

GE MAC1200 ST MADDULA, LAXMI 000245148,
 Female, 46 Years (20.05.1977)

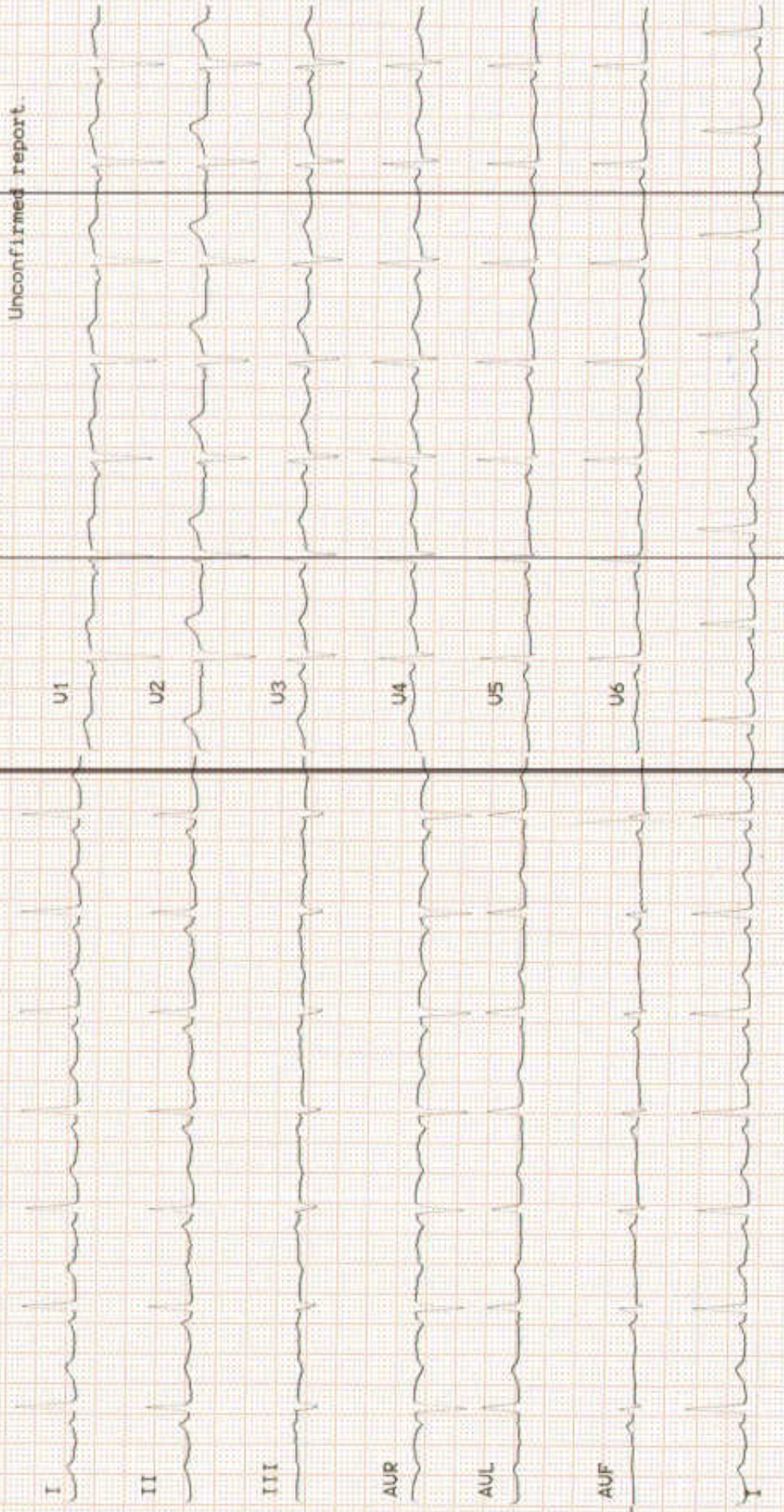
HR 91 bpm

Measurement Results:

QRS : 96 ms
 QT/QTcB : 376 / 465 ms
 PR : 114 ms
 P : 92 ms
 RR/PP : 654 / 650 ms
 P/QRS/T : 55/ 20/ 10 degrees
 QTd/QTcBD : 52 / 64 ms
 Sokolow NK : 1.9 mV
 13

< P
 < T
 < QRS
 aUL
 -90
 aUR
 0 I
 III +90 II
 aVF

Interpretation:
 sinus rhythm
 short PR interval
 T wave near baseline (anterior) ~~borderline~~ ECG



Unconfirmed report.



**Health Check up Booking Re Schedule Request(bobS7034),Package Code-
PKG10000376, Beneficiary Code-305077**

message

Mediwheel <wellness@mediwheel.in>
o: saimuddula@gmail.com
c: customercare@mediwheel.in

Sat, 3 Feb 2024 at 11:1



011-41195959

Dear **MR. MADDULA PADMA SAI**,

Due to unavoidable circumstances, we regret to state that your following request for Health Checkup appointment Re Schedule by provider

Health Package Code : PKG10000376

Hospital Package Name : Mediwheel Full Body Annual Plus Check Advanced - Female

Patient Package Name : Mediwheel Full Body Health Checkup Female Above 40

Name of Diagnostic/Hospital : Apollo Clinic

Address of Diagnostic/Hospital- Apollo Clinic, #74/1, Near Central mall, Bellandur ring road, Bellandur - 560103

Booking Id : bobS7034

Appointment Date : 10-02-2024

Preferred Time : 8:00am-8:30am

Booking Status : Booking ReSchedule

Member Information		
Booked Member Name	Age	Gender
Maddula Naga Laxmi Deepti	46 year	Female

Thanks,
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail Arcotemi Healthcare Limited, please don't reply to this message.

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भारत सरकार
GOVERNMENT OF INDIA



ಎಂ ಎನ್ ಎಲ್ ದೀಪ್ತಿ

M N L Deepthi

ಜನ್ಮ ದಿನಾಂಕ/ DOB: 20/05/1977

ಸ್ತ್ರೀ / FEMALE



4095 6056 4262

Name : Mrs. Maddula Naga Laxmi

Age: 46 Y
Sex: F

UHID: CBEL.0000245148



OP Number: CBELOPV462255

Bill No : CBEL-OCR-126692

Date : 10.02.2024 09:04

Address : BELLANDUR

Plan : ARCOFEMI-MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Department

Sno Serive Type/ServiceName Department

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	Gynaecology CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST - PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION 09	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE (FASTING)	
17	SONO MAMOGRAPHY - SCREENING 11	
18	HbA1c, GLYCATED HEMOGLOBIN	
19	X-RAY CHEST PA 12	
20	ENT CONSULTATION	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
	LIPID PROFILE	
	BODY MASS INDEX (BMI)	
	OPHTHAL BY GENERAL PHYSICIAN	
	ULTRASOUND - WHOLE ABDOMEN 11	
	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

19
a=17
C Papsure
Test.
24

2-0-B - 20.05.1977
B.P - 163/112 mmHg
P - 88 b/m
Ht - 153 cm
Wt - 83.8 kg
Bmi - 34

Mrs. Maddur Naga Laxmi Deepti
46yrs/F

12/2/2024

Dr. Renu Sarangi

Height: 153 cm	Weight: 83.8 kg	BMI: 34	Waist Circum:
Temp: (N)	Pulse: 88/min	Resp:	B.P: 163/112 mmHg

General Examination / Allergies History

Clinical Diagnosis & Management Plan
for AHC

Breast scan: (N)

USG Abd: Uterine fibroid 1.8x1.6cm

ECHO → (L) atrium dilated - Gr I LVDD
EF = 60%.

CXR: (N)

CBC = ESR = 40 mm at the end of 1h

'B' Positive

HbA1c = 6.2%.

LFT: (N)

RFT: (N)

TSH: (N)

Urine = leucocyte Esterase (+)

ECC: (N) Pus cells = 6-8/hpf

Adv

- ① Cardiologist opinion
- ② low carbohydrate low fat diet
Regular exercise
wt Reduction
BP monitoring regularly
- ③ Urine CtS
vit D
vit B12
- ④ Rpt HbA1c
lipid profile } after 3 months

Follow up date:


12/2/2024

Doctor Signature

NAME : Mrs. Maddula Naga Laxmi

AGE : 46 YRS

SEX : FEMALE

DATE : 10.02.2024

BREAST SCAN

Scan of the bilateral breasts shows normal glandular tissue and fatty lobules.

Sub areolar areas is normal.

No focal solid / cystic lesion seen.

Retro mammary muscular planes are normally visualised.

No axillary lymph nodes seen.

IMPRESSION : - Normal Breast Scan



DR. RAMESH .G
CONSULTANT RADIOLOGIST

(The sonography finding should always be considered in correlation with the clinical and other investigation findings applicable). It is only a professional opinion . Not valid for medico-legal purpose) higher imaging techniques to be done, depending on the condition of the patient, If clinically needed.

NAME : Mrs. Maddula Naga Laxmi

AGE:46 YRS

SEX : FEMALE

DATE :10.02.2024

ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER : Normal in size & echotexture. No focal lesion. No intra hepatic biliary duct dilatation. Portal & hepatic veins appear normal. PV: Normal. CBD: Normal.

GALL BLADDER : Minimally distended.

PANCREAS : Obscured by bowel gas.However the visualised parts of the pancreas appear grossly normal.Para – aortic area could not be seen due to bowel gas.

SPLEEN : Normal in size & echotexture. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY : 8.4 X 3.9 cms, LEFT KIDNEY : 8.8 X 4.5 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture. No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Normal in wall thickness and lumen are normal.Contents clear. No calculus seen.

UTERUS : Anteverted. Normal in size .Endometrial thickness: 9 mm.
POD – clear.

OVARIES : Both ovaries are normal in size & echopattern. No obvious mass noted.

RIF / LIF: Gas filled bowel loops seen. No abnormal bowel distension or bowel wall thickening.

IMPRESSION : Few fibroids seen in uterus , largest measuring 1.8 X 1.6 cm .

DR. RAMESH .G
CONSULTANT RADIOLOGIST

(The sonography finding should always be considered in correlation with the clinical and other investigation findings applicable).It is only a professional opinion . Not valid for medico-legal purpose) higher imaging techniques to be done, depending on the condition of the patient,If clinically needed.

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AGE : 46 YRS

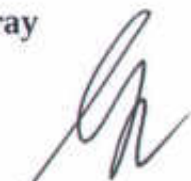
SEX : FEMALE

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Chest Radiograph PA View

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

IMPRESSION: No obvious gross abnormality seen in the X- ray



DR. RAMESH . G
CONSULTANT RADIOLOGIST

ADVICE : Higher imaging techniques to be done, depending on the condition of the patient ,if clinically needed.

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK KARNATAKA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

NAME : Mrs. Maddula Naga Laxmi AGE : 46 YRS SEX : FEMALE

DATE : 10.02.2024

ECHOCARDIOGRAPHY REPORT

MEASUREMENT

AO - 21 (20 – 35)mm LVID(d) - 42 (36 - 52)mm IVS - 11 (06 - 11)mm
LA - 40 (19- 40)mm LVID s - 27 (23- 39)mm PWD - 10 (06- 11)mm
EF - 60 (>50%)

VALVES

Mitral Valve : Normal
Aortic Valve : Normal
Tricuspid Valve : Normal
Pulmonary Valve : Normal

CHAMBERS

Left Atrium : MILDLY DILATED LA
Right Atrium : Normal
Left Ventricle : Normal
Right Ventricle : Normal

SEPTAE

IVS : Intact
IAS : Intact

GREAT ARTERIES

Aorta : Normal

Pulmonary Artery : Normal

DOPPLER DATA

Mitral : MVE – 0.87 m/s, MVA –0.98 m/s ,MVE/A – 0.9

Aortic : 1.3 m/s

Pulmonary : 1.1 m/s

E' Septal (TDI) : 8.2 mm/sec

E' Lateral (TDI) : 9.5 mm/sec

WALL MOTION ABNORMALITIES : No RWMA

Pericardium : Normal

Vegetation/Thrombus : No obvious vegetation seen

OTHER FINDINGS :

FINAL DIAGNOSIS

NORMAL CHAMBER DIMENSIONS

NO RWMA AT REST

NORMAL LV SYSTOLIC FUNCTION (LVEF 60 %)

GRADE I LVDD

MILD TO MODERATE MR, NO AS/ AR

MILD TR, NO PAH -PASP : 30 mmHg

NO VEGETATION/ CLOT/ EFFUSION

IVC NORMAL (1.2 CM), COLLAPSING



Dr. PARVEZ AHAMED
MBBS, MS, Mch - CTVS
CARDIO - THORACIC & VASCULAR SURGEON
Karnataka Medical Council No. : 78751
Mob : 9886300038

Measurement Results:

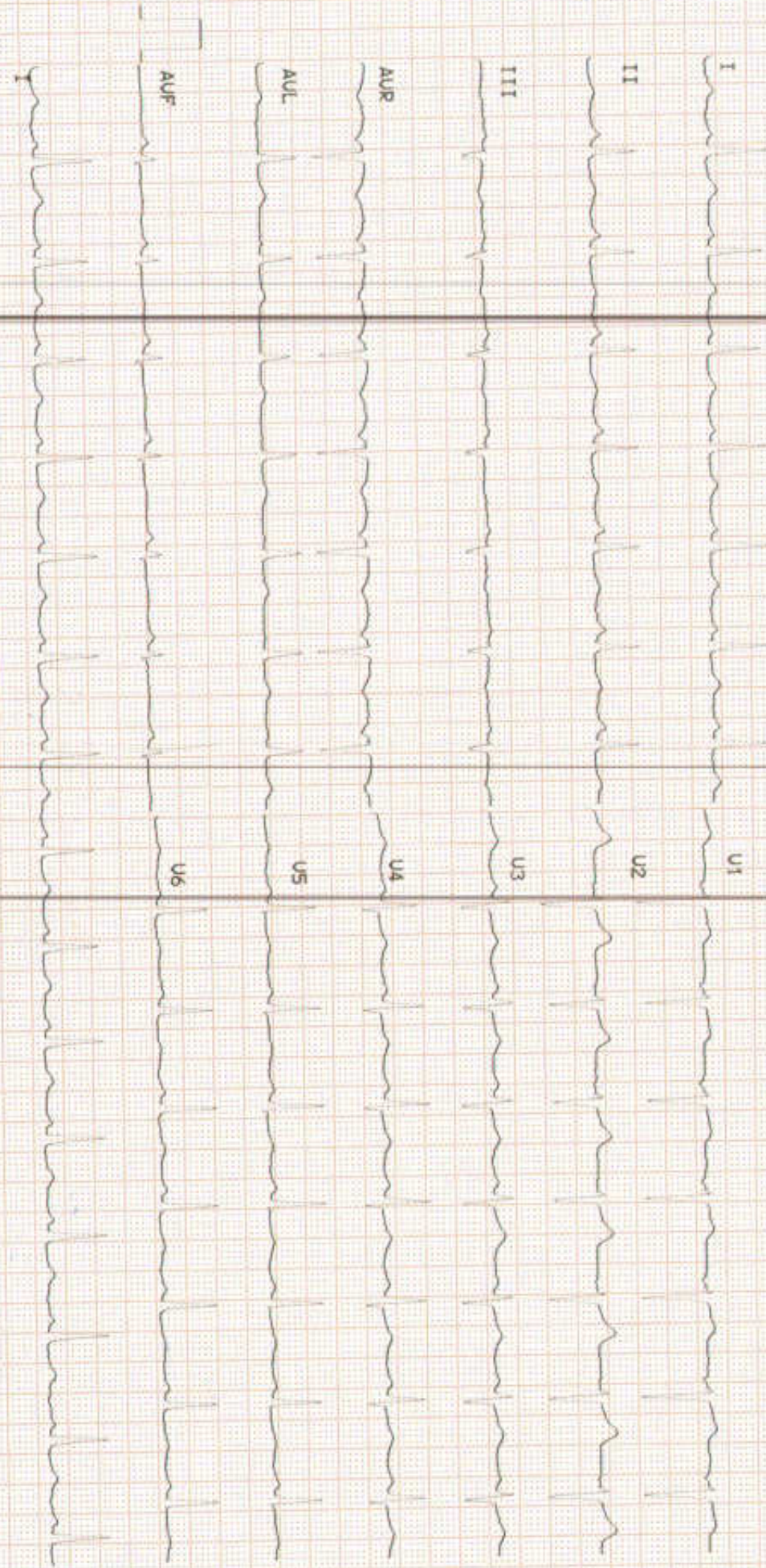
QRS	96 ms
QT/QTcB	376 / 465 ms
PR	114 ms
P	92 ms
RR/PP	654 / 650 ms
P/ORS/T	55 / 20 / 10 degrees
QTd/QTcBd	52 / 64 ms
Sokolow	1.9 mV
NK	13



Interpretation:
Coronary Angiogram
 Short PR Interval
 T wave near baseline (anterior)
 borderline ECG

Handwritten signature

Unconfirmed report.





Patient Name	: Mrs.MADDULA NAGA LAXMI	Collected	: 10/Feb/2024 09:45AM
Age/Gender	: 46 Y 8 M 21 D/F	Received	: 10/Feb/2024 05:36PM
UHID/MR No	: CBEL 0000245148	Reported	: 10/Feb/2024 06:53PM
Visit ID	: CBEL0PV462255	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS7034		

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.2	g/dL	12-15	Spectrophotometer
PCV	39.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.87	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	101.5	fL	83-101	Calculated
MCH	34	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,020	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	68.8	%	40-80	Electrical Impedance
LYMPHOCYTES	22.3	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4829.76	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1565.46	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	168.48	Cells/cu.mm	20-500	Calculated
MONOCYTES	414.18	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42.12	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	361000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	40	mm at the end of 1 hour	0-20	Modified Westgren method

PERIPHERAL SMEAR

RBCs are normocytic normochromic with few macrocytes seen.

Page 1 of 14

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

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



SIN No:BED240033563



Patient Name : Mrs.MADDULA NAGA LAXMI
Age/Gender : 46 Y 8 M 21 D/F
UHID/MR No : CBEL 0000245148
Visit ID : CBELOPV462255
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Received : 10/Feb/2024 05:36PM
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DEPARTMENT OF HAEMATOLOGY

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

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

PLATELETS: appear adequate in number

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

suggested further evaluation with Vitamin B12/Folic acid levels /other causes of macrocytosis.

Kindly correlate clinically.

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

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





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Age/Gender	: 46 Y 8 M 21 D/F	Received	: 10/Feb/2024 05:36PM
UHID/MR No	: CBEL 0000245148	Reported	: 10/Feb/2024 07:22PM
Visit ID	: CBELOPV462255	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS7034		

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
BLOOD GROUP ABO AND RH FACTOR , <i>WHOLE BLOOD EDTA</i>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

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





Patient Name	: Mrs MADDULA NAGA LAXMI	Collected	: 10/Feb/2024 09:45AM
Age/Gender	: 46 Y 8 M 21 D/F	Received	: 10/Feb/2024 06:10PM
UHID/MR No	: CBEL 0000245148	Reported	: 10/Feb/2024 08:47PM
Visit ID	: CBELOPV462255	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TRN ID	: bobS7034		

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
GLUCOSE, FASTING , NAF PLASMA	117	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 ≥ 126 mg/dL, and/or a random / 2 hr post glucose value of ≥ 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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	148	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA	6.2	%		HPLC



Shetty

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240014800



Patient Name : Mrs.MADDULA NAGA LAXMI
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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE 131 mg/dL Calculated
(eAG)

Comment:

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

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

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A. HbF >25%

B. Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

DR. SHIVARAJA SHETTY
M.B.B.S, M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240014800





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Visit ID : CBELOPV462255
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : bobS7034

Collected : 10/Feb/2024 09:45AM
Received : 10/Feb/2024 05:35PM
Reported : 10/Feb/2024 08:39PM
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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	209	mg/dL	<200	CHO-POD
TRIGLYCERIDES	167	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	159	mg/dL	<130	Calculated
LDL CHOLESTEROL	125.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.18		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

1. Measurements in the same patient on different days can show physiological and analytical variations
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. 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.



DR. SHIVARAJA SHETTY
M.B.B.S., M.D (Biochemistry)
CONSULTANT BIOCHEMIST
SIN No: SE04625141



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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.68	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	6	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	11.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	67.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.13	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST



Patient Name	: Mrs.MADDULA NAGA LAXMI	Collected	: 10/Feb/2024 09:45AM
Age/Gender	: 46 Y 8 M 21 D/F	Received	: 10/Feb/2024 05:35PM
UHID/MR No	: CBEL.0000245148	Reported	: 10/Feb/2024 08:39PM
Visit ID	: CBEL0PV462255	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TRN ID	: bobS7034		

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.71	mg/dL	0.51-0.95	Jaffe's, Method
UREA	15.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.51	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.26	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04625141





Patient Name : Mrs MADDULA NAGA LAXMI
Age/Gender : 46 Y 8 M 21 D/F
UHID/MR No : CBEL.0000245148
Visit ID : CBELOPV462255
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : bobS703d

Collected : 10/Feb/2024 09:45AM
Received : 10/Feb/2024 05:35PM
Reported : 10/Feb/2024 07:44PM
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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	12.00	U/L	<38	IFCC

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04625141





Patient Name	: Mrs MADDULA NAGA LAXMI	Collected	: 10/Feb/2024 09:45AM
Age/Gender	: 46 Y 8 M 21 D/F	Received	: 10/Feb/2024 05:38PM
UHID/MR No	: CBEL 0000245148	Reported	: 10/Feb/2024 07:34PM
Visit ID	: CBELOPV462255	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS7034		

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.60	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.355	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. SHIVARAJA SHETTY
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Collected : 10/Feb/2024 09:45AM
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DEPARTMENT OF IMMUNOLOGY

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

DR. SHIVARAJA SHETTY
M.B.B.S, M.D(Biochemistry)
CONSULTANT BIOCHEMIST
SIN No: SPL24022091





Patient Name : Mrs.MADDULA NAGA LAXMI
Age/Gender : 46 Y 8 M 21 D/F
UHID/MR No : CBEL.0000245148
Visit ID : CBELOPV462255
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : bobS7034
Collected : 10/Feb/2024 09:45AM
Received : 10/Feb/2024 06:33PM
Reported : 10/Feb/2024 09:31PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 12 of 14

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

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





Patient Name	: Mrs.MADDULA NAGA LAXMI	Collected	: 10/Feb/2024 02:25PM
Age/Gender	: 46 Y 8 M 21 D/F	Received	: 11/Feb/2024 10:35AM
UHID/MR No	: CBEL 0000245148	Reported	: 11/Feb/2024 11:02AM
Visit ID	: CBEL0PV462255	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TRA ID	: bobS7034		

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

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

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





Patient Name : Mrs.MADDULA NAGA LAXMI
Age/Gender : 46 Y B M 21 D/F
UHID/MR No : CBEL 0000245148
Visit ID : CBELOPV462255
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : hohS7034

Collected : 10/Feb/2024 09:45AM
Received : 10/Feb/2024 06:33PM
Reported : 10/Feb/2024 09:49PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

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

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



Apollo Clinic

Consent Form

Patient Name: M. M. Lakshmi Desptu Age: 46 Yrs.
UHID Number: 245148 Company Name: Mediwheel

I Mr/Mrs/Ms Maddula Nagalaxmi Employee of Mediwheel
(Company) want to inform you that I am not interested in getting Ophthal and ENT,
Test done which is a part of routine health check package. Fitness by G.P, Diet consult
+ pap smear -ation

And I claim the above statement in my full consciousness.

10/02/24
m.m.c. Desptu

Patient Name	: Mrs. Maddula Naga Laxmi	Age/Gender	: 46 Y/F
UHID/MR No.	: CBEL.0000245148	OP Visit No	: CBELOPV462255
Sample Collected on	:	Reported on	: 11-02-2024 12:59
LRN#	: RAD2231812	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS7034		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

BREAST SCAN

Scan of the bilateral breasts shows normal glandular tissue and fatty lobules.

Sub areolar areas is normal.

No focal solid / cystic lesion seen.

Retro mammary muscular planes are normally visualised.

No axillary lymph nodes seen.

IMPRESSION : - Normal Breast Scan

DR. RAMESH .G

CONSULTANT RADIOLOGIST

X-RAY CHEST PA

Chest Radiograph PA View

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

Patient Name : Mrs. Maddula Naga Laxmi

Age/Gender : 46 Y/F

IMPRESSION: No obvious gross abnormality seen in the X- ray

DR. RAMESH . G
CONSULTANT RADIOLOGIST

ULTRASOUND - WHOLE ABDOMEN

ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER : Normal in size & echotexture. No focal lesion. No intra hepatic biliary duct dilatation. Portal & hepatic veins appear normal. PV: Normal. CBD: Normal.

GALL BLADDER : Minimally distended.

PANCREAS : Obscured by bowel gas. However the visualised parts of the pancreas appear grossly normal. Para – aortic area could not be seen due to bowel gas.

SPLEEN : Normal in size & echotexture. No focal / diffuse lesions.

KIDNEYS : **RIGHT KIDNEY** : 8.4 X 3.9 cms, **LEFT KIDNEY** : 8.8 X 4.5 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture. No calculi.
No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Normal in wall thickness and lumen are normal. Contents clear. No calculus seen.

UTERUS : Anteverted. Normal in size .Endometrial thickness: 9 mm.
POD – clear.

OVARIES : Both ovaries are normal in size & echopattern. No obvious mass noted.

RIF / LIF: Gas filled bowel loops seen. No abnormal bowel distension or bowel wall thickening.

IMPRESSION : Few fibroids seen in uterus , largest measuring 1.8 X 1.6 cm .

DR. RAMESH .G
CONSULTANT RADIOLOGIST

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name : Mrs.MADDULA NAGA LAXMI	Collected : 10/Feb/2024 09:45AM
Age/Gender : 46 Y 8 M 21 D/F	Received : 10/Feb/2024 05:36PM
UHID/MR No : CBEL.0000245148	Reported : 10/Feb/2024 06:53PM
Visit ID : CBELOPV462255	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7034	

DEPARTMENT OF HAEMATOLOGY

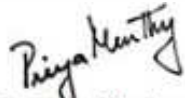
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.2	g/dL	12-15	Spectrophotometer
PCV	39.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.87	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	101.5	fL	83-101	Calculated
MCH	34	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,020	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	68.8	%	40-80	Electrical Impedance
LYMPHOCYTES	22.3	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4829.76	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1565.46	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	168.48	Cells/cu.mm	20-500	Calculated
MONOCYTES	414.18	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42.12	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	361000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	40	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic with few macrocytes seen.



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



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



SIN No: BED240033563

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/52, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Ramdapur | Nallakurta | Nizampet | Manikonda) | Uppal | Andhra Pradesh: Vijay (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar) | Volasarakkham | 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)

Address:
123/100/123, Doddathurage Village, Neelabiri Main Road,
Neelabiri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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

Patient Name : Mrs.MADDULA NAGA LAXMI	Collected : 10/Feb/2024 09:45AM
Age/Gender : 46 Y 8 M 21 D/F	Received : 10/Feb/2024 05:36PM
UHID/MR No : CBEL.0000245148	Reported : 10/Feb/2024 06:53PM
Visit ID : CBEL0PV462255	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7034	

DEPARTMENT OF HAEMATOLOGY

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

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

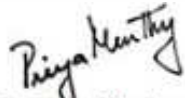
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

suggested further evaluation with Vitamin B12/Folic acid levels /other causes of macrocytosis.

Kindly correlate clinically.



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



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



SIN No: BED240033563

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APOLLO CLINICS NETWORK

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

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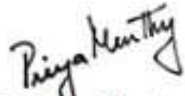
DEPARTMENT OF HAEMATOLOGY

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

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



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



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Consultant Pathologist



SIN No: BED240033563

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Karnataka - 560034

 **1860 500 7788**
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Patient Name : Mrs.MADDULA NAGA LAXMI	Collected : 10/Feb/2024 09:45AM
Age/Gender : 46 Y 8 M 21 D/F	Received : 10/Feb/2024 06:10PM
UHID/MR No : CBEL.0000245148	Reported : 10/Feb/2024 08:47PM
Visit ID : CBELOPV462255	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7034	

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
GLUCOSE, FASTING , NAF PLASMA	117	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	148	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240014800

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

Patient Name : Mrs.MADDULA NAGA LAXMI	Collected : 10/Feb/2024 09:45AM
Age/Gender : 46 Y 8 M 21 D/F	Received : 10/Feb/2024 06:10PM
UHID/MR No : CBEL.0000245148	Reported : 10/Feb/2024 08:47PM
Visit ID : CBELOPV462255	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7034	

DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL	Calculated
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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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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	209	mg/dL	<200	CHO-POD
TRIGLYCERIDES	167	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	159	mg/dL	<130	Calculated
LDL CHOLESTEROL	125.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.18		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. 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.



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

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Address:
123/100/123, Doddaballuru Village, Neelabari Main Road,
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Karnataka- 560034



1860 500 7788
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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.68	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	6	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	11.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	67.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.13	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		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:

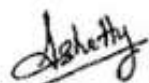
1. Hepatocellular Injury:

- 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 > 1In 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. SHIVARAJA SHETTY
M.B.B.S, M.D (Biochemistry)
CONSULTANT BIOCHEMIST

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.71	mg/dL	0.51-0.95	Jaffe's, Method
UREA	15.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.51	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.26	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)



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Visit ID : CBELOPV462255	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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.00	U/L	<38	IFCC



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

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www.apolloclinic.com

Patient Name : Mrs.MADDULA NAGA LAXMI	Collected : 10/Feb/2024 09:45AM
Age/Gender : 46 Y 8 M 21 D/F	Received : 10/Feb/2024 05:38PM
UHID/MR No : CBEL.0000245148	Reported : 10/Feb/2024 07:34PM
Visit ID : CBELOPV462255	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7034	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.60	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.355	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



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M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24022091

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DEPARTMENT OF IMMUNOLOGY

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



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M.B.B.S,M.D(Biochemistry)
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www.apolloclinic.com

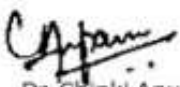


Patient Name : Mrs.MADDULA NAGA LAXMI	Collected : 10/Feb/2024 09:45AM
Age/Gender : 46 Y 8 M 21 D/F	Received : 10/Feb/2024 06:33PM
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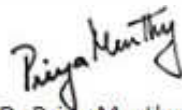
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



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



SIN No:UR2279529

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Neelabhi Nagar, Electronic city, Bengaluru,
Karnataka- 560034

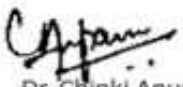
 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mrs.MADDULA NAGA LAXMI	Collected : 10/Feb/2024 02:25PM
Age/Gender : 46 Y 8 M 21 D/F	Received : 11/Feb/2024 10:35AM
UHID/MR No : CBEL.0000245148	Reported : 11/Feb/2024 11:02AM
Visit ID : CBEL0PV462255	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7034	

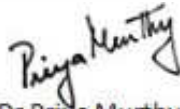
DEPARTMENT OF CLINICAL PATHOLOGY

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



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



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



SIN No:UPP016556

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115B19)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakurta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vijay (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annanagar | Kotturpuram | Moggappair | T Nagar | Velasaravakkam | 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)

Address:
123/100/123, Doddathurage Village, Neelabhi Main Road,
Neelabhi Nagar, Electronic city, Bengaluru,
Karnataka- 560034

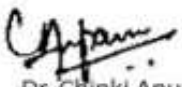
 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mrs.MADDULA NAGA LAXMI	Collected : 10/Feb/2024 09:45AM
Age/Gender : 46 Y 8 M 21 D/F	Received : 10/Feb/2024 06:33PM
UHID/MR No : CBEL.0000245148	Reported : 10/Feb/2024 09:49PM
Visit ID : CBELOPV462255	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7034	

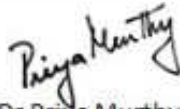
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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



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



SIN No:UF010521

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115B19)
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Address:
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Neelabiri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.MADDULA NAGA LAXMI	Collected : 12/Feb/2024 02:51PM
Age/Gender : 46 Y 8 M 23 D/F	Received : 13/Feb/2024 10:41AM
UHID/MR No : CBEL.0000245148	Reported : 15/Feb/2024 12:28PM
Visit ID : CBEL0PV462255	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7034	

DEPARTMENT OF CYTOLOGY

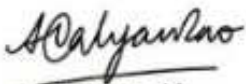
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	2949/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
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.A.Kalyan Rao
M.B.B.S, M.D(Pathology)
Consultant Pathologist

Page 15 of 15
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS074379

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

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/52, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

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