







Age/Gender : 31 Y 11 M 20 D/F UHID/MR No : CJPN.0000013666 Visit ID : CJPNOPV29212

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 1184358 Collected : 22/Sep/2018 09:11AM Received : 22/Sep/2018 12:52PM

Reported : 22/Sep/2018 01:51PM Status : Final Report

Sponsor Name : MEDI ASSIST HEALTHCARE SERVICES

PRIVATE LIMITED

DEPARTMENT OF HAEMATOLOGY MEDI ASSIST - BANK OF BARODA - AHC FEMALE - PAN INDIA - FY1718 **Test Name** Result Unit Bio. Ref. Range Method

COMPLETE BLOOD COUNT (CBC) , WHO	DLE BLOOD-EDTA			
HAEMOGLOBIN	13.7	g/dL	12-15	Cyanmethemoglobin
PCV	40.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.37	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	93	fL	83-101	VCS
MCH	31.4	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	71.7	%	40-80	Microscopic
LYMPHOCYTES	21.5	%	20-40	Microscopic
EOSINOPHILS	2.3	%	1-6	Microscopic
MONOCYTES	4.4	%	2-10	Microscopic
BASOPHILS	0.1	%	<1-2	Microscopic
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4588.8	Cells/cu.mm	2000-7000	
LYMPHOCYTES	1376	Cells/cu.mm	1000-3000	
EOSINOPHILS	147.2	Cells/cu.mm	20-500	
MONOCYTES	281.6	Cells/cu.mm	200-1000	
BASOPHILS	6.4	Cells/cu.mm	20-100	
PLATELET COUNT	222000	cells/cu.mm	150000-410000	Electrical impedence

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SIN No:BED80232353













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Emp/Auth/TPA ID : 1184358

Collected : 22/Sep/2018 09:11AM

Received : 22/Sep/2018 12:52PM Reported : 22/Sep/2018 05:43PM

Status : Final Report

Sponsor Name : MEDI ASSIST HEALTHCARE SERVICES

PRIVATE LIMITED

DEPARTMENT (OF HAFM	ATOL	OGY
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MEDI ASSIST - BANK OF BARODA - AHC FEMALE - PAN INDIA - FY1718					
Test Name	Result	Unit	Bio. Ref. Range	Method	

ERYTHROCYTE SEDIMENTATION RATE	18	mm at the end	0-20	Westergren
(ESR) , WHOLE BLOOD-EDTA		of 1 hour		

BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD-EDTA	
BLOOD GROUP TYPE	A	TUBE AGGLUTINATION
Rh TYPE	Positive	TUBE AGGLUTINATION

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Patient Name

: Mrs.DANDU LAKSHMI PRIYA

Age/Gender

: 31 Y 11 M 20 D/F : CJPN.0000013666

UHID/MR No Visit ID

: CJPNOPV29212

Ref Doctor

: Dr.SELF

Test Name

GLUCOSE, FASTING, NAF PLASMA

GLUCOSE, POST PRANDIAL (PP), 2

HOURS, NAF PLASMA

Emp/Auth/TPA ID : 1184358

Collected

: 22/Sep/2018 01:00PM

Received

: 22/Sep/2018 05:34PM : 22/Sep/2018 07:02PM

Reported Status

: Final Report

Sponsor Name

mg/dL

: MEDI ASSIST HEALTHCARE SERVICES

HEXOKINASE

PRIVATE LIMITED

70 - 140

DEPARTMENT OF BIOCHEMISTRY						
MEDI ASSIST - BANK OF BARODA - AHC FEMALE - PAN INDIA - FY1718						
me Result Unit Bio. Ref. Range Meth						
VAF PLASMA	101	mg/dL	70 - 100	HEXOKINASE		

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Age/Gender : 31 Y 11 M 20 D/F UHID/MR No : CJPN.0000013666

Visit ID : CJPNOPV29212

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 1184358 Collected : 22/Sep/2018 09:11AM Received : 22/Sep/2018 01:08PM

Reported : 22/Sep/2018 04:42PM

Status : Final Report

Sponsor Name : MEDI ASSIST HEALTHCARE SERVICES

PRIVATE LIMITED

MEDI ASSIST - BANK OF BARODA - AHC FEMALE - PAN INDIA - FY1718 Test Name Result Unit Bio. Ref. Range Method						
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	111	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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SIN No:EDT80063122









Age/Gender UHID/MR No : 31 Y 11 M 20 D/F : CJPN.0000013666

Visit ID

: CJPNOPV29212

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 1184358

Test

Collected : 22/Sep/2018 09:11AM

Received : 22/Sep/2018 01:13PM Reported : 22/Sep/2018 04:54PM

Status : Final Report

Sponsor Name : MEDI ASSIST HEALTHCARE SERVICES

PRIVATE LIMITED

DEPARTMENT OF BIOCHEMISTRY

MEDI ASSIST - BA	ANK OF BARODA - A	AHC FEMALE -	PAN INDIA - FY1718	•
t Name	Result	Unit	Bio. Ref. Range	Method

LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	211	mg/dL	<200	Enzymatic (CHE/CHO/POD)
TRIGLYCERIDES	93	mg/dL	<150	Enzymatic(Lipase/GK/GPO/POD)
HDL CHOLESTEROL	53	mg/dL	40-60	Direct Measure PEG
NON-HDL CHOLESTEROL	158	mg/dL	<130	Calculated
LDL CHOLESTEROL	139.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.98		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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Patient Name

: Mrs.DANDU LAKSHMI PRIYA

Age/Gender

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Sponsor Name

: MEDI ASSIST HEALTHCARE SERVICES

PRIVATE LIMITED

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT) WITH GGT, 8	SERUM			
BILIRUBIN, TOTAL	0.80	mg/dL	0.2-1	Jendrassik Grof
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	0.07-0.20	Jendrassik Grof
BILIRUBIN (INDIRECT)	0.68	mg/dL	0.0-1.1	Direct measure
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/L	14-59	IFCC (Pyridoxal 5 phosphate)
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	14-40	IFCC (Pyridoxal 5 phosphate)
ALKALINE PHOSPHATASE	178.00	U/L	40-120	PNPP,AMP-Buffer
PROTEIN, TOTAL	7.80	mg/dL	6.4-8.2	Biuret (alkaline cupric sulphate)
ALBUMIN	4.20	g/dL	3.4-5.0	Bromocresol Purple dye binding
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.8-1.2	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	31.00	mg/dL	5-55	GCNA-Glyclglycine Method

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Patient Name

: Mrs.DANDU LAKSHMI PRIYA

Age/Gender

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Emp/Auth/TPA ID : 1184358

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: 22/Sep/2018 04:54PM

Status

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Sponsor Name

: MEDI ASSIST HEALTHCARE SERVICES

PRIVATE LIMITED

DEPARTMENT	OF	BIOCHEMISTRY
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MEDI ASSIST - BANK OF BARODA - AHC FEMALE - PAN INDIA - FY1718					
Test Name	Result	Unit	Bio. Ref. Range	Method	
UREA., SERUM	12.84	mg/dL	19-43	Urease	
BLOOD UREA NITROGEN , SERUM	6.0	mg/dL	7.0 - 17.0	Urease	
CREATININE , SERUM	0.71	mg/dL	0.55-1.02	Modified Jaffe's	
URIC ACID, SERUM	4.60	mg/dL	3.4-7.6	Uricase/peroxidase	

Comments:-

Uric acid is an end product of purine catabolism. Most uric acid is synthesised in the liver & from the intestine. Two thirds of uric acid is excreted by the kidneys.

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)











Age/Gender

: 31 Y 11 M 20 D/F

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Ref Doctor

: CJPNOPV29212 : Dr.SELF

Emp/Auth/TPA ID : 1184358

Collected : 22

: 22/Sep/2018 09:11AM

Received Reported

Sponsor Name

: 22/Sep/2018 01:13PM : 22/Sep/2018 09:56PM

Status : Final Report

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: MEDI ASSIST HEALTHCARE SERVICES

PRIVATE LIMITED

DEPARTMENT OF IMMUNOLOGY

MEDI ASSIST - B.	ANK OF BARODA -	AHC FEMALE -	PAN INDIA - FY1718	
Test Name	Result	Unit	Bio. Ref. Range	Method

THYROID PROFILE TOTAL (T3, T4, TSH), SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	1.3	ng/mL	0.6-1.81	CLIA	
THYROXINE (T4, TOTAL)	9.00	μg/dL	3.2-12.6	CLIA	
THYROID STIMULATING HORMONE (TSH)	3.710	μIU/mL	0.35-5.5	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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Received : 22/Sep/2018 12:43PM Reported : 22/Sep/2018 03:06PM

Status : Final Report

Sponsor Name : MEDI ASSIST HEALTHCARE SERVICES

PRIVATE LIMITED

DEPARTMENT	OF CLINICAL	PATHOLOGY

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
рН	5.5		5-7.5	Dipstick
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Dipstick/Heat test
GLUCOSE	NEGATIVE		NEGATIVE	Dipstick/Benedicts Test
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Dipstick/Fouchet Test
KETONES	NEGATIVE		NEGATIVE	Dipstick/Rotheras Test
UROBILINOGEN	NORMAL		NORMAL	Dipstick/Ehrlichs Test
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Dipstick
MICROSCOPIC EXAMINATION			-	
PUS CELLS	2-3	/hpf	0-5	
EPITHELIAL CELLS	3-4	/hpf	<10	
RBC	NIL	/hpf	ABSENT	
CASTS	NIL		ABSENT	
CRYSTALS	ABSENT		ABSENT	

*** End Of Report ***

DR. SHALINI SINGH M.B.B.S, MD Consultant Pathologist

DR. PRASHANTH. R M.B.B.S, MD Consultant Pathologist

Harbanth R

Apo/

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SIN No:UR1204222





Patient Name : Mrs. DANDU LAKSHMI PRIYA Age/Gender : 31 Y/F

UHID/MR No.

: CJPN.0000013666

OP Visit No

: CJPNOPV29212

Sample Collected on :

: RAD694599

Reported on

: 22-09-2018 11:13

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF : 1184358 Specimen

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Both breast parenchymal echotexture appear normal.

No ductal dilatation was noted.

No focal lesion was noted.

Nipples and subaerolar region appear normal.

Skin and subcutaneous tissue is normal.

No axillary lymphadenopathy was appreciated.

IMPRESSION: NORMAL STUDY.

BI-RADS CLASSIFICATIONS: category 1 : Negative.

Bi-rads classifications:

Category 0: Need additional imaging evaluation like USG.

Category I: Negative.

Category II: Benign finding.

Category III: probably benign finding-short interval follow up is suggested.

Category IV: Suspicious abnormality-biopsy should be considered.

Category V: Highly suggestive of malignancy.

Consultant Radiologist.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



: 31 Y/F

Patient Name : Mrs. DANDU LAKSHMI PRIYA

Age/Gender

Radiology



: CJPNOPV29212

Patient Name : Mrs. DANDU LAKSHMI PRIYA Age/Gender : 31 Y/F

UHID/MR No. :
Sample Collected on :

LRN#

: CJPN.0000013666

: RAD694600

OP Visit No Reported on

Reported on : 22-09-2018 11:10 **Specimen** :

Ref Doctor : SELF **Emp/Auth/TPA ID** : 1184358

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Normal in size and echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.PV -10 mm.

GALL BLADDER: Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN: Normal in size and echotexture. No focal lesion was seen. No evidence of splenic hilar varices/collaterals.

PANCREAS : Appeared normal.

KIDNEYS: Both kidneys are normal in size, shape and outlines Cortico medullary delineation is

normal. No Hydronephrosis / No calculi,

Right kidney measures: 10.5 x 2.7 cm.

Left kidney measures :10.7 x 2.4 cm.

URINARY BLADDER: Well distended. Normal in internal contents. Wall thickness is normal.

UTERUS: Normal in size and echotexture. It measures: 7.5 x 4.4 x 5.4 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring-11 mm.

No focal lesion was noted.

OVARIES: Both ovaries are normal in size.

Right ovary measures : 3.2 x 2.4cm. Left ovary measures : 3.2 x 2.1 cm.

No free fluid is seen in the peritoneum. No lymphadenopathy.

IMPRESSION: NORMAL STUDY.



Patient Name : Mrs. DANDU LAKSHMI PRIYA Age/Gender : 31 Y/F

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

 $\frac{\text{Dr. KUSUMA JAYARAM}}{\text{MBBS,DMRD}}$ Radiology



Patient Name : Mrs. DANDU LAKSHMI PRIYA Age/Gender : 31 Y/F

UHID/MR No.

: CJPN.0000013666

OP Visit No

: CJPNOPV29212

Sample Collected on

: RAD694601

Reported on

: 22-09-2018 10:14

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF : 1184358

Specimen

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. KUSUMA JAYARAM MBBS,DMRD Radiology