

Patient Name : Mr.LAKSHMANA KUMAR THOTA	Collected : 27/May/2023 10:01AM
Age/Gender : 39 Y 2 M 25 D/M	Received : 27/May/2023 02:21PM
UHID/MR No : CMAR.0000313611	Reported : 27/May/2023 07:49PM
Visit ID : CMAROPV673343	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	46.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.8	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	80	fL	83-101	Calculated
MCH	26.6	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	14.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	53.4	%	40-80	Electrical Impedance
LYMPHOCYTES	38.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.4	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3364.2	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2438.1	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	88.2	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	403.2	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	6.3	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	249000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westegren method

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



SIN No:BED230123742

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Age/Gender : 39 Y 2 M 25 D/M	Received : 27/May/2023 02:21PM
UHID/MR No : CMAR.0000313611	Reported : 27/May/2023 08:26PM
Visit ID : CMAROPV673343	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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



Patient Name : Mr.LAKSHMANA KUMAR THOTA	Collected : 27/May/2023 10:01AM
Age/Gender : 39 Y 2 M 25 D/M	Received : 27/May/2023 02:32PM
UHID/MR No : CMAR.0000313611	Reported : 27/May/2023 07:33PM
Visit ID : CMAROPV673343	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	115	mg/dL	70-140	HEXOKINASE
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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.

Ref: Marks medical biochemistry and clinical approach

Patient Name : Mr.LAKSHMANA KUMAR THOTA	Collected : 27/May/2023 10:01AM
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UHID/MR No : CMAR.0000313611	Reported : 27/May/2023 07:33PM
Visit ID : CMAROPV673343	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 MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	131	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mr.LAKSHMANA KUMAR THOTA	Collected : 27/May/2023 10:01AM
Age/Gender : 39 Y 2 M 25 D/M	Received : 27/May/2023 01:16PM
UHID/MR No : CMAR.0000313611	Reported : 27/May/2023 04:42PM
Visit ID : CMAROPV673343	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	203	mg/dL	<200	CHO-POD
TRIGLYCERIDES	134	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	150	mg/dL	<130	Calculated
LDL CHOLESTEROL	123.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.83		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 can show physiological and analytical variations.

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



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.65	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	42	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	56.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.49	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		0.9-2.0	Calculated



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UHID/MR No : CMAR.0000313611	Reported : 27/May/2023 07:06PM
Visit ID : CMAROPV673343	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.84	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	24.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.87	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.53	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)



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Visit ID : CMAROPV673343	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	90.00	U/L	<55	IFCC
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Patient Name : Mr.LAKSHMANA KUMAR THOTA	Collected : 27/May/2023 10:01AM
Age/Gender : 39 Y 2 M 25 D/M	Received : 27/May/2023 01:15PM
UHID/MR No : CMAR.0000313611	Reported : 27/May/2023 03:22PM
Visit ID : CMAROPV673343	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.22	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	17.32	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	0.995	µIU/mL	0.34-5.60	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



Patient Name : Mr.LAKSHMANA KUMAR THOTA	Collected : 27/May/2023 10:01AM
Age/Gender : 39 Y 2 M 25 D/M	Received : 27/May/2023 05:29PM
UHID/MR No : CMAR.0000313611	Reported : 27/May/2023 05:54PM
Visit ID : CMAROPV673343	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

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

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	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2119201

Patient Name : Mr.LAKSHMANA KUMAR THOTA	Collected : 27/May/2023 10:01AM
Age/Gender : 39 Y 2 M 25 D/M	Received : 27/May/2023 03:15PM
UHID/MR No : CMAR.0000313611	Reported : 27/May/2023 03:46PM
Visit ID : CMAROPV673343	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
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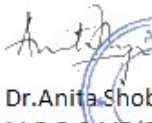
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick
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*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



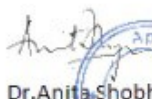
Dr. Prasanna
M.B.B.S, M.D
Consultant Pathologist



Dr. Anita Shobha Flynn
M.B.B.S MD(Pathology)
Consultant Pathologist



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



Dr. Anita Shobha Flynn
M.B.B.S MD(Pathology)
Consultant Pathologist



313611

 ಭಾರತ ಸರ್ಕಾರ
Government of India
ಕೌಟುಂಬಿಕ ಸಚಿವರು
Thota Lakshmana Kumar
ಜನ್ಮ ದಿನಾಂಕ DOB: 02/03/1984
ಪುರುಷ MALE



8002 8666 1686

ಸನ್ಮಾನಿತನು, ಸನ್ಮಾನಿತನು

Your Apollo order has been confirmed

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

Thu 5/11/2023 5:44 PM

To: wellness@mediwheel.in <wellness@mediwheel.in>

Cc: FO ITPL <fo.itpl@apolloclinic.com>;ITPL CLINIC <itpl@apolloclinic.com>;Nishant Vinayak tare <nishant.tare@apollohl.com>;Syamsunder M <syamsunder.m@apollohl.com>

Dear LAKSHMANA KUMAR THOTA,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **MARATHAHALLI** clinic on **2023-05-27** at **08:10-08:15**.

Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]

"In view of corona virus precautionary measures, you are requested to take a mandatory check for symptoms & self-declaration at centre. Please cooperate. Thank you."

NOTE: We are not providing the breakfast in view of corona virus. And that customers on their own should carry their breakfast.

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 undergo 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 medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check Centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case 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.

As per agreement terms please carry all relevant documents such as Confirmation mail, valid id proof, company ID card etc.

For further assistance please call us on our Help Line #: 1860 500 7788.

Clinic Address: THE APOLLO CLINIC,#673/A,VARTHUR MAIN ROAD,NEAR KUNDANAHALII SIGNAL,OPP.SHRIRAM SAMRUDDHI APTS,WHITEFIELD,BANGALORE-.

Contact No: (080) 43351444 - 45/.

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.

Note: Speak Freely. Speak Free! Speak to our Doctor from 8:00 PM to 8:00 AM by calling 1860 500 7788 and press #2 on the IVR. Now get all your Health related queries answered by an expert! Service by Apollo Clinic.

Warm Regards,
Apollo Team

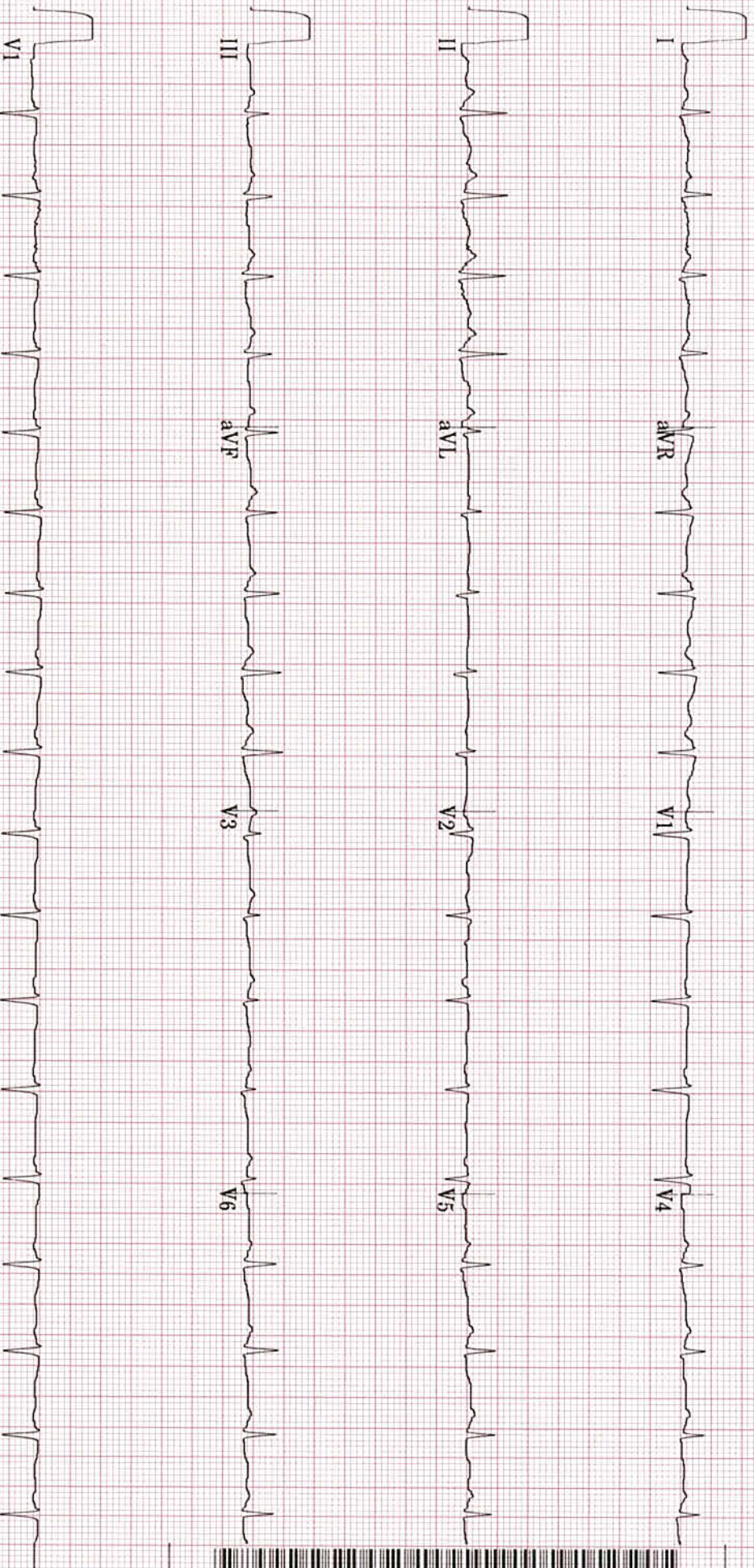
31years Female Asian 159cm 74kg
 Vent. rate 111 bpm
 PR interval 138 ms
 QRS duration 76 ms
 QT/QTc 332/451 ms
 P-R-T axes 59 61 39

Sinus tachycardia
 Nonspecific T wave abnormality
 Abnormal ECG

Technician:
 Test ind: SCREENING FOR IHD

Referred by: ARCOFEMI

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm ld

MAC55 009C

12SL™ V239

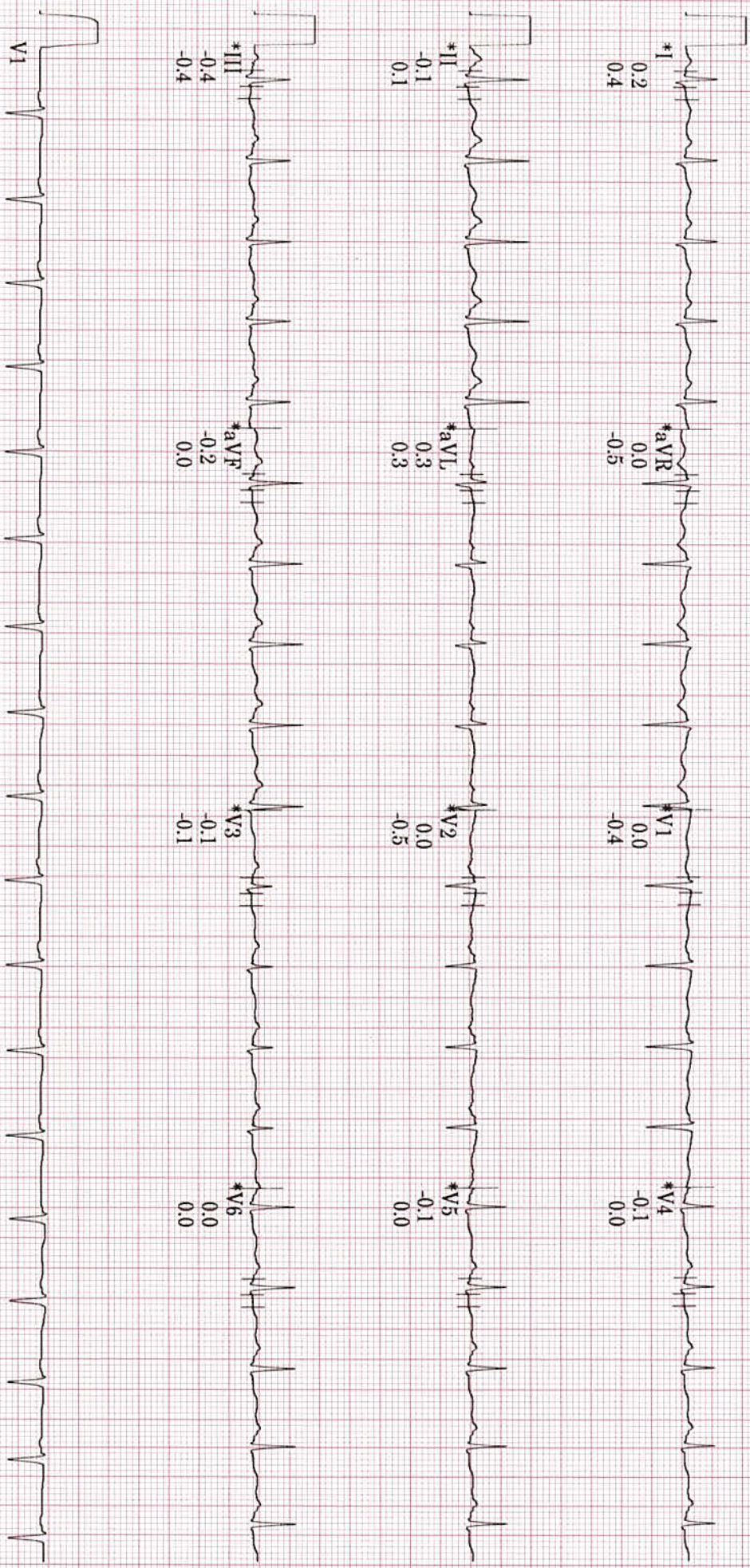


LAKSHMI PRASANNA
ID: 000313614
27-May-2023
13:42:35

PRETEST 113bpm
SUPINE BP: 114/72
ST @ 10mm/mV
80ms postJ

BRUCE
***mph
**.*%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

MAC55 009C

5

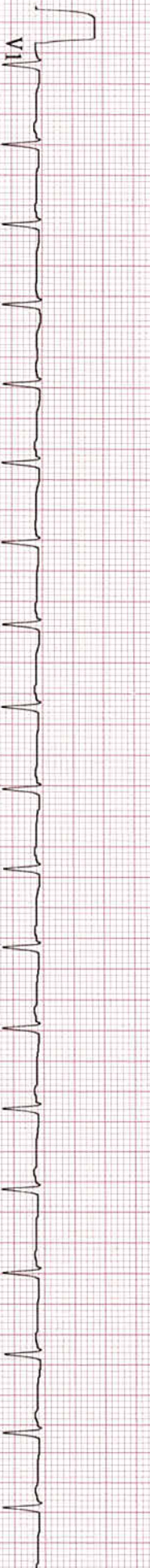
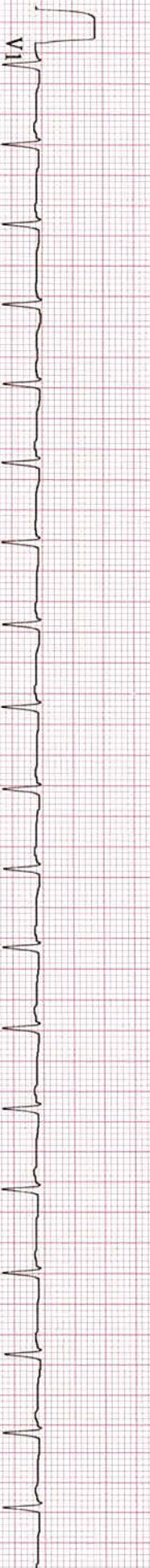
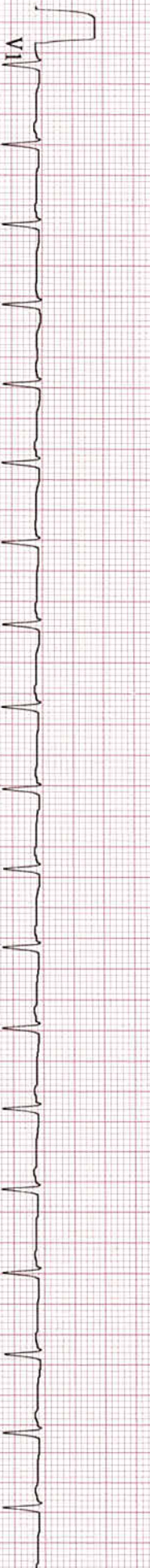
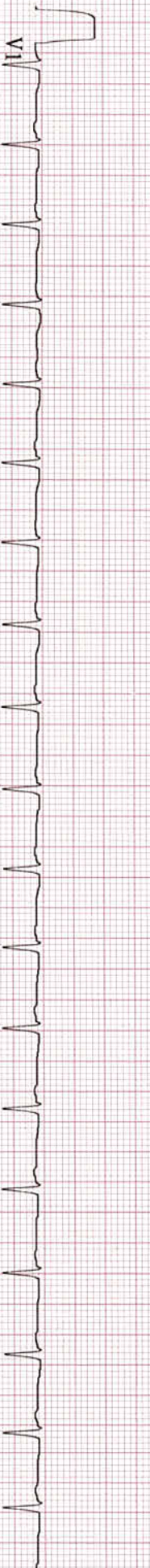
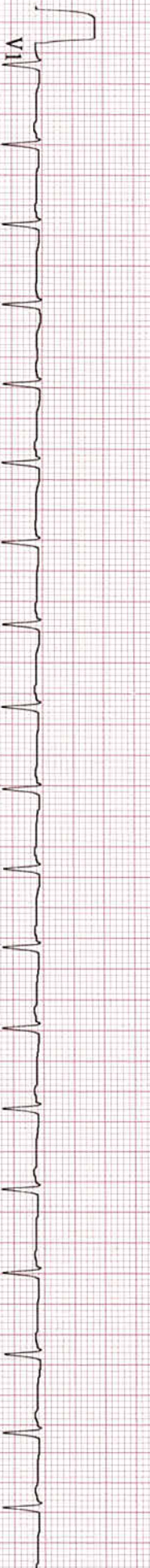
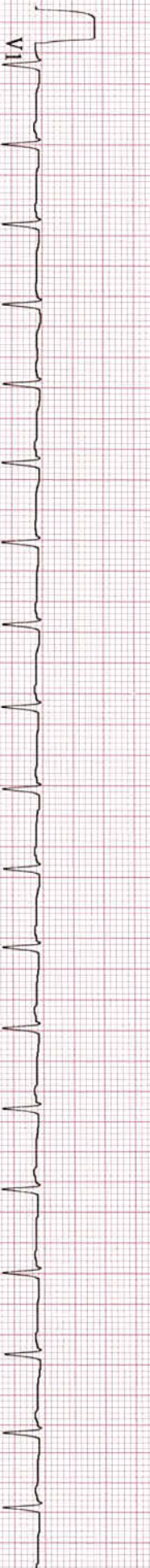
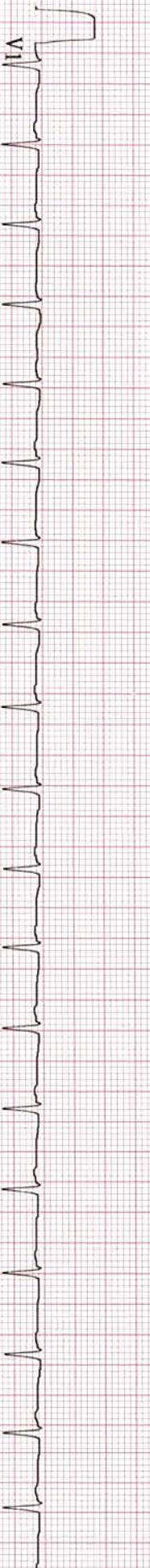
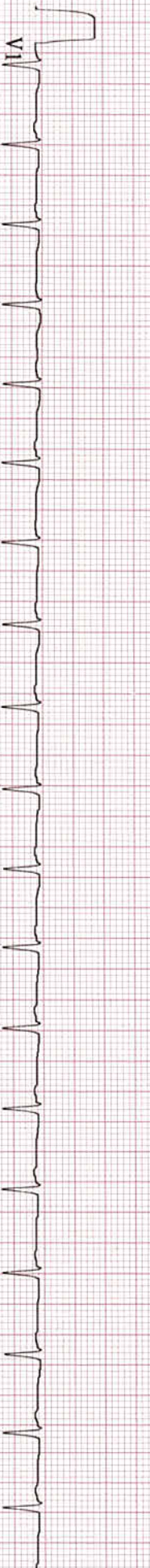
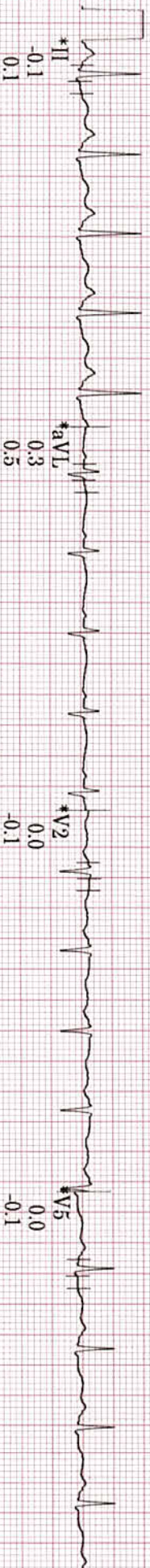
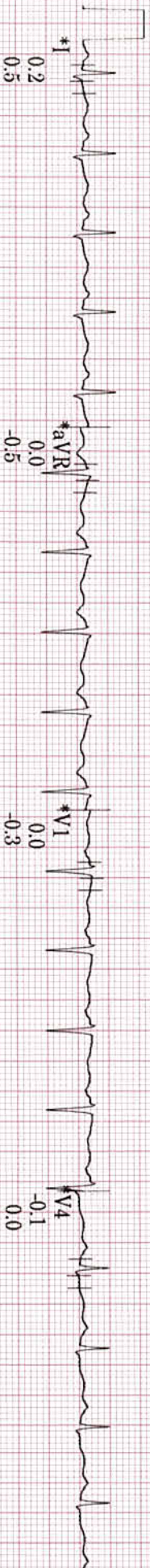
LAKSHMI PRASANNA
ID: 000313614
27-May-2023
13:42:48

115bpm
BP: 114/72
PRETEST
HYPERVENT
1:00

BRUCE
***mph
**.*%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm
20 Hz
25.0 mm/s
10.0 mm/mV
A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55 009C

5

LAKSHMI PRASANNA
ID: 000313614
27-May-2023
13:45:45

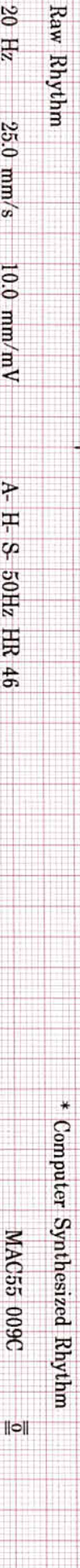
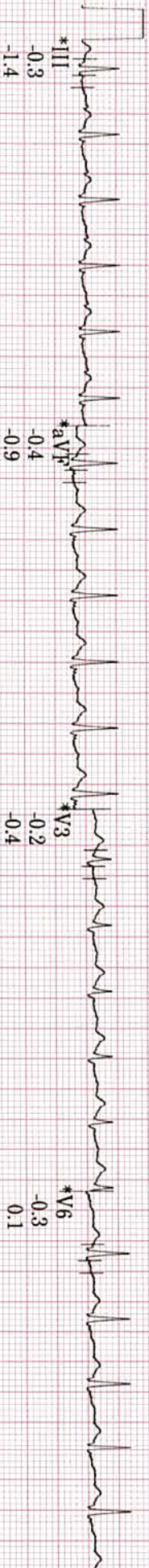
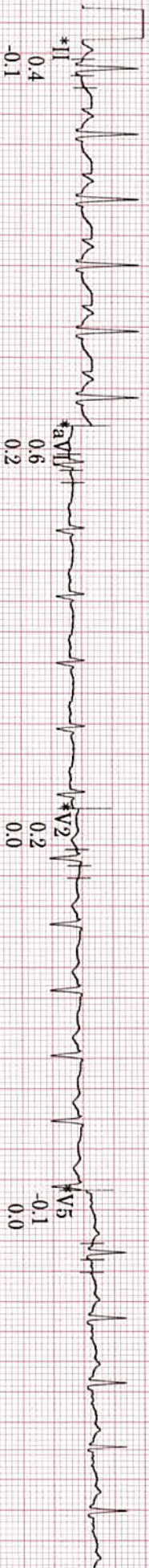
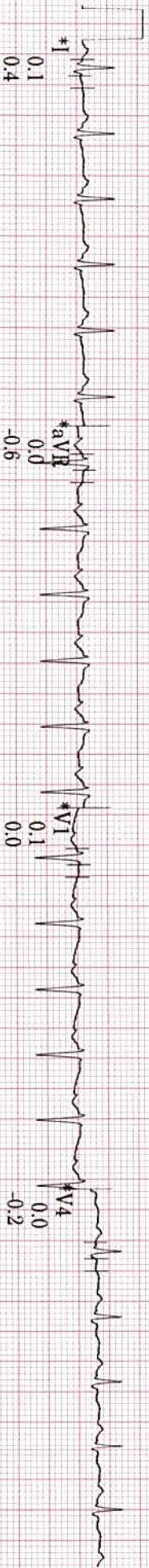
139bpm

EXERCISE
STAGE 1
2:50

BRUCE
1.6mph
10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46
MAC55 009C

LAKSHMI PRASANNA

ID: 000313614

27-May-2023

13:48:45

160bpm

BP: 120/80

EXERCISE
STAGE 2

5:50

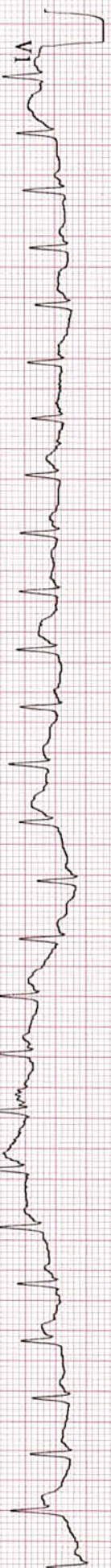
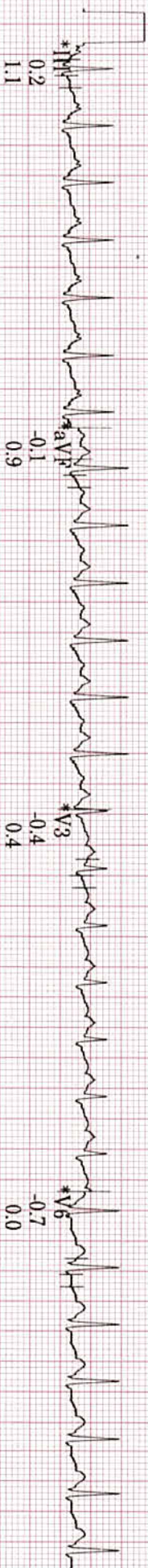
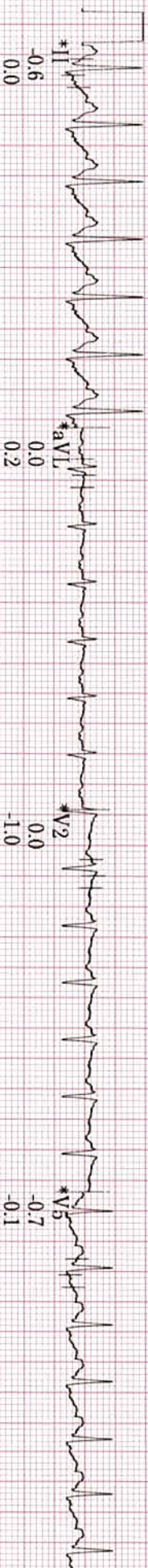
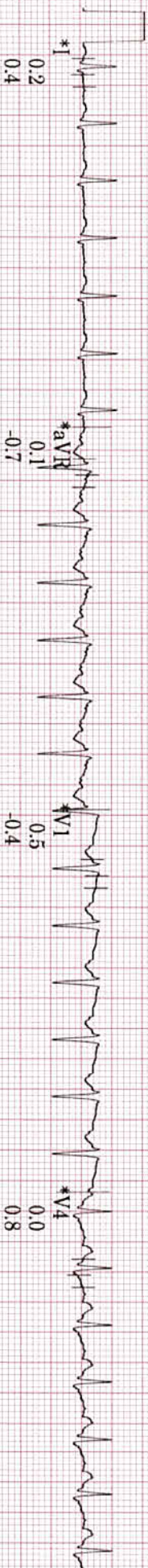
BRUCE

2.5mph

12.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

MAC55 009C

0

LINKED MEDIANS REPORT

THE APOLLO CLINIC, WHITEFIELD, BANGALORE

LAKSHMI PRASANNA
ID: 000313614
27-May-2023
13:50:20

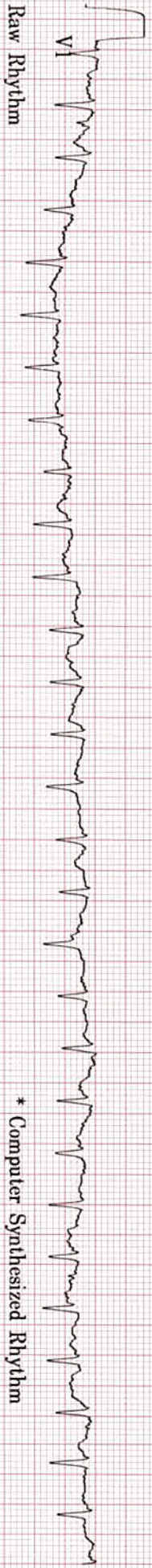
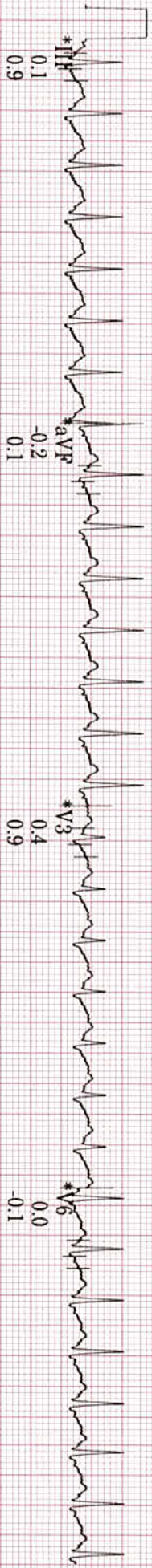
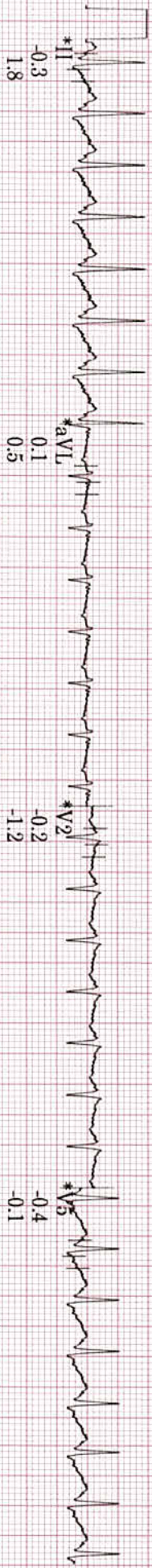
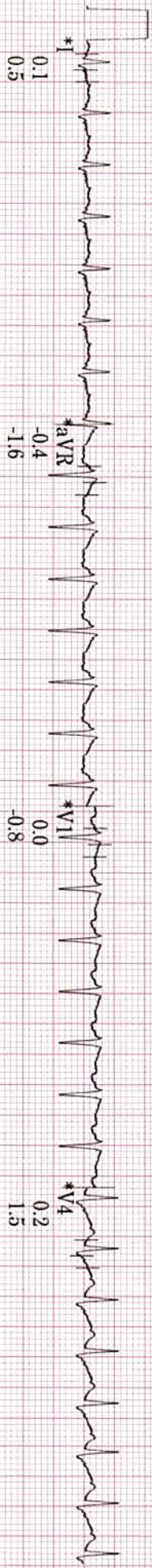
177bpm
BP: 120/80

EXERCISE
STAGE 3
7:25

BRUCE
3.3mph
14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

MAC55 009C

* Computer Synthesized Rhythm

LAKSHMI PRASANNA
ID: 000313614

27-May-2023
13:50:33

178bpm

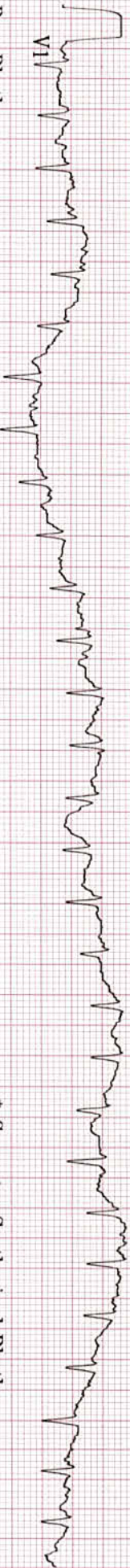
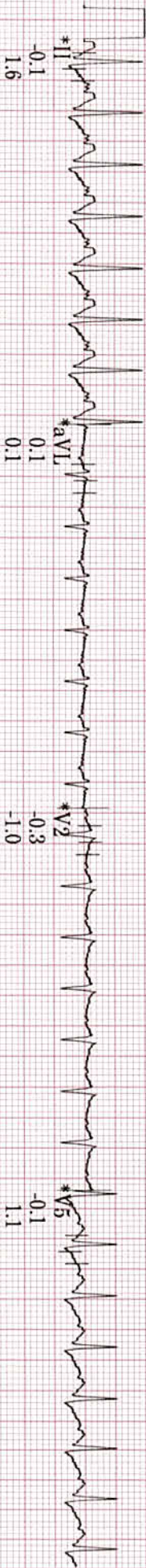
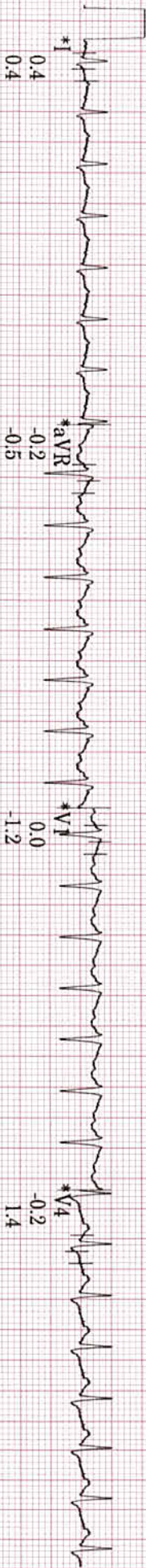
BP: 120/80

EXERCISE
STAGE 3
7:37

BRUCE
3.3mph
14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

MAC55 009C

II

LAKSHMI PRASANNA

ID: 000313614

27-May-2023

13:51:32

137bpm

BP: 120/80

ST @ 10mm/mV
80ms postJ

RECOVERY

Post

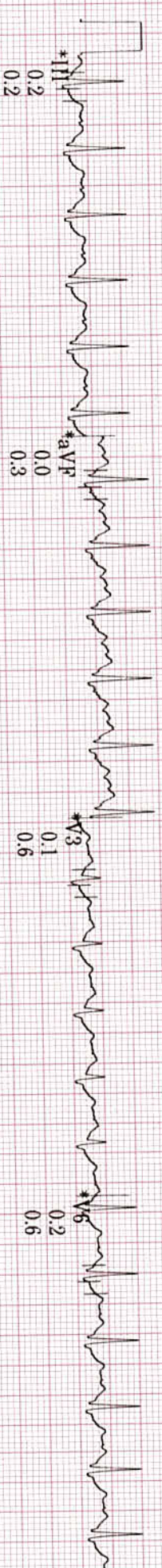
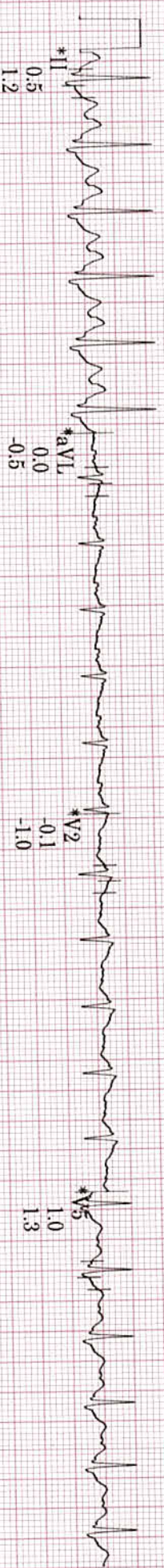
1:00

BRUCE

**mph

***%

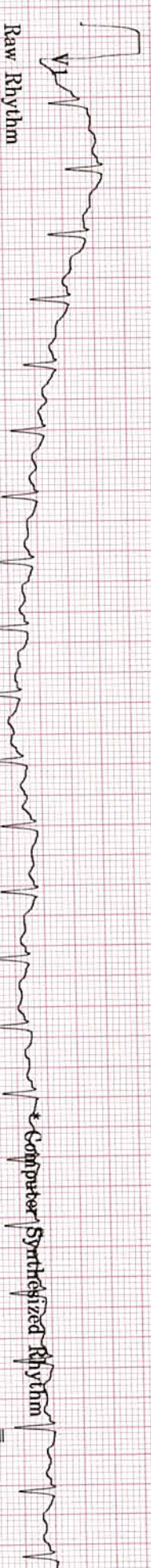
Lead
ST(mm)
Slope(mV/s)



0.2, 0.6

1.0, 1.3

0.0, 0.8



Raw Rhythm 20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

MAC55 009C

ARROW

CE

Computer Synthesized Rhythm

MAC55 009C

LAKSHMI PRASANNA
ID: 000313614

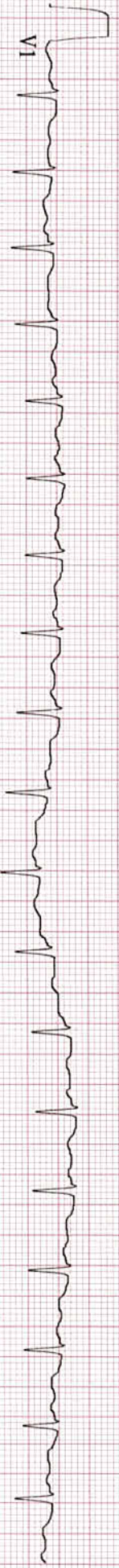
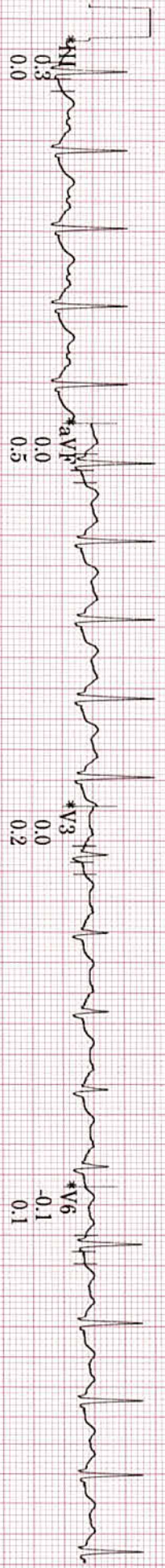
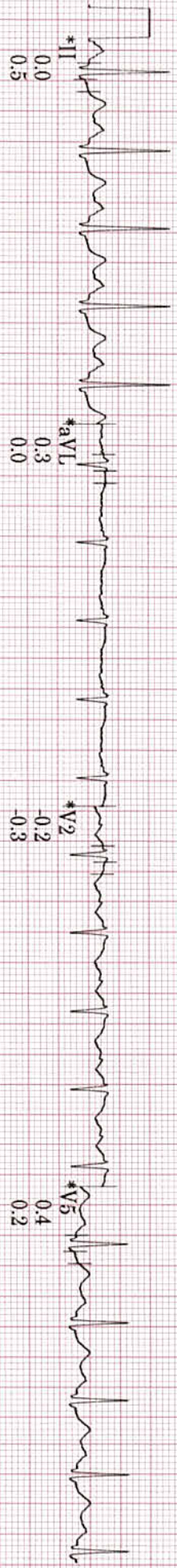
27-May-2023
13:53:32

RECOVERY
Post
117bpm
BP: 120/80
3:00

BRUCE
**mph
***%

ST @ 10mm/mV
80ms postI

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm
20 Hz
25.0 mm/s
10.0 mm/mV
A-H-S-50Hz HR 46

* Computer Synthesized Rhythm
MAC55 009C

LAKSHMI PRASANNA

ID: 000313614

27-May-2023
13:41:50

31years
159cm

Asian
74kg

Female

BRUCE

Total Exercise time: 7:37

Max HR: 178bpm 94% of max predicted 189bpm

Maximum workload: 9.2METs

25.0 mm/s
10.0 mm/mV
100hz

Referred by: ARCOFEMI
Test Ind: SCREENING FOR IHD

Reason for Termination:
Comments: GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY
NO ANGINA / ARRHYTHMIA
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE EXERCISE
0:00
119bpm
BP: 114/72

MAX ST EXERCISE
2:00
141bpm
BP: 114/72

PEAK EXERCISE
7:37
178bpm
BP: 120/80

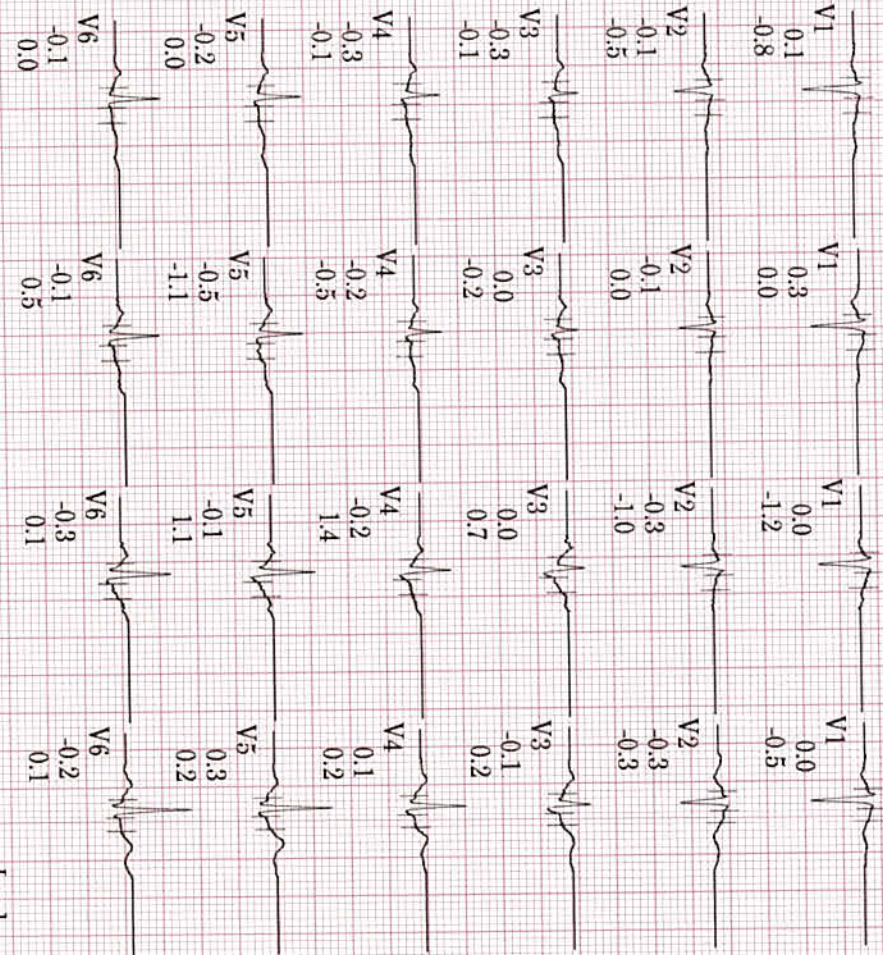
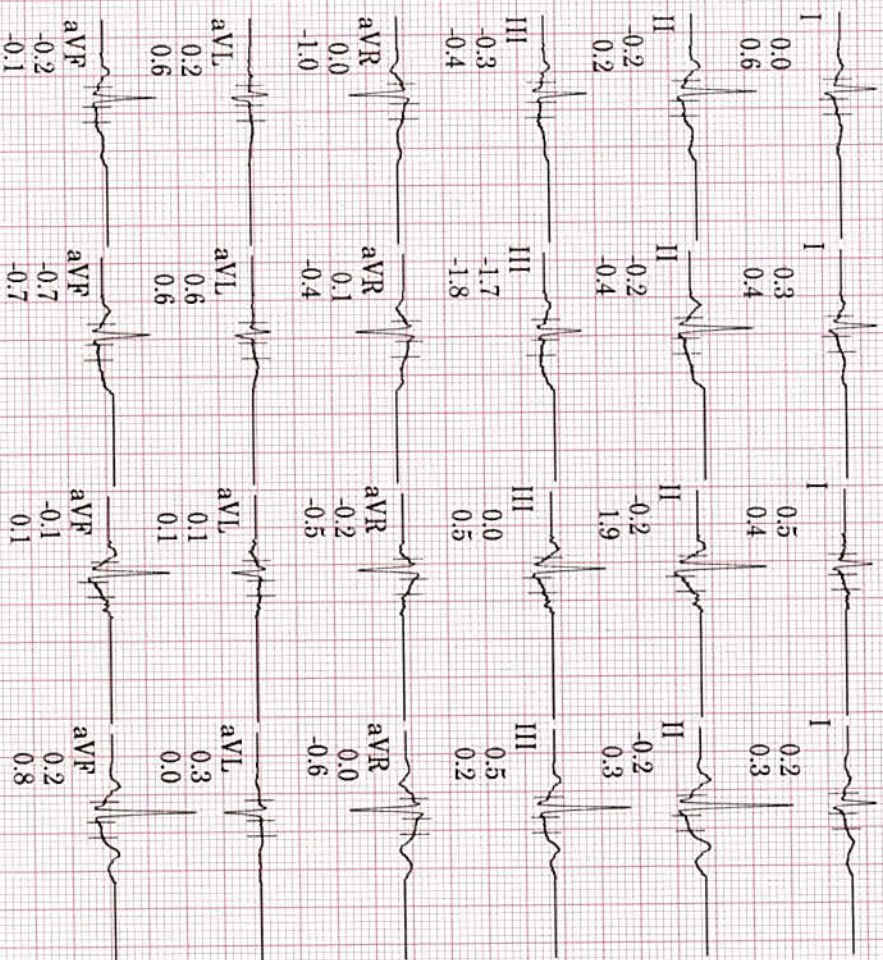
TEST END RECOVERY
3:14
117bpm
BP: 120/80

BASELINE EXERCISE
0:00
119bpm
BP: 114/72

MAX ST EXERCISE
2:00
141bpm
BP: 114/72

PEAK EXERCISE
7:37
178bpm
BP: 120/80

TEST END RECOVERY
3:14
117bpm
BP: 120/80



Technician:

THE APOLLO CLINIC, WHITEFIELD, BANGALORE

Unconfirmed

MAC35 009C

Lead
ST(mm)
Slope(mV/s)

TABULAR SUMMARY REPORT

LAKSHMI PRASANNA

ID: 000313614

31 years
Asian
159cm
74kg

Female

Referred by: ARCOFEMI
Test ind: SCREENING FOR IHD

BRUCE
Total Exercise time: 7:37
Max HR: 178bpm 94% of max predicted 189bpm
Max BP: 120/80 Maximum workload: 9.2METS
Reason for Termination: Max HR attained
Comments: GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY
NO ANGINA / ARRHYTHMIA
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
10.0 mm/mV
100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:47	***	***	1.0	114	114/72	130
	STANDING	0:02	***	***	1.0	114	114/72	130
	HYPERVENT	0:16	0.8	0.0	1.0	119	114/72	136
EXERCISE	STAGE 1	3:00	1.6	10.0	4.4	139	114/72	158
	STAGE 2	3:00	2.5	12.0	7.0	163	120/80	196
	STAGE 3	1:37	3.3	14.0	9.2	178	120/80	214
RECOVERY	Post	3:14	***	***	1.0	117	120/80	140

Technician:

Unconfirmed
THE APOLLO CLINIC, WHITEFIELD, BANGALORE

MAC55 009C

Date : 27-05-2023
MR NO : CMAR.0000313614

Department : GENERAL
Doctor :

Name : Mrs. LAKSHMI PRASANNA

Registration No :
Qualification :

Age/ Gender : 31 Y / Female

Consultation Timing: 09:36

SPO₂ - 98%

Height : 159 cm	Weight : 74.8 Kg	BMI :	Waist Circum :
Temp :	Pulse : 80 b/min	Resp :	B.P : 114 / 72 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

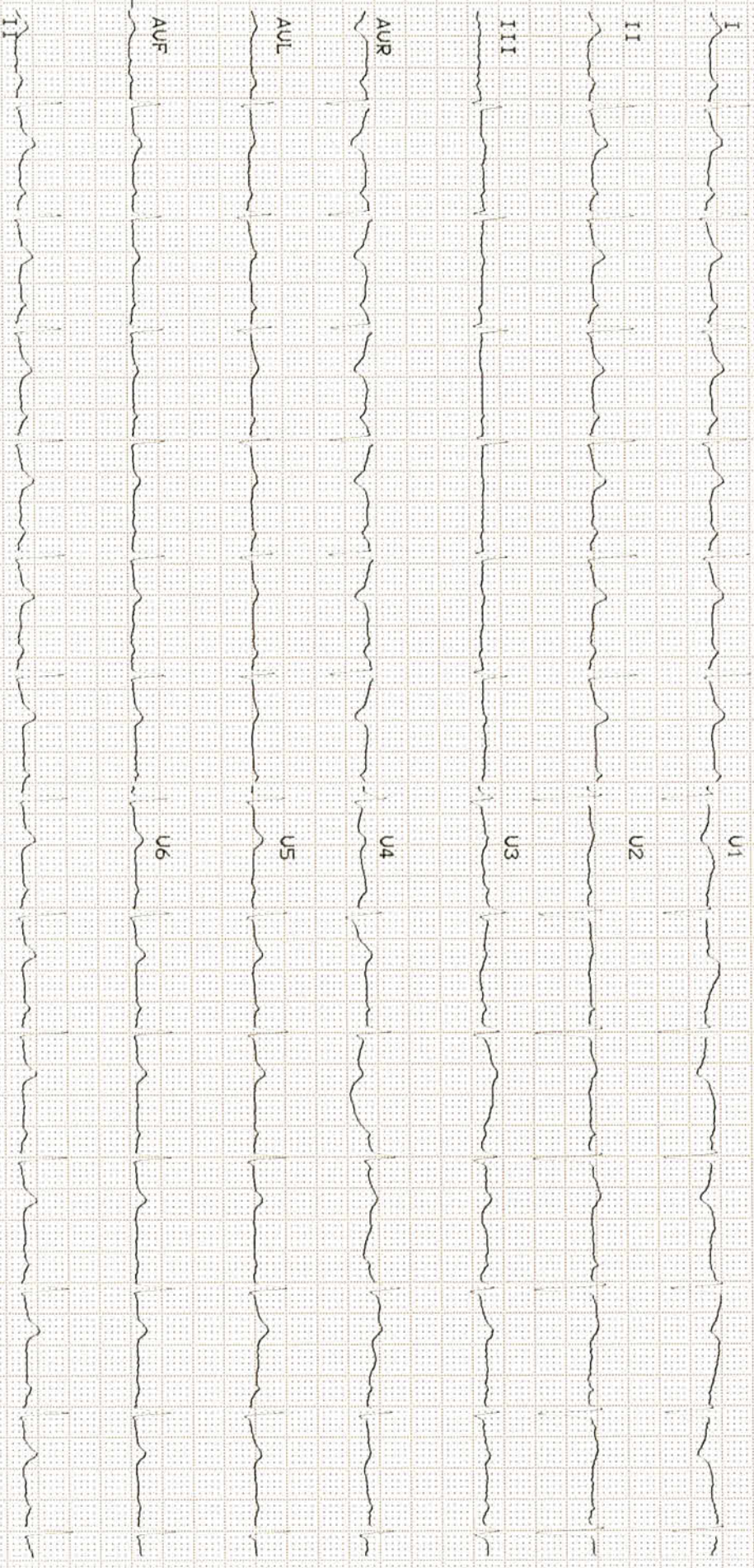
GE MAC1200 ST LAKSHMI PRASANNA, 00313614, APOLLO
Female, 31 Years (27.09.1991)

HR 78 bpm

Measurement Results:
QRS : 102 ms
QT/QTcB : 400 / 456 ms
PR : 142 ms
P : 110 ms
RR/PP : 768 / 750 ms
P/QRS/T : 20 / 40 / 30 degrees
QTd/QTcBd : 52 / 59 ms
Sokolow : 1.3 mV
NK : 11

Interpretation:
< P
< T
< QRS
normal ECG

Unconfirmed report.



27 May 2023 12:12:51 PM 25mm/s 10mm/mV ADS 50Hz 0.08 20Hz 6 F1 P Automatic U6.2 M121 (1)

Patient Name : Mrs. LAKSHMI PRASANNA

Age : 31 Y F

UHID : CMAR.0000313614

OP Visit No : CMAROPV673347

Reported on : 27-05-2023 18:52

Printed on : 27-05-2023 20:15

Adm/Consult Doctor :

Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

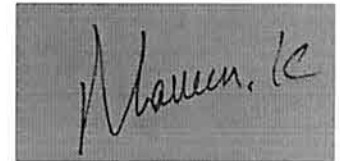
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:27-05-2023 18:52

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 01:26PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 08:26PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

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



Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 02:24PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 09:37PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

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



Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 02:29PM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 05:29PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 08:23PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF CLINICAL PATHOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324


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

Result/s to Follow:
PERIPHERAL SMEAR


Dr. Prasanna
M.B.B.S, M.D
Consultant Pathologist


Dr. Anifa Shobha Flynn
M.B.B.S MD(Pathology)
Consultant Pathologist



Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 01:26PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 07:10PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
PCV	13.8	g/dL	12-15	Spectrophotometer
RBC COUNT	40.80	%	36-46	Electronic pulse & Calculation
MCV	4.67	Million/cu.mm	3.8-4.8	Electrical Impedance
MCH	87	fL	83-101	Calculated
MCHC	29.5	pg	27-32	Calculated
R.D.W	33.7	g/dL	31.5-34.5	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	14.4	%	11.6-14	Calculated
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)	6,700	cells/cu.mm	4000-10000	Electrical Impedance
NEUTROPHILS				
LYMPHOCYTES	52.2	%	40-80	Electrical Impedance
EOSINOPHILS	38.7	%	20-40	Electrical Impedance
MONOCYTES	2.5	%	1-6	Electrical Impedance
BASOPHILS	6.5	%	2-10	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	0.1	%	<1-2	Electrical Impedance
LYMPHOCYTES	3497.4	Cells/cu.mm	2000-7000	Electrical Impedance
EOSINOPHILS	2592.9	Cells/cu.mm	1000-3000	Electrical Impedance
MONOCYTES	167.5	Cells/cu.mm	20-500	Electrical Impedance
BASOPHILS	435.5	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	6.7	Cells/cu.mm	0-100	Electrical Impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	330000	cells/cu.mm	150000-410000	Electrical impedance
PERIPHERAL SMEAR	19	mm at the end of 1 hour	0-20	Modified Westgren method

RBCs: are normocytic normochromic
 WBCs: are normal in total number with normal distribution and morphology.
 PLATELETS: appear adequate in number.

Patient Name : Mrs.LAKSHMI PRASANNA Age/Gender : 31 Y 8 M 0 D/F UHID/MR No : CMAR.0000313614 Visit ID : CMAROPV673347 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9663826525D	Collected : 27/May/2023 10:00AM Received : 27/May/2023 01:26PM Reported : 27/May/2023 07:10PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 02:41PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 06:58PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	105	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.
Ref: Marks medical biochemistry and clinical approach

Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 02:41PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 06:58PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	117	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



SIN No:PLP1333745,EDT230049944



Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 01:17PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 05:03PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	169	mg/dL	<200	CHO-POD
TRIGLYCERIDES	161	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.92		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 can show physiological and analytical variations.
NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



SIN No:SE04381704

Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 01:17PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 05:03PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.51	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	48.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.13	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.75	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated



SIN No:SE04381704

Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 01:17PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 07:06PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.51	mg/dL	0.72 - 1.18	JAFFE METHOD
UREA	14.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.93	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.05	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)



SIN No:SE04381704

Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 01:17PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 05:03PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	20.00	U/L	<38	IFCC



Patient Name : Mrs.LAKSHMI PRASANNA Age/Gender : 31 Y 8 M 0 D/F UHID/MR No : CMAR.0000313614 Visit ID : CMAROPV673347 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9663826525D	Collected : 27/May/2023 10:00AM Received : 27/May/2023 01:13PM Reported : 27/May/2023 04:03PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.91	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.857	µIU/mL	0.34-5.60	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 05:29PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 07:28PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - 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	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	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	3-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 03:15PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 03:46PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF CLINICAL PATHOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

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


*** End Of Report ***

Result/s to Follow:

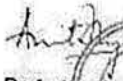
PERIPHERAL SMEAR, GLUCOSE, FASTING, BLOOD GROUP ABO AND RH FACTOR, GLUCOSE (POST PRANDIAL) - URINE



Dr. Prasanna
M.B.B.S, M.D
Consultant Pathologist



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



Dr. Anita Shobha Flynn
M.B.B.S, MD (Pathology)
Consultant Pathologist



Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 01:26PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 07:10PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	13.8	g/dL	12-15	Spectrophotometer
PCV	40.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.67	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,700	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	52.2	%	40-80	Electrical Impedance
LYMPHOCYTES	38.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3497.4	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2592.9	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	167.5	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	435.5	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	6.7	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	330000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westgren method

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 01:26PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 07:10PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 02:41PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 06:58PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	105	mg/dL	70-140	HEXOKINASE
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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.

Ref: Marks medical biochemistry and clinical approach

Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 02:41PM
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Visit ID : CMAROPV673347	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	117	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 01:17PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	169	mg/dL	<200	CHO-POD
TRIGLYCERIDES	161	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.92		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 can show physiological and analytical variations.

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



Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 01:17PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	0.51	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	48.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.13	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.75	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated



SIN No:SE04381704

Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 01:17PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 07:06PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.51	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	14.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.93	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.05	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)



Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 01:17PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 05:03PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	<38	IFCC



SIN No:SE04381704

Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 01:13PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 04:03PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.91	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.857	µIU/mL	0.34-5.60	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 05:29PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 07:28PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	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	3-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mrs.LAKSHMI PRASANNA	Collected : 27/May/2023 10:00AM
Age/Gender : 31 Y 8 M 0 D/F	Received : 27/May/2023 03:15PM
UHID/MR No : CMAR.0000313614	Reported : 27/May/2023 03:46PM
Visit ID : CMAROPV673347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9663826525D	

DEPARTMENT OF CLINICAL PATHOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324


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

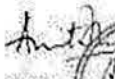
*** End Of Report ***

Result/s to Follow:

PERIPHERAL SMEAR, GLUCOSE, FASTING, BLOOD GROUP ABO AND RH FACTOR, GLUCOSE (POST PRANDIAL) - URINE


Dr. Prasanna
M.B.B.S, M.D
Consultant Pathologist


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


Dr.Anita Shobha Flynn
M.B.B.S,MD(Pathology)
Consultant Pathologist



Patient Name	: Mrs. LAKSHMI PRASANNA	Age	: 31 Y F
UHID	: CMAR.0000313614	OP Visit No	: CMAROPV673347
Reported on	: 27-05-2023 12:19	Printed on	: 27-05-2023 12:21
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Post cholecystectomy status. Proximal CBD measures 7.2mm, No obvious intra luminal filling defects appreciated. Distal CBD obscured by bowel gas.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 9.4cm and parenchymal thickness measures 1.6cm.

Left kidney measures 8.9cm and parenchymal thickness measures 1.9cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: appears normal in size, measuring 7.7x5.2x3.5cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 7.2mm.

OVARIES: Both ovaries appear bulky in size and shows multiple tiny peripheral follicles with central echogenic stroma.

Right ovary measures 3.5x3.1x1.8cm. vol - 10.2cc.

Left ovary measures 3.5x3.1x1.9cm. vol - 11.6cc.

No free fluid is seen.

IMPRESSION:

BILATERAL POLYCYSTIC OVARIAN PATTERN.

Patient Name	: Mrs. LAKSHMI PRASANNA	Age	: 31 Y F
UHID	: CMAR.0000313614	OP Visit No	: CMAROPV673347
Reported on	: 27-05-2023 12:19	Printed on	: 27-05-2023 12:21
Adm/Consult Doctor	:	Ref Doctor	: SELF

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.

Printed on: 27-05-2023 12:19

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name : Mr. LAKSHMANA KUMAR THOTA

Age/Gender : 39 Y/M

UHID/MR No. : CMAR.0000313611

OP Visit No : CMAROPV673343

Sample Collected on :

Reported on : 27-05-2023 18:46

LRN# : RAD2008226

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9663826525

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

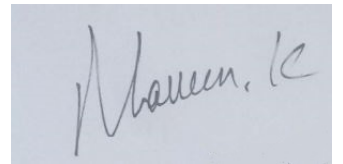
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mr. LAKSHMANA KUMAR THOTA	Age/Gender	: 39 Y/M
UHID/MR No.	: CMAR.0000313611	OP Visit No	: CMAROPV673343
Sample Collected on	:	Reported on	: 27-05-2023 12:00
LRN#	: RAD2008226	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9663826525		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size (14.6cm), shape and shows diffuse increase in echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on right side.

Right kidney measures 10.6cm and parenchymal thickness measures 1.6cm.

Left kidney measures 10.2cm and parenchymal thickness measures 1.9cm.

Left mild hydronephrosis with no obvious ureteric dilatation..

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

IMPRESSION:

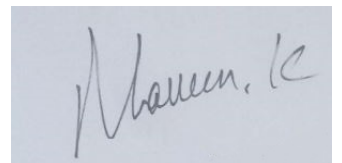
GRADE I FATTY INFILTRATION OF LIVER.

LEFT MILD HYDRONEPHROSIS.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

- 1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically;this report is not valid for medicolegal purpose
- 3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
- 4.Printing mistakes should immediately be brought to notice for correction.
- 5.This is USG Abdomen screening.



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Radiology