

Name: Mrs. Kasturi R H
Age/Gender: 44 Y/F
Address: kmg
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. MAHABALESWAR

MR No: CKOR.0000248454
Visit ID: CKOROPV390250
Visit Date: 04-12-2023 09:46
Discharge Date:
Referred By: SELF

Eye

Glasses : **Yes**,

Doctor's Signature

Name: Mrs. Kasturi R H
Age/Gender: 44 Y/F
Address: kmg
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. JYOTHI RAJESH

MR No: CKOR.0000248454
Visit ID: CKOROPV390250
Visit Date: 04-12-2023 09:46
Discharge Date:
Referred By: SELF

Doctor's Signature

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Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GAZALA ANJUM

MR No: CKOR.0000248454
Visit ID: CKOROPV390250
Visit Date: 04-12-2023 09:46
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For General Health Checkup,

SYSTEMIC REVIEW

Eye

Glasses : Yes,

**Weight

--->: Stable,

HT-HISTORY

Past Medical History

Typhoid: no,

**Cancer: no,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature

Patient Name : Mrs.KASTURI R H	Collected : 04/Dec/2023 09:56AM
Age/Gender : 44 Y 5 M 13 D/F	Received : 04/Dec/2023 11:47AM
UHID/MR No : CKOR.0000248454	Reported : 04/Dec/2023 02:44PM
Visit ID : CKOROPV390250	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOBS51828	

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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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	15	g/dL	12-15	Spectrophotometer
PCV	43.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.12	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	85.2	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,080	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	55	%	40-80	Electrical Impedence
LYMPHOCYTES	35.1	%	20-40	Electrical Impedence
EOSINOPHILS	1.5	%	1-6	Electrical Impedence
MONOCYTES	8	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3894	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2485.08	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	106.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	566.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.32	Cells/cu.mm	0-100	Calculated

PLATELET COUNT	327000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westgren method
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PERIPHERAL SMEAR				
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RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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Visit ID : CKOROPV390250	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



SIN No:BED230298962

NABL renewal accreditation under process

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

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

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Karnataka- 560034



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Age/Gender : 44 Y 5 M 13 D/F	Received : 04/Dec/2023 11:47AM
UHID/MR No : CKOR.0000248454	Reported : 04/Dec/2023 03:03PM
Visit ID : CKOROPV390250	Status : Final Report
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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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mrs.KASTURI R H	Collected : 04/Dec/2023 12:43PM
Age/Gender : 44 Y 5 M 13 D/F	Received : 04/Dec/2023 05:17PM
UHID/MR No : CKOR.000248454	Reported : 04/Dec/2023 05:41PM
Visit ID : CKOROPV390250	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	100	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.



SIN No:PLF02065020,PLP1393447

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 Karnataka- 560034



Patient Name : Mrs.KASTURI R H	Collected : 04/Dec/2023 09:56AM
Age/Gender : 44 Y 5 M 13 D/F	Received : 04/Dec/2023 11:48AM
UHID/MR No : CKOR.0000248454	Reported : 04/Dec/2023 01:31PM
Visit ID : CKOROPV390250	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOBS51828	

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	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	123	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



SIN No:EDT230109769

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 Karnataka - 560034



Patient Name : Mrs.KASTURI R H	Collected : 04/Dec/2023 09:56AM
Age/Gender : 44 Y 5 M 13 D/F	Received : 04/Dec/2023 12:41PM
UHID/MR No : CKOR.0000248454	Reported : 04/Dec/2023 02:45PM
Visit ID : CKOROPV390250	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	154	mg/dL	<200	CHO-POD
TRIGLYCERIDES	67	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	110	mg/dL	<130	Calculated
LDL CHOLESTEROL	97	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.51		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



SIN No:SE04559251

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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	0.58	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	81.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.15	g/dL	6.6-8.3	Biuret
ALBUMIN	4.27	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.88	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04559251

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

CREATININE	0.62	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	17.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.79	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.72	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	134	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	98	mmol/L	101–109	ISE (Indirect)



SIN No:SE04559251

NABL renewal accreditation under process

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK

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

Address:
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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

 **1860 500 7788**
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Patient Name : Mrs.KASTURI R H	Collected : 04/Dec/2023 09:56AM
Age/Gender : 44 Y 5 M 13 D/F	Received : 04/Dec/2023 12:41PM
UHID/MR No : CKOR.0000248454	Reported : 04/Dec/2023 01:17PM
Visit ID : CKOROPV390250	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOBS51828	

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	18.00	U/L	<38	IFCC



SIN No:SE04559251

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Address:
 323/100/123, Doddathangur Village, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka- 560034



Patient Name : Mrs.KASTURI R H	Collected : 04/Dec/2023 09:56AM
Age/Gender : 44 Y 5 M 13 D/F	Received : 04/Dec/2023 12:42PM
UHID/MR No : CKOR.0000248454	Reported : 04/Dec/2023 02:45PM
Visit ID : CKOROPV390250	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOBS51828	

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
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.5	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.20	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.309	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



SIN No:SPL23174809

NABL renewal accreditation under process

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APOLLO CLINICS NETWORK

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Address:
 323/100/123, Doddathangur Village, Neeladri Main Road,
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 Karnataka - 560034



Patient Name : Mrs.KASTURI R H	Collected : 04/Dec/2023 09:56AM
Age/Gender : 44 Y 5 M 13 D/F	Received : 04/Dec/2023 12:09PM
UHID/MR No : CKOR.0000248454	Reported : 04/Dec/2023 06:06PM
Visit ID : CKOROPV390250	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOBS51828	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE ++		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	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Result Rechecked



SIN No:UR2233872

NABL renewal accreditation under process

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

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 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka- 560034

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

Patient Name : Mrs.KASTURI R H	Collected : 04/Dec/2023 12:43PM
Age/Gender : 44 Y 5 M 13 D/F	Received : 04/Dec/2023 04:20PM
UHID/MR No : CKOR.0000248454	Reported : 04/Dec/2023 06:05PM
Visit ID : CKOROPV390250	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOBS51828	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



SIN No:UPP015929

NABL renewal accreditation under process

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

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APOLLO CLINICS NETWORK

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Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034



Patient Name : Mrs.KASTURI R H	Collected : 04/Dec/2023 12:43PM
Age/Gender : 44 Y 5 M 13 D/F	Received : 05/Dec/2023 11:05AM
UHID/MR No : CKOR.0000248454	Reported : 05/Dec/2023 04:04PM
Visit ID : CKOROPV390250	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOBS51828	

DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	20284/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

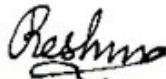
Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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

Result/s to Follow:
PERIPHERAL SMEAR



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



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



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

Page 14 of 14



SIN No:CS070915

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

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 **1860 500 7788**
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Patient Name	: Mrs. Kasturi R H	Age/Gender	: 44 Y/F
UHID/MR No.	: CKOR.0000248454	OP Visit No	: CKOROPV390250
Sample Collected on	:	Reported on	: 04-12-2023 12:05
LRN#	: RAD2168342	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: BOBS51828		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is normal in size and shows normal echo pattern. No biliary dilatation .No focal lesion

Portal vein is normal in size, course and caliber. CBD is not dilated.

Gall bladder 2mm sessile polyp noted

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesion.

Right kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left kidney is normal in size, position, shape and echopattern.corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. wall thickness is normal. No internal echoes.

Uterus: is normal in size. Endometrial echoes are normal

Endometrium: measures 5.0mm.

Right ovary:Not visualized

Left ovary:Normal

Both adnexa: Normal, no mass seen.

There is no ascites.

IMPRESSION:

- **GALL BLADDER POLYP**

DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

Patient Name	: Mrs. Kasturi R H	Age/Gender	: 44 Y/F
UHID/MR No.	: CKOR.0000248454	OP Visit No	: CKOROPV390250
Sample Collected on	:	Reported on	: 04-12-2023 12:09
LRN#	: RAD2168342	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: BOBS51828		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

Both breast shows normal parenchymal echotexture. There is no evidence of distortion of parenchymal architecture.

There is no evidence of focal solid, cystic lesions or calcifications seen.

The nipple and areolar region show no abnormality.

The bilateral axillary region shows no abnormality and there is no evidence of enlarge lymph nodes.

IMPRESSION: NORMAL SONOMAMMOGRAPHY STUDY – BIRADS 1

**DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST**

Dr. SHRAMANA BAGCHI
MBBS, DNB
RADIOLOGY

Name : Mrs. Kasturi R H

Age: 44 Y

UHID:CKOR.0000248454

Address : kmg

Sex: F



Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:CKOROPV390250

Bill No :CKOR-OCR-79337

Date : 04.12.2023 09:47

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	SONO MAMOGRAPHY - SCREENING	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2 D ECHO (10)	
6	LIVER FUNCTION TEST (LFT)	
7	X-RAY CHEST PA (11)	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION 23	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNAECOLOGY CONSULTATION (3)	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	ECG (14)	
18	BLOOD GROUP ABO AND RH FACTOR	
19	LIPID PROFILE	
20	BODY MASS INDEX (BMI)	
21	LBC PAP TEST- PAPSURE	
22	OPHTHAL BY GENERAL PHYSICIAN opp 2m (11)	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN (17)	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION (15)	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

28 physio - (24)

(29) Dental - (15)

10.45

12.30

Ht - 153cm

WT - 68.4kg

Patient Name	: Mrs Kasturi R H	Patient ID	: 248454
Age	: 44Years	Sex	: Female
Referring Doctor	: H/C	Date	: 04.12.23

SONOMAMMOGRAPHY

Both breast shows normal parenchymal echotexture. There is no evidence of distortion of parenchymal architecture.

There is no evidence of focal solid, cystic lesions or calcifications seen.

The nipple and areolar region show no abnormality.

The bilateral axillary region shows no abnormality and there is no evidence of enlarge lymph nodes.

IMPRESSION: NORMAL SONOMAMMOGRAPHY STUDY – BIRADS 1

DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

NAME: MRS. KASTURI R H

AGE: 44Y

SEX: FEMALE

DATE: 04/12/2023

ECHOCARDIOGRAPHY REPORT

MEASUREMENT

AO -23(20 – 35)mm	LIVD d – 37(36-52)mm	IVS - 10 (06 - 11)mm
LA -27(19- 40)mm	LVID s – 24(23- 39)mm	PWD – 10(06- 11)mm
EF - 60% (>50%)	RVID-22	

VALVES

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

CHAMBERS

Left Atrium : Normal
Right Atrium : Normal
Left Ventricle : Normal
Right Ventricle : Normal

SEPTAE

IVS : Intact
IAS : Intact

GREAT ARTERIES

Aorta : Normal
Pulmonary Artery : Normal

DOPPLER DATA

Mitral : E > A
Aortic : Normal
Tricuspid : Normal
Pulmonary : Normal

WALL MOTION ABNORMALITIES : No RWMA

Pericardium : Normal

FINAL DIAGNOSIS

**NORMAL CHAMBERS AND VALVES
NORMAL BIVENTRICULAR FUNCTION
NO RWMA AT REST, LV EF -60%**


**DR. MOHAN MURALI
CONSULTANT
CARDIOLOGIST**

OPHTHAL REPORT

NAME: Kasturi R 14

AGE: 44 GENDER: MALE/FEMALE ✓

RIGHT EYE

	SPH	CYL	AXIS	VA
DV	<u>—</u>	<u>-0.50</u>	<u>125</u>	<u>6/6 P</u>
NV	<u>+1.25</u>	<u>—</u>		<u>Ng</u>

LEFT EYE

	SPH	CYL	AXIS	VA
DV	<u>—</u>	<u>-0.75</u>	<u>-90°</u>	<u>6/6 P</u>
NV	<u>+1.25</u>	<u>—</u>		<u>Ng</u>

REMARK: prog with blue black lens

DATE: 9/12/23

chans
OPTOMETRIST

BRING THIS PRESCRIPTION IN YOUR NEXT VISIT

DR VIJAYA LAKSHMI M
M.B.B.S, D.L.O, D.N.B(ENT)
Phone No.9972044580,080-25633823/24/23

04/12/23

HEALTH CHECK- ENT

NAME: *Kasthuri* **P** **AGE:** *44yrs*
EAR: **RE:** **LE:**

EXTERNAL EAR
MIDDLE EAR
INNER EAR (FN) *Normal*

HEARING ASSESSMENT: **RE:** **LE:**

RHINNE
WEBER
ABC *Normal*

NOSE **THROAT**
AIRWAY
SEPTUM
TURBINATES
OTHERS *Normal*
ORAL CAVITY
OROPHARYNX
PHARYNX *Normal*
LARYNX

NECK

NECK NODES
OTHER *Normal*

AUDIOMETRY

IMPRESSION *Normal*



SIGNATURE:

Date : 4/11/23
 MRNO :
 Name : KASTURIS
 Age/Gender : 44 yrs

H/C

Department : OBSTETRICS & GYNAECOLOGY
 Consultant : DR JYOTHI RAJESH
 KMC NO-42823
 Qualification : DGO (DNB)
 Consultation Timings : 9.30pm to 12.00pm
 PHONE NO: 9972044580

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

General Examination / Allergies
 History

Clinical Diagnosis & Management Plan

No gynaec complaints
 men. men. - regular cont-10/11
 OB/GN P/L 10-18 yrs LGS
 BTL done
 Post op - DDD on by
 family H-10/11
 O/E. P/L 10/11
 P/L - 10/11
 vagina 10/11 pap tests
 P/L - 10/11

Follow up date: 10/11/23

Doctor Signature

Patient Name	: Mrs. Kasturi R H	Age	: 44 Y F
UHID	: CKOR.0000248454	OP Visit No	: CKOROPV390250
Reported on	: 04-12-2023 11:40	Printed on	: 04-12-2023 12:33
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.


DR VINOD JOSEPH DNB, DMRD
RADIOLOGIST

Printed on: 04-12-2023 11:40

---End of the Report---



Apollo Medical Centre

Expertise: *Classroom*

Apollo Clinic

Consent Form

Patient Name: *Rastogi PH* Age: *64*
UHID Number: Company Name:

I Mr/Mrs/Miss: Employee of

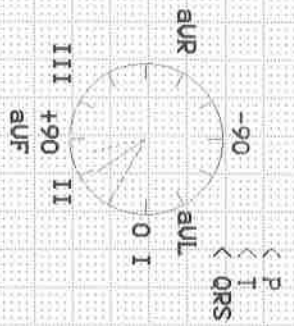
(Company) want to inform you that I am not getting the
Test which is a part of health check package.

Reason If any: *for consider only by the week*

And I claim the above statement in my full consciousness.

..... Date:

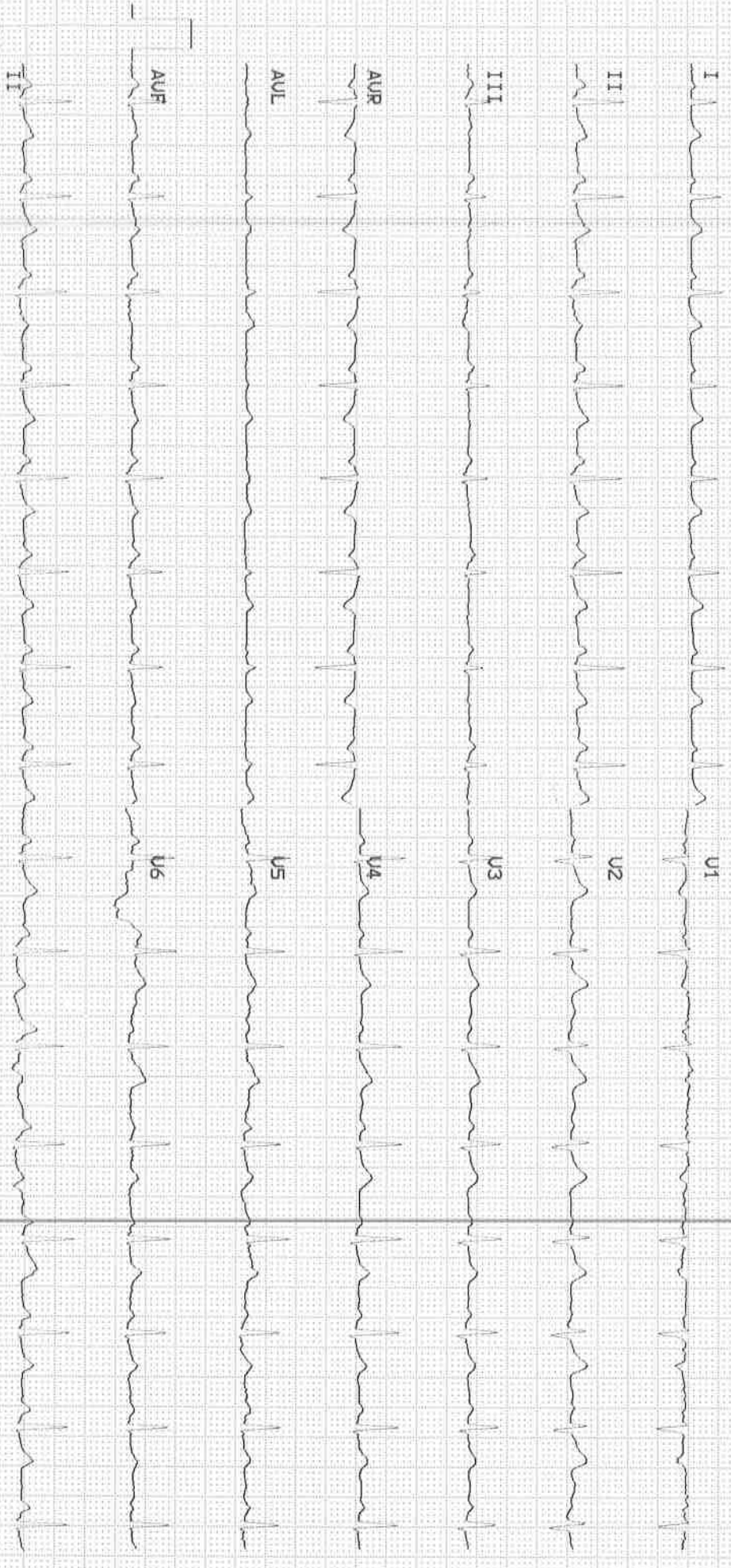
AGE: 44
 Measurement Results:
 QRS : 80 ms
 QT/QTcB : 344 / 432 ms
 PR : 128 ms
 P : 92 ms
 RR/PP : 634 / 655 ms
 P/ORS/T : 75 / 55 / 30 degrees
 QTd/QTcBd : 30 / 38 ms
 Sokolow : 1.0 mV
 NK : 14



Interpretation:

(Handwritten signature)

Unconfirmed report.



Patient Name	: Mrs. Kasturi R H	Age	: 44 Y/F
UHID	: CKOR.0000248454	OP Visit No	: CKOROPV390250
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 04-12-2023 13:04
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 94beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen

Impression:

NORMAL RESTING ECG.

Dr. MOHAN MURALI
CARDIOLOGIST

NOTE : KINDLY TAKE A PHOTOCOPY OF THE GRAPH
FOR FUTURE REFERENCE IF NEEDED.

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

Patient Name : Mrs Kasturi R H

Patient ID : 248454

Age : 44Year(s)

Sex : Female

Referring Doctor : H/C

Date : 04.12 .2023

ULTRASOUND ABDOMEN AND PELVIS

Liver is normal in size and shows normal echo pattern. No biliary dilatation .No focal lesion

Portal vein is normal in size, course and caliber. CBD is not dilated.

Gall bladder 2mm sessile polyp noted

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesion.

Right kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left kidney is normal in size, position, shape and echopattern.corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. wall thickness is normal. No internal echoes.

Uterus: is normal in size. Endometrial echoes are normal

Endometrium: measures 5.0mm.

Right ovary:Not visualized

Left ovary:Normal

Both adnexa: Normal, no mass seen.

There is no ascites.

IMPRESSION:

- **GALL BLADDER POLYP**

DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

Name: Mrs. Kasturi R H
Age/Gender: 44 Y/F
Address: kmg
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VIJAYA LAKSHMI M

MR No: CKOR.0000248454
Visit ID: CKOROPV390250
Visit Date: 04-12-2023 09:46
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. Kasturi R H
Age/Gender: 44 Y/F
Address: kmg
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RIDHIMA G

MR No: CKOR.0000248454
Visit ID: CKOROPV390250
Visit Date: 04-12-2023 09:46
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For General Health Checkup,

SYSTEMIC REVIEW

Eye

Glasses : Yes,

**Weight

--->: Stable,

HT-HISTORY

Past Medical History

Typhoid: no,

**Cancer: no,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature