

Patient Name : Mrs.SUJATHA S	Collected : 05/Oct/2024 08:12AM
Age/Gender : 58 Y 9 M 4 D/F	Received : 05/Oct/2024 12:04PM
UHID/MR No : CUPP.0000091861	Reported : 05/Oct/2024 02:46PM
Visit ID : CUPPOPV140176	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22D34669	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.2	g/dL	12.5-15	Spectrophotometer
PCV	36.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.6	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	78.3	fL	83-101	Calculated
MCH	26.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	18.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,890	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49	%	40-80	Flow cytometry
LYMPHOCYTES	38	%	20-40	Flow cytometry
EOSINOPHILS	3	%	1-6	Flow cytometry
MONOCYTES	10	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2886.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2238.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	176.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	589	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.29		0.78- 3.53	Calculated
PLATELET COUNT	226000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	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				

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

SIN No:UPP241000473

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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

M. Muttavarapu Viswanath

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

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

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Age/Gender : 58 Y 9 M 4 D/F	Received : 05/Oct/2024 12:22PM
UHID/MR No : CUPP.0000091861	Reported : 05/Oct/2024 12:58PM
Visit ID : CUPPOPV140176	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	70	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.



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



SIN No:UPP241000469

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Age/Gender : 58 Y 9 M 4 D/F	Received : 05/Oct/2024 02:14PM
UHID/MR No : CUPP.0000091861	Reported : 05/Oct/2024 04:03PM
Visit ID : CUPPOPV140176	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)	174	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
 Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Maruthi...
Dr.E.Maruthi Prasad
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 Consultant biochemist

Sujana...
Dr.Matta Sujana Reddy
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 Consultant Biochemist



SIN No:UPP241000525

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 R R District., Uppal, Hyderabad, Telangana, India - 500039

APOLLO CLINICS NETWORK

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Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	177	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)


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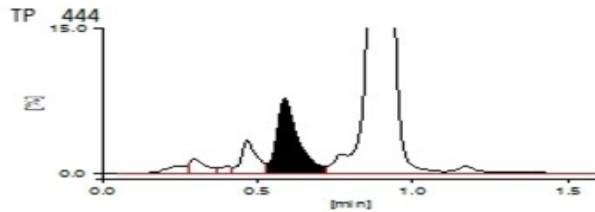
Chromatogram Report

HLC72368 V5.28 1 2024-10-05 14:42:38
 ID UPP241000468
 Sample No. 10050099 SL 0002 - 07
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.6	0.23	12.23
A1B	0.9	0.30	17.27
F	0.3	0.40	6.26
LA1C+	2.0	0.47	37.96
SA1C	7.8	0.59	116.92
AO	90.5	0.89	1756.79
H-V0			
H-V1			
H-V2			

Total Area 1947.43

HbA1c 7.8 % **IFCC 62 mmol/mol**
 HbA1 9.3 % HbF 0.3 %



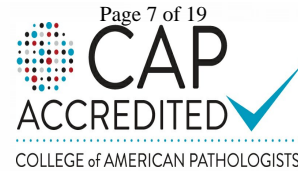
Maruthi...

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SIN No:UPP241000468

Sujana...

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05-10-2024 14:42:39 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALANAGER

1 / 1

Maruthi...
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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	133	mg/dL	<200	CHO-POD
TRIGLYCERIDES	81	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	62	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	71	mg/dL	<130	Calculated
LDL CHOLESTEROL	54.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.15		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

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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	73.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.54	g/dL	6.6-8.3	Biuret
ALBUMIN	4.35	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.19	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		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.



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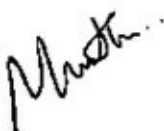
Patient Name : Mrs.SUJATHA S
Age/Gender : 58 Y 9 M 4 D/F
UHID/MR No : CUPP.0000091861
Visit ID : CUPPOPV140176
Ref Doctor : Self
Emp/Auth/TPA ID : 22D34669


Collected : 05/Oct/2024 08:12AM
Received : 05/Oct/2024 12:38PM
Reported : 05/Oct/2024 04:38PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.


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


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

Page 11 of 19
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R R District., Uppal, Hyderabad, Telangana, India - 500039

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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	1.05	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	29.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.00	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.33	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.68	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	98	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.54	g/dL	6.6-8.3	Biuret
ALBUMIN	4.35	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.19	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		0.9-2.0	Calculated


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


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



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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	36.00	U/L	<38	IFCC

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

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



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Age/Gender : 58 Y 9 M 4 D/F	Received : 05/Oct/2024 12:38PM
UHID/MR No : CUPP.0000091861	Reported : 05/Oct/2024 03:52PM
Visit ID : CUPPOPV140176	Status : Final Report
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Emp/Auth/TPA ID : 22D34669	

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)	0.58	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	16.83	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.906	µIU/mL	0.38-5.33	CLIA


Result is rechecked. Kindly correlate clinically.

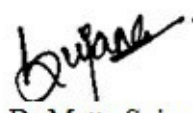
Comment:

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


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


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



SIN No: UPP241000475

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DEPARTMENT OF IMMUNOLOGY

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

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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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

Sujana...
Dr.Matta Sujana Reddy
 M.B.B.S.,M.D(Biochemistry)
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Patient Name : Mrs.SUJATHA S	Collected : 05/Oct/2024 08:12AM
Age/Gender : 58 Y 9 M 4 D/F	Received : 05/Oct/2024 01:09PM
UHID/MR No : CUPP.0000091861	Reported : 05/Oct/2024 01:48PM
Visit ID : CUPPOPV140176	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22D34669	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.009		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	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NIL	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT	/hpf	Occasional-Few	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.

M. Muttavarapu Viswanath

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

SIN No:UPP241000474

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Patient Name : Mrs.SUJATHA S	Collected : 05/Oct/2024 08:12AM
Age/Gender : 58 Y 9 M 4 D/F	Received : 05/Oct/2024 01:28PM
UHID/MR No : CUPP.0000091861	Reported : 05/Oct/2024 05:28PM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

M. Muttavarapu Viswanath

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

SIN No:UPP241000470

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Patient Name : Mrs.SUJATHA S	Collected : 05/Oct/2024 08:12AM
Age/Gender : 58 Y 9 M 4 D/F	Received : 05/Oct/2024 01:22PM
UHID/MR No : CUPP.0000091861	Reported : 05/Oct/2024 02:35PM
Visit ID : CUPPOPV140176	Status : Final Report
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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

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



SIN No:UPP241000472

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Patient Name : Mrs.SUJATHA S	Collected : 05/Oct/2024 01:47PM
Age/Gender : 58 Y 9 M 4 D/F	Received : 05/Oct/2024 07:42PM
UHID/MR No : CUPP.0000091861	Reported : 07/Oct/2024 04:19PM
Visit ID : CUPPOPV140176	Status : Final Report
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DEPARTMENT OF CYTOLOGY

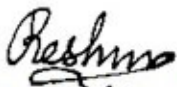
LBC PAP SMEAR , CERVICAL SAMPLE

	CYTOLOGY NO.	22074
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	Parabasal and basal cells with reactive nuclear changes.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
c	NON NEOPLASTIC FINDINGS	ATROPHY
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

SIN No: UPP241000542

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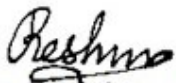


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TERMS AND CONDITIONS GOVERNING THIS REPORT

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. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist



SIN No: UPP241000542

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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R R District, Uppal, Hyderabad, Telangana, India - 500039

 **1860 500 7788**

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Patient Name	: Mrs. Sujatha S	Age	: 58Yrs 9Mths 5Days
UHID	: CUPP.0000091861	OP Visit No.	: CUPPOPV140176
Printed On	: 05-10-2024 05:49 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22D34669		

DEPARTMENT OF RADIOLOGY

Liver appears normal in size 118 mm and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is contracted.

Spleen appears normal in size 87 mm. No focal lesion seen. Splenic vein appears normal.

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

Right kidney : 89 x 43 mm.

Left kidney : 90 x 49 mm.

Both the kidneys appear normal in size, shape and echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydro nephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus atrophic.

Both ovaries atrophic.

No evidence of any adnexal pathology noted.

IMPRESSION :

No significant abnormality detected.

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---

Jyothirmai

Dr. MATTA JYOTHIRMAI
MBBS, MDRD
APMC/FMR/74706
Radiology

Patient Name	: Mrs. Sujatha S	Age	: 58Yrs 9Mths 5Days
UHID	: CUPP.0000091861	OP Visit No.	: CUPPOPV140176
Printed On	: 05-10-2024 05:43 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22D34669		

DEPARTMENT OF RADIOLOGY

RIGHT BREAST :

Right breast show normal fibro fatty echo pattern.

No focal lesion seen in right breast.

Right axillary tail region appear normal.

Right nipple and retro areolar region appear normal.

No e/o right axillary lymphadenopathy.

LEFT BREAST :

Left breast show normal fibro fatty echo pattern.

No focal lesion seen in left breast.

Left axillary tail region appear normal.

Left nipple and retro areolar region appears normal.

No e/o left axillary lymphadenopathy.

IMPRESSION :

Normal study.

Ultrasonography is the study of images hence not 100% accurate. Serial scans and reconfirmation is recommended. The reports are not valid for medicolegal purpose . Clinical opinion needs to be taken.

---End Of The Report---

Jyothirmai

Dr. MATTA JYOTHIRMAI
MBBS, MDRD
APMC/FMR/74706
Radiology

Patient Name	: Mrs. Sujatha S	Age	: 58Yrs 9Mths 5Days
UHID	: CUPP.0000091861	OP Visit No.	: CUPPOPV140176
Printed On	: 05-10-2024 07:00 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22D34669		

DEPARTMENT OF RADIOLOGY

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardio phrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

For clinical correlation.

---End Of The Report---

Jyothi

Dr. MATTA JYOTHIRMAI
MBBS, MDRD
APMC/FMR/74706
Radiology

Patient Name	: Mrs. Sujatha S	Age	: 58Yrs 9Mths 5Days
UHID	: CUPP.0000091861	OP Visit No.	: CUPPOPV140176
Printed On	: 05-10-2024 08:09 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22D34669		

DEPARTMENT OF CARDIOLOGY

Ao (ed)	2.7 CM
LA (es)	3.3 CM
LVID (ed)	3.8 CM
LVID (es)	2.5 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	64.00%
%FD	32.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

COLOUR AND DOPPLER STUDIES:

PJV: 0.7

AJV: 1.2

E: 0.8 m/s

A: 0.6 m/s

IMPRESSION:-

S/P EPS/RFA

NORMAL CHAMBERS.

NO RWMA.

GOOD LV/ RV FUNCTION.

NO MR/ AR/ TR/ PAH.

NO CLOT.

NO PERICARDIAL EFFUSION.

---End Of The Report---



Dr. CH VENKATESHAM
MBBS, PGDCC
41992
Cardiology

Patient Name	: Mrs. Sujatha S	Age	: 58Yrs 9Mths 5Days
UHID	: CUPP.0000091861	OP Visit No.	: CUPPOPV140176
Printed On	: 05-10-2024 07:42 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22D34669		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 74 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL ECG.

---End Of The Report---



Dr. CH VENKATESHAM
MBBS,PGDCC
41992
Cardiology

Apollo Clinic Uppal

From: noreply@apolloclinics.info
Sent: Friday, October 4, 2024 03:34 PM
To: shashi.sabadu@gmail.com
Cc: Apollo Clinic Uppal; Nishanth Reddy; Syamsunder M
Subject: Your appointment is confirmed



Dear Sujatha K,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **UPPAL clinic** on **2024-10-05** at **07:45-08:00**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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: APOLLO CLINIC NEAR PILLAR NO 91, BESIDE RAMRAJ COTTON SHOWROOM,CANARA NAGAR BUS STOP, WARANGAL HIGHWAY,.

Contact No: (040) 49503373 -74/.

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



భారత ప్రభుత్వం

GOVERNMENT OF INDIA



సాబాదు సుజాత
Sabadu Sujatha

పుట్టిన సంవత్సరం/Year of Birth : 1966
స్త్రీ / Female

6326 7918 6925



ఆధార్ - సామాన్య విహారు



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

విరునామా: W/O సాబాదు దశరథ రెడ్డి,
ఇంటి నం 18-56, పన్నాల గూడెం,
నకిరేకల్ మండలం, నకిరేకల్, నకిరేకల్,
నల్గొండ, ఆంధ్రప్రదేశ్, 508211

Address: W/O Sabadu
Dasharatha Reddy, H NO 18-56,
Pannala Gudem, Nakrekal
Mandal, Nakrekal, Nakrekal,
Nalgonda, Andhra Pradesh,
508211



1947

1800 180 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



పి.ఓ. లైన్స్ నెం. 1947,
బెంగళూరు-560001

Patient Name	: Mrs. Sujatha S	Age	: 58Yrs 9Mths 4Days
UHID	: CUPP.0000091861	OP Visit No.	: CUPPOPV140176
Printed On	: 05-10-2024 01:39 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22D34669		

DEPARTMENT OF CARDIOLOGY

Ao (ed)	2.7 CM
LA (es)	3.3 CM
LVID (ed)	3.8 CM
LVID (es)	2.5 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
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INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

COLOUR AND DOPPLER STUDIES:

PJV: 0.7

AJV: 1.2

E: 0.8 m/s

A: 0.6 m/s

IMPRESSION:-

S/P EPS/RFA

NORMAL CHAMBERS.

NO RWMA.

GOOD LV/ RV FUNCTION.

NO MR/ AR/ TR/ PAH.

NO CLOT.

NO PERICARDIAL EFFUSION.

---End Of The Report---



Dr. CH VENKATESHAM
MBBS,PGDCC
41992
Cardiology

PHYSICAL EXAMINATION FOR

Name	Mrs. Sujatha S	Age & Gender	58 Y/F
UHID	<u>CUPP.0000091861</u>	DATE	5.05.2024

Vitals	
Height (CM)	154
Weight (KG)	65
BMI	27.4
BP	150/100
Pulse	92
SPO2 (%)	NA
Temperature	NA

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Mrs. Sujatha S on 7/10/24.

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. Review after _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	

Dr. KOPPULA TRIVENI
M.B.B.S
Dr. K. Sujatha **TSMO/EMR/05078**
APOLLO FAMILY PHYSICIAN
Medical Officer

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal.)
Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

MRS SUJATHA, S

Patient ID: 91861

10/05/2024

10:54:42am

Female 139 in 56 lbs

58 yrs Asian

Exercise Test / 12-Lead Report

PRETEST

SUPINE

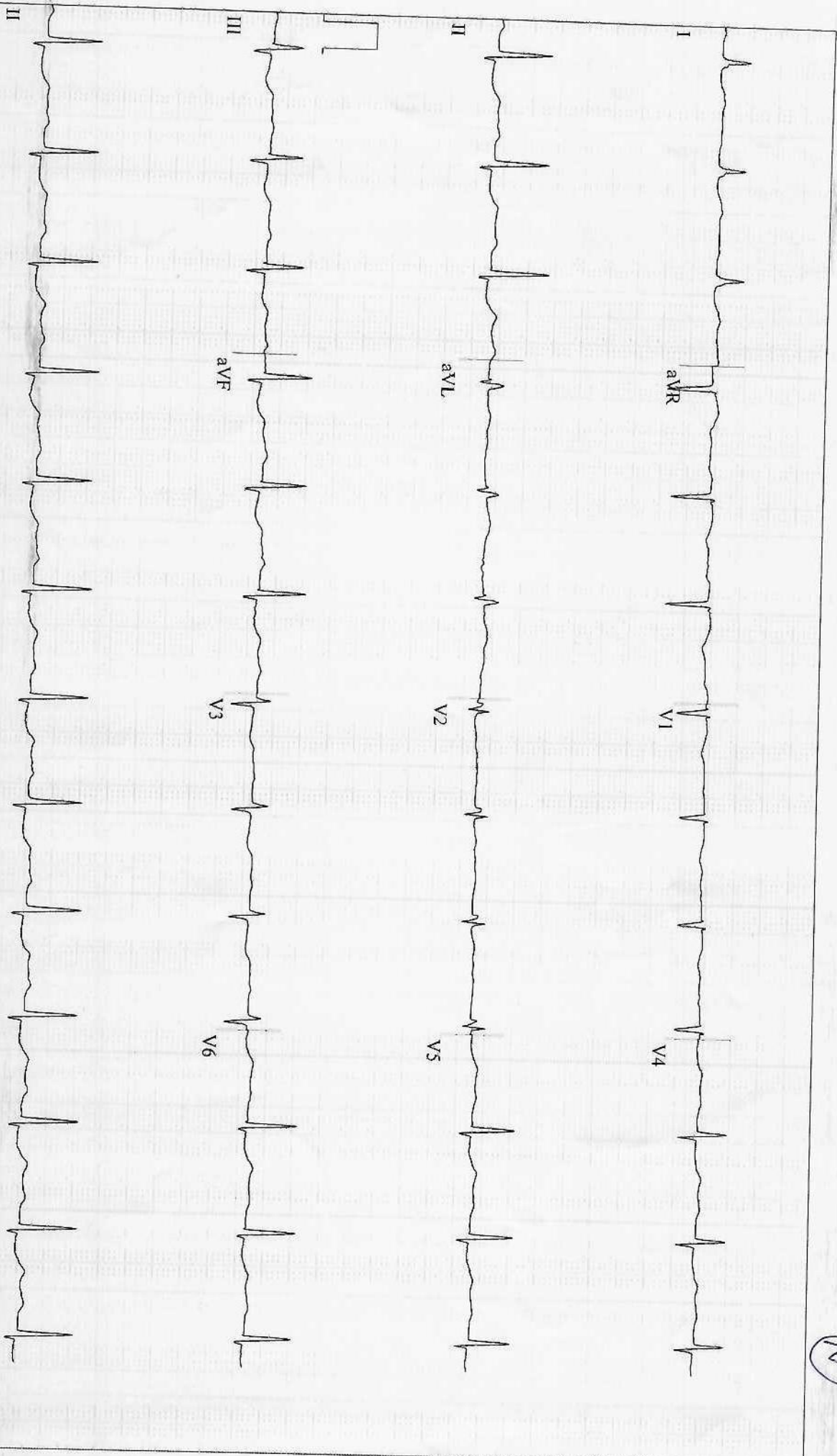
00:00

74 bpm

BRUCE

APOLLO HEALTH AND LIFESTYLE

(N)



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V5, V4)

Start of Test: 10:54:36am