE (POST PRANDIAL) - URINE, COMPLETE URINE EXAMINATION (CUE)



Dr. Harshitha Y
M.B.B.S, M.D (Pathology)
Consultant Pathologist



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

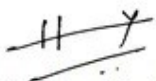


Patient Name : Mrs.POONAM KUMARI
 Age/Gender : 40 Y 8 M 26 D/F
 UHID/MR No : CJPN.0000098103
 Visit ID : CJPNOPV208361
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22E32720

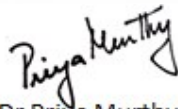
Collected : 28/Sep/2024 10:06AM
 Received : 28/Sep/2024 01:32PM
 Reported : 28/Sep/2024 02:53PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies. Laboratories not be responsible for any interpretation whatsoever. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen. 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. Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received. This report is not valid for medico legal purposes.



Dr. Harshitha Y
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

APOLLO Health & Lifestyle Limited, RRL BANGALORE Laboratory
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APOLLO CLINICS NETWORK

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Patient Name	: Mrs. poonam kumari	Age	: 40Yrs 8Mths 28Days
UHID	: CJPN.0000098103	OP Visit No.	: CJPNOPV208361
Printed On	: 29-09-2024 03:26 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E32720		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

LIVER : Normal in size and echotexture. No focal lesion seen.
No intra hepatic biliary / venous radicular dilation.
CBD and Main Portal vein appear normal. PV-10 mm.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size and echotexture. No focal lesion was seen.

PANCREAS : Normal to the visualized extent.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.

Right kidney measures: 10.9 x 1.9 cm.

Left kidney measures :11.3 x 2.2 cm.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

UTERUS : Normal in size and echotexture. It measures :8.7 x 4.8 x 5.8 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring-9 mm.

No focal lesion was noted.

OVARIES : Both ovaries are normal in size.

Right ovary measures :3.0 x 2.0 cm.

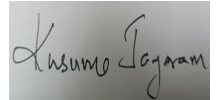
Left ovary measures : 3.2 x 2.2cm.

No free fluid is seen in the peritoneum. No lymphadenopathy.

IMPRESSION : NORMAL STUDY.

Please Note :No preparation done before scanning.

---End Of The Report---



Dr. KUSUMA JAYARAM

MBBS,DMRD

--

Radiology

Patient Name	: Mrs. poonam kumari	Age	: 40Yrs 8Mths 28Days
UHID	: C-JPN.0000098103	OP Visit No.	: CJPNOV208361
Printed On	: 29-09-2024 03:27 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E32720		

DEPARTMENT OF RADIOLOGY

SONOMAMMOGRAPHY

Both breast parenchymal echotexture appear normal.

No ductal dilatation was noted.

No focal lesion seen in both breast.

Nipples and subaerolar region appear normal.

Skin and subcutaneous tissue is normal.

No axillary lymphadenopathy was appreciated.

IMPRESSION: NORMAL STUDY.

BI-RADS CLASSIFICATIONS: Category I:Negative.

Bi-rads classifications:

Category 0 :Need additional imaging evaluation.

Category I : Negative.

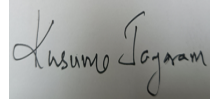
Category II : Benign finding.

Category III : probably benign finding-short interval follow up is suggested.

Category IV : Suspicious abnormality-biopsy should be considered.

Category V : Highly suggestive of malignancy.

---End Of The Report---



Dr. KUSUMA JAYARAM

MBBS,DMRD

--

Radiology

Patient Name	: Mrs. poonam kumari	Age	: 40Yrs 8Mths 28Days
UHID	: C.JPN.0000098103	OP Visit No.	: C.JPNOPV208361
Printed On	: 29-09-2024 02:51 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E32720		

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---

Jyoti Priyadarshini

Dr.JYOTI PRIYADARSHINI
MBBS, MD
KMC147822
Radiology

Name : Mrs. Poonam Kumari	Age : 40Y 8M 26D	UHID : CJPN.0000098103
Address : J P Nagar Bangalore Karnataka INDIA 560078	sex : Female	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		CJPN.0000098103
		OP No : CJPNOPV208361
		Bill No : CJPN-OCR-75012
		Date : Sep 28th, 2024, 9:54 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324		
1	ULTRASOUND - WHOLE ABDOMEN <i>to</i>	Ultrasound Radiology	<input type="checkbox"/>
2	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
3	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>
4	LBC PAP TEST- PAPSURE <i>LI</i>	Histopathology	<input type="checkbox"/>
5	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
6	SONO MAMOGRAPHY - SCREENING <i>to</i>	Mammography	<input type="checkbox"/>
7	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
8	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>
9	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Biochemistry	<input type="checkbox"/>
10	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
11	OPHTHAL BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
12	DIET CONSULTATION <i>16 opp</i>	General	<input type="checkbox"/>
13	DENTAL CONSULTATION <i>15</i>	Consultation	<input type="checkbox"/>
14	BODY MASS INDEX (BMI)	General	<input type="checkbox"/>
15	X-RAY CHEST PA <i>18</i>	X Ray Radiology	<input type="checkbox"/>
16	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
17	PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
18	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
19	2D ECHO <i>to</i>	Cardiology	<input type="checkbox"/>
20	GYNAECOLOGY CONSULTATION <i>LI</i>	Consultation	<input type="checkbox"/>
21	ECG <i>07</i>	Cardiology	<input type="checkbox"/>
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>
23	ENT CONSULTATION <i>05</i>	Consultation	<input type="checkbox"/>
24	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology	<input type="checkbox"/>
25	URINE GLUCOSE(FASTING)	Clinical Pathology	<input type="checkbox"/>
26	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry	<input type="checkbox"/>
27	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	<input type="checkbox"/>

*wt - 65.2 kg
H - 159 cm
BP - 107/76
PR - 81
BMI - 25.8*

onam
pn98103

28.09.2024 10:51:27

Apollo Clinic
J.P. Nagar
Bangalore

159 in Female
65.0 lb

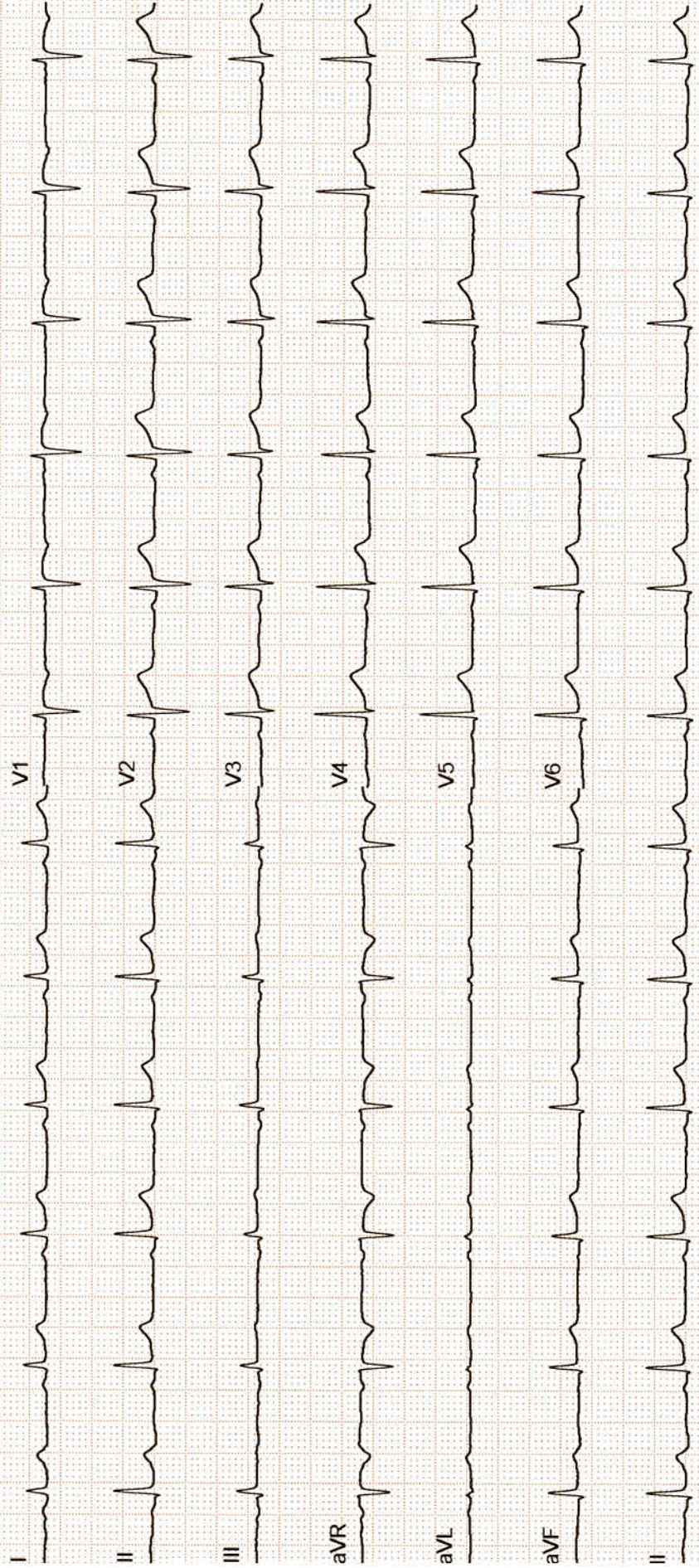
72 bpm

107 / 76 mmHg

WOL
[Signature]

Normal sinus rhythm
Normal ECG

QRS	66 ms
QT / QTcBaz	354 / 387 ms
PR	134 ms
P	78 ms
RR / PP	834 / 833 ms
P / QRS / T	3 / 60 / 44 degrees



Apollo Clinic

CONSENT FORM

Patient Name: Poonam Age: 40

UHID Number: Company Name:

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am ~~not~~ interested in getting optical, Diet, Dentist

Tests done which is a part of my routine health check package. ECHO - EWT is

And I claim the above statement in my full consciousness. Pending

Poonam K...

Patient Signature: Date:

प्रति,

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

महोदय/ महोदया,

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

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

	कर्मचारी विवरण
नाम	MS. KUMARI POONAM
क.कू.संख्या	170971
पदनाम	SENIOR CUSTOMER SERVICE ASSOCIATE(CASH)
कार्य का स्थान	BANGALORE,BILEKAHALLI
जन्म की तारीख	02-01-1984
स्वास्थ्य जांच की प्रस्तावित तारीख	28-09-2024
बुकिंग संदर्भ सं.	24S170971100112980E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **05-09-2024** से **31-03-2025** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

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