

Certificate No: MC-2433

Patient Name	: Mrs.PRABASINI SETHY	Collected	: 27/Jan/2024 10:24AM
Age/Gender	: 49 Y 7 M 10 D/F	Received	: 27/Jan/2024 04:41PM
UHID/MR No	: CANN.0000119789	Reported	: 27/Jan/2024 06:25PM
Visit ID	: CANNOPV388943	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS5293		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240020026

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12	g/dL	12-15	Spectrophotometer
PCV	37.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.61	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>81.6</b>	fL	83-101	Calculated
MCH	<b>26.1</b>	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.2</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	61.0	%	40-80	Electrical Impedance
LYMPHOCYTES	31.1	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	5.5	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4331	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2208.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	127.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	390.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42.6	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	276000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	14	mm/hour	0-20	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic.

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination
PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY				



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Age/Gender : 49 Y 7 M 10 D/F	Received : 27/Jan/2024 08:06PM
UHID/MR No : CANN.0000119789	Reported : 27/Jan/2024 08:47PM
Visit ID : CANNOPV388943	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	90	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**


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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	141	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.



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:PLP1412364

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Patient Name : Mrs.PRABASINI SETHY	Collected : 27/Jan/2024 10:24AM
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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


**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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



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M.D.(Biochemistry)



SIN No:EDT240008587

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>207</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	96	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	58	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>149</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>129.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.57		0-4.97	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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.49	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	98.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		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. • Bilirubin may be elevated.
- 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 diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:SE04611108

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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

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Phone - 044.26224504 / 05



**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.PRABASINI SETHY  
Age/Gender : 49 Y 7 M 10 D/F  
UHID/MR No : CANN.0000119789  
Visit ID : CANNOPV388943  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : bobS5293

Collected : 27/Jan/2024 10:24AM  
Received : 27/Jan/2024 05:04PM  
Reported : 27/Jan/2024 09:28PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Page 9 of 15



DR. R. SRIVATSAN  
M.D.(Biochemistry)



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Patient Name : Mrs.PRABASINI SETHY	Collected : 27/Jan/2024 10:24AM
Age/Gender : 49 Y 7 M 10 D/F	Received : 27/Jan/2024 05:04PM
UHID/MR No : CANN.0000119789	Reported : 27/Jan/2024 09:28PM
Visit ID : CANNOPV388943	Status : Final Report
Ref Doctor : Dr.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 - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.85	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	25.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>6.50</b>	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:SE04611108

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Patient Name	: Mrs.PRABASINI SETHY	Collected	: 27/Jan/2024 10:24AM
Age/Gender	: 49 Y 7 M 10 D/F	Received	: 27/Jan/2024 05:04PM
UHID/MR No	: CANN.0000119789	Reported	: 27/Jan/2024 09:14PM
Visit ID	: CANNOPV388943	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS5293		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	16.00	U/L	<38	IFCC



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



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Certificate No: MC-2435

Patient Name : Mrs.PRABASINI SETHY	Collected : 27/Jan/2024 10:24AM
Age/Gender : 49 Y 7 M 10 D/F	Received : 27/Jan/2024 05:16PM
UHID/MR No : CANN.0000119789	Reported : 27/Jan/2024 07:44PM
Visit ID : CANNOPV388943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5293	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.22	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.26	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.965	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No: SPL24013224

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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



Certificate No: MC-2435

Patient Name : Mrs.PRABASINI SETHY	Collected : 27/Jan/2024 10:24AM
Age/Gender : 49 Y 7 M 10 D/F	Received : 27/Jan/2024 05:02PM
UHID/MR No : CANN.0000119789	Reported : 27/Jan/2024 05:42PM
Visit ID : CANNOPV388943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5293	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 15



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

SIN No:UR2269602

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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Patient Name : Mrs.PRABASINI SETHY	Collected : 27/Jan/2024 10:24AM
Age/Gender : 49 Y 7 M 10 D/F	Received : 27/Jan/2024 05:40PM
UHID/MR No : CANN.0000119789	Reported : 27/Jan/2024 06:04PM
Visit ID : CANNOPV388943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5293	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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



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

SIN No:UF010384

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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Patient Name : Mrs.PRABASINI SETHY	Collected : 27/Jan/2024 10:24AM
Age/Gender : 49 Y 7 M 10 D/F	Received : 28/Jan/2024 12:34PM
UHID/MR No : CANN.0000119789	Reported : 30/Jan/2024 12:31PM
Visit ID : CANNOPV388943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5293	

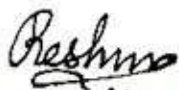
**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE**

	<b>CYTOLOGY NO.</b>	1644/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

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



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

SIN No:CS073493

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

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Patient Name : Mrs. PRABASINI SETHY Age : 49 Y/F  
UHID : CANN.0000119789 OP Visit No : CANNOPV388943  
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 31-01-2024 12:04  
Referred By : SELF

---

## **2D-ECHO WITH COLOUR DOPPLER**

### Dimensions:

Ao (ed)	2.3CM
LA (es)	3.1CM
LVID (ed)	4.5CM
LVID (es)	2.5CM
IVS (Ed)	0.8CM
LVPW (Ed)	0.9CM
EF	65%
%FD	35%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL



Patient Name	: Mrs. PRABASINI SETHY	Age	: 49 Y/F
UHID	: CANN.0000119789	OP Visit No	: CANNOPV388943
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 31-01-2024 12:04
Referred By	: SELF		

---

**DOPPLER STUDIES MITRAL INFLOW :**

E : 1.1m/sc A: 0.7m/sc

Velocity / Gradient Across Pulmonic Valve :0.8m/sc

Velocity / Gradient Across Aortic Valve : 1.0m/sc

**IMPRESSION :**

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 65%)

NORMAL CARDIAC CHAMBERS&VALVES

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.  
RAKESH P  
GOPAL

Patient Name : Mrs. PRABASINI SETHY  
UHID : CANN.0000119789  
Conducted By: : Dr. RAKESH P GOPAL  
Referred By : SELF

Age : 49 Y/F  
OP Visit No : CANNOPV388943  
Conducted Date : 31-01-2024 12:04

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Patient Name	: Mrs. PRABASINI SETHY	Age	: 49 Y/F
UHID	: CANN.0000119789	OP Visit No	: CANNOPV388943
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 28-01-2024 09:43
Referred By	: SELF		

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### **ECG REPORT**

#### **Observation :-**

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

#### **Impression:**

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. ARULNITHI AYYANATHAN

<b>Patient Name</b>	: Mrs. PRABASINI SETHY	<b>Age/Gender</b>	: 49 Y/F
<b>UHID/MR No.</b>	: CANN.0000119789	<b>OP Visit No</b>	: CANNOPV388943
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 27-01-2024 18:58
<b>LRN#</b>	: RAD2218420	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS5293		

**DEPARTMENT OF RADIOLOGY**

**SONO MAMMOGRAPHY - SCREENING**

**CH** : No complaints. Routine check up  
**F/H/O Breast cancer** : No  
**Previous mammogram / USG** : No  
**H/o Breast surgery** : No

**Report**

**Tissue composition of both breasts**

Heterogenous background echotexture glandular and fatty tissues.

No suspicious solid /cystic lesion in both breasts.  
No evidence of duct dilatation / architectural distortion.  
The subareolar tissues are normal.  
No evidence of retromammary pathology is seen.  
The axillary tails are normal.  
No axillary lymphadenopathy.

**IMPRESSION:**

\* NO SIGNIFICANT ABNORMALITY DETECTED.

-USG BIRADS - I

- ( Suggested Mammogram in view of age)



**Patient Name** : Mrs. PRABASINI SETHY

**Age/Gender** : 49 Y/F

**UHID/MR No.** : CANN.0000119789

**OP Visit No** : CANNOPV388943

**Sample Collected on** :

**Reported on** : 27-01-2024 18:50

**LRN#** : RAD2218420

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS5293

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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

Liver is normal in size and shows fatty changes ( Grade - I)  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.  
Wall thickness appear normal.

Pancreas and spleen appear normal.  
Spleen measures 8.6 cms.

Portal and splenic veins appear normal.  
No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.  
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 9.3 x 4.0 cms.  
Left kidney measures 8.7 x 3.6 cms.  
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus measures 6.8 x 3.8 cms and shows normal endometrial and myometrial echoes.  
The endometrial thickness 4.9 mm.  
Both ovaries not visualized ( ? atrophic )  
No mass lesion seen in the pelvis.  
Bladder is normal in contour.

**IMPRESSION:**



**Patient Name** : Mrs. PRABASINI SETHY

**Age/Gender** : 49 Y/F

\* FATTY LIVER - GRADE - I

**Dr. PRAVEENA SHEKAR T**  
MBBS, DMRD, FAGE  
Radiology

**Patient Name** : Mrs. PRABASINI SETHY

**Age/Gender** : 49 Y/F

**UHID/MR No.** : CANN.0000119789

**OP Visit No** : CANNOPV388943

**Sample Collected on** :

**Reported on** : 27-01-2024 15:26

**LRN#** : RAD2218420

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS5293

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic 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.**

**Dr. PRAVEENA SHEKAR T**  
**MBBS, DMRD, FAGE**  
Radiology

**CASE RECORD**

Name: Mrs. Parbasini Sathya	Date: 27/1/2023
Occupation :	UHID No. : Aree
Age: 49 Sex : Male <input checked="" type="checkbox"/> Female	OP / Company : Anandemi Medicus
Address:	Ref. Physician : Dr. Anusha
Tel No:	

Consultant :

Nil

History :

Chief Complaints : (If pain is present. please describe location, character, score etc.)

- ⇒ % B/L Huel pain (+) x 1 month
- ⇒ % Flatulence (+)

History of Present illness :

AHC

Obs

- ① HbA1c = 5.9%
- ② HLD
- ③ ↑ Uric acid
- ④ Q ERL

Adv

- ① Low carb/ low fat diet
- Reg. physical exercise.



92  
84

### Physical Examination

General :

Build

Height 151cm

Weight 60.7 Kgs.

Anaemia

Icterus

Cyanosis

Clubbing

Oedema

Glands

ENT :

CVS :

Heart Rate & Rhythm 68/min

B.P. : Supine 140/80 mm Hg Sitting Standing

Chest Shape

Heart Sounds

Murmurs

Thrills

RS :

Rate & Type

Breath Sounds

Abdomen :

Appearance

Liver

Spleen

Tenderness

Bowel sounds

Fluid

Genitals :

CNS :

Cranial Nerves

Sensors System

Motor System

Reflexes

Fundus

Skin :

Extremities :

2

\*



## RE: Health Check-up Bookings No. 13 (Annual)

Corporate Apollo Clinic <corporate@apolloclinic.com>

Mon 1/15/2024 2:21 PM

To:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

Cc:Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>;Network : Mediwheel : New Delhi <network@mediwheel.in>;

deepak <deepak.c@apolloclinic.com>;HC Alwarpet <hc.alwarpet@apollospectra.com>;AHCN Apollo Clinic <ahcn@apolloclinic.com>;Rahul Rai <rahul.raai@apolloclinic.com>;Dilip Baniya <Dilip.b@apolloclinic.com>;Electronic City <ecity@apolloclinic.com>;Cc Tardeo <cc.tardeo@apollospectra.com>;Electronic City <ecity@apolloclinic.com>;Annanagar Apolloclinic <annanagar@apolloclinic.com>;Nigdi Apolloclinic <nigdi@apolloclinic.com>;Dilip Baniya <Dilip.b@apolloclinic.com>;AHCN Apollo Clinic <ahcn@apolloclinic.com>

📎 1 attachments (16 KB)

15012024.xlsx;

Namaste Team,

Greetings from Apollo clinics,

PFA. With status.

Thanks & Regards,

**Rani N** | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: [corporate@apolloclinic.com](mailto:corporate@apolloclinic.com) | [www.apolloclinic.com](http://www.apolloclinic.com) |

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**From:** Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

**Sent:** 15 January 2024 11:39

**To:** Corporate Apollo Clinic <corporate@apolloclinic.com>

**Cc:** Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>

**Subject:** Health Check-up Bookings No. 13 (Annual)

Dear Team,

Please find the attached Health Check-up Bookings file and confirm the same.

Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030


Ph No. 011-41195959


Email : [customercare@mediwheel.in](mailto:customercare@mediwheel.in); | Web: [www.mediwheel.in](http://www.mediwheel.in)



9/23

CANN-119789  
OCR-99425

 ~~XXXXXXXXXXXX~~



ପ୍ରାସିନୀ ସେଠି  
**Prabasini Sethy**  
ଜନ୍ମ ତାରିଖ / DOB: 17/06/1974  
ଲିଙ୍ଗ / FEMALE  
Mobile No.: 7606877531  
**2409 1636 2833**  
VID : 9192 0342 0869 0050



ମୋ ଆଧାର, ମୋ ପରିଚୟ

Prabasini sethy

Perabasi Setty 49/F.

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

General Examination / Allergies History

EAR      BLU TINTED .  
 NOSE      BLU ITH ⊕ .  
 THROAT      NO EMAL

5  
 (DR-SHAZANNA)  
 105099

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Mrs. Prabasini Sethi 27/1/2024

A9/F


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

General Examination / Allergies  
History

After O/E,

Adv:

Deep Sealing  
Root Canal treatment  
for the Posterior Crown  
(Gumore Attention)



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.



Name: Prabhasini Seltuy  
 Occupation: .....  
 Age: 44 Sex: Male  Female   
 Address: .....  
 Ph: .....

Date: 27/11/24 Reg. No.: 119789  
 Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History:

Existing gl ass user 10 years.

Present Complaint:

Comfortable with present glass

**ON EXAMINATION:**

Ocular Movements :

Anterior Segment :

Intra-Ocular-Pressure :

Visual Acuity: D.V. :

Without Glass :

With Glass :

N.V. :

Visual Fields :

Fundus :

Impression :

Advice :

Colour Vision :

**RE**

**LE**

Full

Full

N

N

6/24

6/12

N10  
Full

N10  
Full

N

N

## Apollo Clinic

### CONSENT FORM

Patient Name: Prabasini sety. Age: 47  
UHID Number: 119787 Company Name: ar. of emi.

I Mr/Mrs/Ms Pabindra Mohan sethi Employee of Bank of Baroda  
(Company) Want to inform you that I am not interested in getting ENT, dental

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

And I claim the above statement in my full consciousness.



Patient Signature: .....

Date: 27/01/2024

 **Apollo Medical Centre**  
No. 30, F-Block, 2nd Avenue,  
Anna Nagar East, Chennai-600 102  
Tel: 044-26224505, Mobile: 7358392880  
Toll No. 1860 500 7788



MRS PRABASINI SETHY  
ID: 119789 R

49 Years Female

27.01.2024 11:02:21 AM  
APOLLO MEDICAL CENTER  
ANNA NAGAR  
CHENNAI

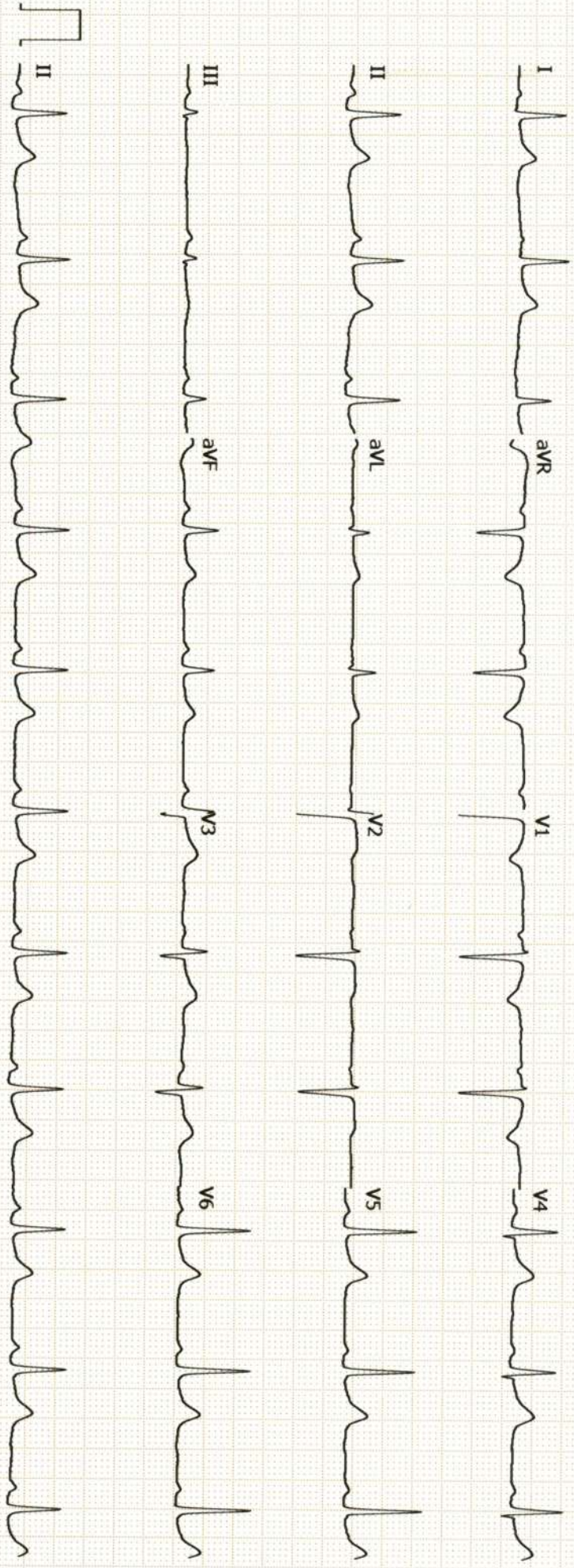
Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 80 ms  
QT / QTcBaz : 426 / 439 ms  
PR : 160 ms  
P : 92 ms  
RR / PP : 932 / 937 ms  
P / QRS / T : 73 / 39 / 40 degrees

Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

64 bpm  
-- / -- mmHg



*Prabasi S*

GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz Unconfirmed 4x2.5x3\_25\_R1 1/1