

| | |
|------------------------------------|--|
| Patient Name : Mrs.PADMA KOLLIPARA | Collected : 27/May/2023 08:07AM |
| Age/Gender : 58 Y 11 M 16 D/F | Received : 27/May/2023 11:13AM |
| UHID/MR No : CINR.0000068617 | Reported : 27/May/2023 03:28PM |
| Visit ID : CINROPV194989 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9900416235 | |

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 | 13.7 | g/dL | 12-15 | Spectrophotometer |
| PCV | 42.20 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 5.01 | Million/cu.mm | 3.8-4.8 | Electrical Impedence |
| MCV | 84.3 | fL | 83-101 | Calculated |
| MCH | 27.4 | pg | 27-32 | Calculated |
| MCHC | 32.5 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.6 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,380 | cells/cu.mm | 4000-10000 | Electrical Impedence |

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

| | | | | |
|-------------|-----|---|-------|----------------------|
| NEUTROPHILS | 59 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 31 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 3.7 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 5.7 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.6 | % | <1-2 | Electrical Impedence |

ABSOLUTE LEUCOCYTE COUNT

| | | | | |
|-------------|--------|-------------|-----------|----------------------|
| NEUTROPHILS | 3764.2 | Cells/cu.mm | 2000-7000 | Electrical Impedence |
| LYMPHOCYTES | 1977.8 | Cells/cu.mm | 1000-3000 | Electrical Impedence |
| EOSINOPHILS | 236.06 | Cells/cu.mm | 20-500 | Electrical Impedence |
| MONOCYTES | 363.66 | Cells/cu.mm | 200-1000 | Electrical Impedence |
| BASOPHILS | 38.28 | Cells/cu.mm | 0-100 | Electrical Impedence |

PLATELET COUNT

| | | | | |
|----------------|--------|-------------|---------------|----------------------|
| PLATELET COUNT | 179000 | cells/cu.mm | 150000-410000 | Electrical impedence |
|----------------|--------|-------------|---------------|----------------------|

ERYTHROCYTE SEDIMENTATION RATE (ESR)

| | | | | |
|--------------------------------------|----|-------------------------|------|---------------------|
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 23 | mm at the end of 1 hour | 0-20 | Modified Westergren |
|--------------------------------------|----|-------------------------|------|---------------------|

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

| | |
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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 |
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| | | | | |



SIN No:BED230122988

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| Age/Gender : 58 Y 11 M 16 D/F | Received : 27/May/2023 11:13AM |
| UHID/MR No : CINR.0000068617 | Reported : 27/May/2023 02:41PM |
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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 |
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|-----------|--------|------|-----------------|--------|

BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

| | | | | |
|------------------|----------|--|--|-----------------------------|
| BLOOD GROUP TYPE | A | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |



| | |
|------------------------------------|--|
| Patient Name : Mrs.PADMA KOLLIPARA | Collected : 27/May/2023 08:07AM |
| Age/Gender : 58 Y 11 M 16 D/F | Received : 27/May/2023 11:17AM |
| UHID/MR No : CINR.0000068617 | Reported : 27/May/2023 12:02PM |
| Visit ID : CINROPV194989 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9900416235 | |

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 | 128 | mg/dL | 70-100 | HEXOKINASE |
|--------------------------------------|------------|-------|--------|------------|

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 | 178 | 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

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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 |
|---|--------|-------|-----------------|------------|
| 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



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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 | 138 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 115 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 42 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 96 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 73 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 23 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.29 | | 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

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

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

| | | | | |
|---------------------------------------|-------------|-------|---------|--------------------|
| BILIRUBIN, TOTAL | 0.75 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.15 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.60 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 26 | U/L | <35 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 25.0 | U/L | <35 | IFCC |
| ALKALINE PHOSPHATASE | 88.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 6.50 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 3.54 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.96 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.2 | | 0.9-2.0 | Calculated |



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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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

| | | | | |
|-----------------------|-------|--------|-------------|--------------------------|
| CREATININE | 0.59 | mg/dL | 0.72 – 1.18 | JAFFE METHOD |
| UREA | 21.70 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 10.1 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.47 | mg/dL | 2.6-6.0 | Uricase PAP |
| CALCIUM | 8.90 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.70 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 136 | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 4.2 | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 104 | mmol/L | 101–109 | ISE (Indirect) |



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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 | 20.00 | U/L | <38 | IFCC |



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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) | 0.96 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 11.18 | µg/dL | 6.09-12.23 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 3.617 | 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 |



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| UHID/MR No : CINR.0000068617 | Reported : 27/May/2023 01:43PM |
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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 |
|------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |



| | |
|------------------------------------|--|
| Patient Name : Mrs.PADMA KOLLIPARA | Collected : 27/May/2023 02:45PM |
| Age/Gender : 58 Y 11 M 16 D/F | Received : 28/May/2023 06:30PM |
| UHID/MR No : CINR.0000068617 | Reported : 29/May/2023 05:44PM |
| Visit ID : CINROPV194989 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST (PAPSURE) , LBC FLUID


| | | |
|------------|------------------------------|--|
| | CYTOLOGY NO. | 9160/23 |
| I | SPECIMEN | |
| a | SPECIMEN ADEQUACY | ADEQUATE |
| b | SPECIMEN TYPE | LIQUID-BASED PREPARATION (LBC) |
| | SPECIMEN NATURE/SOURCE | CERVICAL SMEAR |
| c | COMMENTS | SATISFACTORY FOR EVALUATION |
| II | MICROSCOPY | Superficial and intermediate squamous epithelial cells with benign morphology. 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

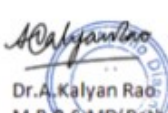
*** End Of Report ***

Result/s to Follow:


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



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



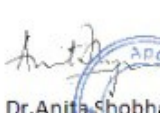
Dr. A. Kalyan Rao
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Dr. Anita Shobha Flynn
M.B.B.S, MD(Pathology)
Consultant Pathologist



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



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



| | | | |
|----------------------------|------------------------|--------------------|--------------------|
| Patient Name | : Mrs. Padma Kollipara | Age/Gender | : 58 Y/F |
| UHID/MR No. | : CINR.0000068617 | OP Visit No | : CINROPV194989 |
| Sample Collected on | : | Reported on | : 27-05-2023 18:43 |
| LRN# | : RAD2007586 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 9900416235 | | |

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

ULTRASOUND OF BOTH BREASTS

Bilateral breast shows predominantly fatty and glandular breast parenchyma.

No evidence of abnormal focal lesions.

No evidence of any architectural distortion noted.

No ductal ectasia noted.

Skin and Subcutaneous tissue appears normal.

Right and left axilla: No significant lymphadenopathy .

IMPRESSION : NO SIGNIFICANT PATHOLOGY NOTED IN BILATERAL BREAST PARENCHYMA.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

| | | | |
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| Patient Name | : Mrs. Padma Kollipara | Age/Gender | : 58 Y/F |
| UHID/MR No. | : CINR.0000068617 | OP Visit No | : CINROPV194989 |
| Sample Collected on | : | Reported on | : 27-05-2023 16:03 |
| LRN# | : RAD2007586 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 9900416235 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

GALLBLADDER: Surgically removed.

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

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

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 11.0x3.7 cm.

Left kidney measures 11.5x5.4 cm.

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

UTERUS OVARIES: Atrophic.

No free fluid is seen.

IMPRESSION:

1. HEPATOMEGALY WITH GRADE II FATTY LIVER.

2. GALL BLADDER SURGICALLY REMOVED.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name : Mrs. Padma Kollipara

Age/Gender : 58 Y/F

UHID/MR No. : CINR.0000068617

OP Visit No : CINROPV194989

Sample Collected on :

Reported on : 27-05-2023 15:40

LRN# : RAD2007586

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9900416235

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

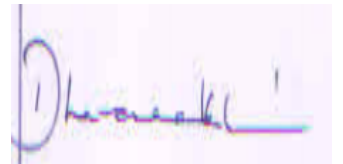
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology