

Patient Name : Mrs.SARASWATHI M	Collected : 23/Sep/2023 08:15AM
Age/Gender : 39 Y 7 M 21 D/F	Received : 23/Sep/2023 12:15PM
UHID/MR No : CANN.0000124246	Reported : 23/Sep/2023 01:23PM
Visit ID : CANNOPV371559	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS45276	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



SIN No:BED230230581

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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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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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	36.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.38	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	52.8	%	40-80	Electrical Impedance
LYMPHOCYTES	33.7	%	20-40	Electrical Impedance
EOSINOPHILS	5.5	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3168	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2022	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	330	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	426	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	54	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	350000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)	54	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

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IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.



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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination
PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY				



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DEPARTMENT OF BIOCHEMISTRY

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GLUCOSE, FASTING , NAF PLASMA	148	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)	157	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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	148	mg/dL		Calculated

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Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



SIN No:PLF02031114,PLP1371251,EDT230087235

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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	187	mg/dL	<200	CHO-POD
TRIGLYCERIDES	167	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	146	mg/dL	<130	Calculated
LDL CHOLESTEROL	112.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.56		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:SE04489705

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

BILIRUBIN, TOTAL	0.39	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	90.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		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:

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



SIN No:SE04489705

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

CREATININE	0.58	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	13.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.70	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)



SIN No:SE04489705

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Address:
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Phone - 044-26224504 / 05

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)

Patient Name : Mrs.SARASWATHI M	Collected : 23/Sep/2023 08:15AM
Age/Gender : 39 Y 7 M 21 D/F	Received : 23/Sep/2023 12:39PM
UHID/MR No : CANN.0000124246	Reported : 23/Sep/2023 01:42PM
Visit ID : CANNOPV371559	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS45276	

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	22.00	U/L	<38	IFCC



SIN No:SE04489705

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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)



Patient Name : Mrs.SARASWATHI M	Collected : 23/Sep/2023 08:15AM
Age/Gender : 39 Y 7 M 21 D/F	Received : 23/Sep/2023 12:41PM
UHID/MR No : CANN.0000124246	Reported : 23/Sep/2023 04:17PM
Visit ID : CANNOPV371559	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS45276	

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)	1.04	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.92	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.857	µIU/mL	0.34-5.60	CLIA

Comment:

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

1. 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.
2. 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.
3. 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.
4. 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

Patient Name : Mrs.SARASWATHI M	Collected : 23/Sep/2023 08:15AM
Age/Gender : 39 Y 7 M 21 D/F	Received : 23/Sep/2023 12:41PM
UHID/MR No : CANN.0000124246	Reported : 23/Sep/2023 04:17PM
Visit ID : CANNOPV371559	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS45276	

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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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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SIN No:SPL23135271

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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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)

Patient Name : Mrs.SARASWATHI M	Collected : 23/Sep/2023 08:15AM
Age/Gender : 39 Y 7 M 21 D/F	Received : 25/Sep/2023 10:59PM
UHID/MR No : CANN.0000124246	Reported : 26/Sep/2023 07:44AM
Visit ID : CANNOPV371559	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS45276	

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	CLEAR		CLEAR	Visual
pH	8.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	TRACE		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	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2188939

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

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Patient Name : Mrs.SARASWATHI M	Collected : 23/Sep/2023 08:15AM
Age/Gender : 39 Y 7 M 21 D/F	Received : 23/Sep/2023 03:00PM
UHID/MR No : CANN.0000124246	Reported : 23/Sep/2023 04:18PM
Visit ID : CANNOPV371559	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS45276	

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(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick



SIN No:UPP015491,UF009479

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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APOLLO CLINICS NETWORK

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Patient Name : Mrs.SARASWATHI M	Collected : 23/Sep/2023 08:15AM
Age/Gender : 39 Y 7 M 21 D/F	Received : 24/Sep/2023 11:46AM
UHID/MR No : CANN.0000124246	Reported : 26/Sep/2023 01:41PM
Visit ID : CANNOPV371559	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS45276	

DEPARTMENT OF CYTOLOGY


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

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	16045/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	INFLAMMATORY SMEAR WITH 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

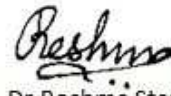
***** End Of Report *****



DR.R.SRIVATSAN
M.D.(Biochemistry)



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



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



SIN No:CS068180

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

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Patient Name : Mrs. SARASWATHI M

Age/Gender : 39 Y/F

UHID/MR No. : CANN.0000124246

OP Visit No : CANNOPV371559

Sample Collected on :

Reported on : 25-09-2023 10:52

LRN# : RAD2106135

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS45276

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.

Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.

Pancreas and spleen appear normal.

Spleen measures 10.2cms.

Portal and splenic veins appear normal.

No evidence of ascites or lymphadenopathy. Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 10.1 x 4.0 cms.

Left kidney measures 10.0 x 5.1cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

uterus measures 8.2 x 4.3 x 4.6cms

Small seedling uterine fibroid noted in posterior myometrium in intramural location

Patient Name : Mrs. SARASWATHI M

Age/Gender : 39 Y/F

The endometrial thickness 4.6mm.

Right ovary measures 1.6 x 1.8 cms.

Left ovary measures 1.9 x 1.6cms.

Both ovaries are normal in size and echotexture.

No mass lesion seen in the pelvis.

Bladder is normal in contour.

IMPRESSION:

***SEEDLING UTERINE FIBROID**

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

Patient Name	: Mrs. SARASWATHI M	Age	: 39 Y/F
UHID	: CANN.0000124246	OP Visit No	: CANNOPV371559
Conducted By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 24-09-2023 11:16
Referred By	: SELF		

CARDIOLOGY
CARDIAC STRESS TEST – (TMT)

Angina Pectoria:

NO

Previous MI:

NO

PTCA:

NO

CABG:

NO

HTN:

NO

DM:

NO

Smoking:

NO

Obesity:

NO

Lipidemia:

NO

Resting ECG Supine:

Patient Name : Mrs. SARASWATHI M Age : 39 Y/F
UHID : CANN.0000124246 OP Visit No : CANNOPV371559
Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 24-09-2023 11:16
Referred By : SELF

NORMAL

Standing:

NORMAL

Protocol Used:

BRUCE

Monitoring Leads:

12 LEADS

Grade Achieved:

13

% HR / METS:

9.00 METS

Reason for Terminating Test:

FATIGUE

Total Exercise Time:

09.06

Symptoms and ECG Changes during Exercise:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts:

Patient Name : Mrs. SARASWATHI M Age : 39 Y/F
UHID : CANN.0000124246 OP Visit No : CANNOPV371559
Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 24-09-2023 11:16
Referred By : SELF

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

INTERPRETATION:

Rhythm:

NORMAL

S.T. Segment :

NORMAL

III Blood Pressure Response :

NORMAL

IV Fitness Response :

GOOD

Impression:

**CARDIAC STRESS ANALYSIS IS NEGATIVE FOR INDUCIBLE
MYOCARDIAL ISCHEMIA**

DR ARULNITHI

---- END OF THE REPORT ---

Patient Name : Mrs. SARASWATHI M

Age/Gender : 39 Y/F

UHID/MR No. : CANN.0000124246

OP Visit No : CANNOPV371559

Sample Collected on :

Reported on : 23-09-2023 13:12

LRN# : RAD2106135

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS45276

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

MRS SARASWATHI M,
 Patient ID 124246 RMC
 23.09.2023 Female
 39yrs
 9:22:05am
 Meds:

Tabular Summary

APOLLO MEDICAL CENTRE

Test Reason:
 Medical History:

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

BRUCE: Total Exercise Time 09:06
 Max HR: 141 bpm 77% of max predicted 181 bpm HR at rest: 75
 Max BP: 140/90 mmHg BP at rest: 120/80 Max RPP: 19740 mmHg*bpm
 Maximum Workload: 9.00 METS
 Max ST: -1.00 mm, 0.00 mV/s in II: EXERCISE STAGE 3 07:59
 Arrhythmia: A:107
 ST/HR Index: 1.28 μ V/bpm
 Reasons for Termination: Fatigue
 Conclusion: FINAL IMPRESSION: TMT IS NEGATIVE / POSITIVE FOR INDUCIBLE MYOCARDIAL ISCHEMIA

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (I mm)	Comment
PRETEST	SUPINE	00:10	0.00	0.00	1.0	76	120/80	9120	0	0.00	
EXERCISE	STANDING	01:46	0.50	0.00	1.3	76	120/80	9120	0	0.45	
	STAGE 1	03:00	1.70	7.00	3.9	98	120/80	11760	0	0.15	
	STAGE 2	03:00	2.50	9.00	6.0	112	130/80	14560	0	0.10	
	STAGE 3	03:00	3.40	11.00	8.7	141	130/90	18330	0	-0.85	
RECOVERY	STAGE 4	00:07	4.20	13.00	9.0	141	120/80	9480	0	-0.90	
		04:02	0.00	0.00	1.0	79	120/80	9480	0	-0.10	

Ms. Saha

MRS SARASWATHI M,
 Patient ID 124246 RMC
 23.09.2023
 9:22:05am

BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00 76 bpm	7:59 136 bpm 130/80 mmHg	9:07 141 bpm 130/90 mmHg	3:53 88 bpm 120/80 mmHg	0:00 76 bpm	7:59 136 bpm 130/80 mmHg	9:07 141 bpm 130/90 mmHg	3:53 88 bpm 120/80 mmHg
I -0.05 mm -0.58 mV/s	I -0.60 0.02	I -0.35 0.51	I -0.20 -0.12	V1 0.25 -0.12	V1 0.70 -0.04	V1 0.20 -0.29	V1 0.40 -0.16
II -0.55 -0.28	II -1.00 0.06	II -0.90 0.86	II -0.10 0.08	V2 0.30 0.07	V2 0.30 0.41	V2 -0.15 0.10	V2 0.15 0.11
III 0.60 -0.84	III -0.35 0.03	III -0.40 0.42	III 0.10 -0.09	V3 0.40 -0.26	V3 -0.30 0.28	V3 -0.45 0.73	V3 0.15 0.16
aVR -0.25 -0.34	aVR 0.85 -0.81	aVR 0.65 -0.79	aVR 0.20 -0.59	V4 0.30 -0.28	V4 -0.70 0.32	V4 -0.70 0.77	V4 -0.15 0.04
aVL -0.30 -0.67	aVL -0.15 -0.06	aVL 0.05 0.06	aVL -0.15 -0.26	V5 0.25 -0.32	V5 -0.60 0.08	V5 -0.80 0.73	V5 -0.30 -0.12
aVF 0.55 -0.53	aVF -0.75 0.04	aVF -0.60 0.78	aVF 0.00 0.01	V6 0.15 -0.33	V6 -0.85 -0.04	V6 -0.85 0.49	V6 -0.20 -0.06

GE CardioSoft V6.73 (2)
 10mm/mV 50Hz 0.01-20Hz S+ HEART V5.4

Unconfirmed

Attending MD:

M. Saha

Your Apollo order has been confirmed

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

Mon 8/28/2023 5:35 PM

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

Cc:Annanagar Apolloclinic <annanagar@apolloclinic.com>;Haranath S <haranath.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear M saraswathi .,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **ANNA NAGAR clinic** on **2023-09-23** at **08:25-08:30**.

Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 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: APOLLO MEDICAL CENTRE,NO-30,F- BLOCK,2ND AVENUE, ANNANAGAR EAST,CHENNAI - 600102.

Contact No: 7358392880/7305702537.

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

UNION OF INDIA Driving Licence (Tamil Nadu)

DL No. TN12 20220003287

Date of Issue: 25-03-2022

Valid Till: 24-03-2032

Date of Birth: 02-02-1984

Blood Group: B+

Name: M SARASWATHI

Son/Daughter/Wife of: STALIN

A white driving licence card for M SARASWATHI, issued in Tamil Nadu, India. The card includes a photo of the holder, a QR code, and a chip. The license number is TN12 20220003287. It was issued on 25-03-2022 and is valid until 24-03-2032. The holder's date of birth is 02-02-1984 and their blood group is B+. The card also lists the holder as the daughter of STALIN.

M. Sathya

CANN- 124246

OCR- 95765

ENT check up

Saraswathi M

39/F

23/9/23

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

General Examination / Allergies History

No complaints

O/E

ENT - (N)



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

In case of emergency, Please call 1066 or come directly to emergency room of the hospital

Apollo Health and Lifestyle Limited

To book an appointment

 **1860 500 7788**

28/9/23

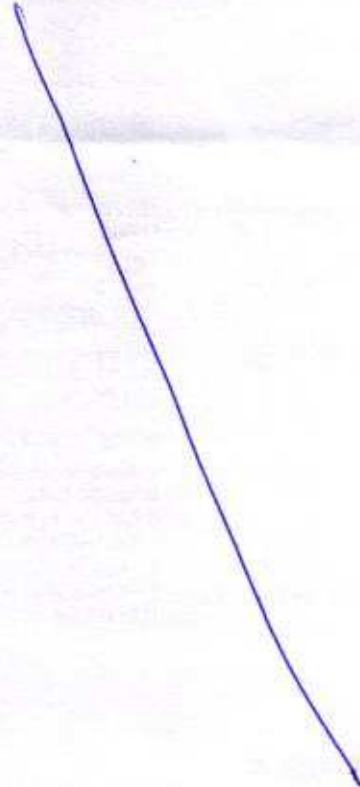
Mrs. Saraswathi.M

39/F

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

General Examination / Allergies
History

Rx
Patient advised restoration



Reddy

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Name: Mrs. Sarawathi M.
Occupation: Teacher
Age: 39 Sex: Male Female
Address: 1/13, 9th Cross St,
Bomay Ph: 9486559255

Date: 23/9/23 Reg. No.: 124246
Ref. Physician:
Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History: No systemic & Ocular illness.

Present Complaint: Medical Checkup.

ON EXAMINATION:

	RE	LE
Ocular Movements :	Full	Full
Anterior Segment :	N	N
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :	6/6	6/6
Without Glass :		
With Glass :	-	-
N.V. :	N6	N6
Visual Fields :		
Fundus :	N	N
Impression :		
Advice :		
Colour Vision :	N	N



39 Years
Female

23.09.2023 8:24:19 AM
APOLLO MEDICAL CENTER
CHENNAI

Arav W Ce

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

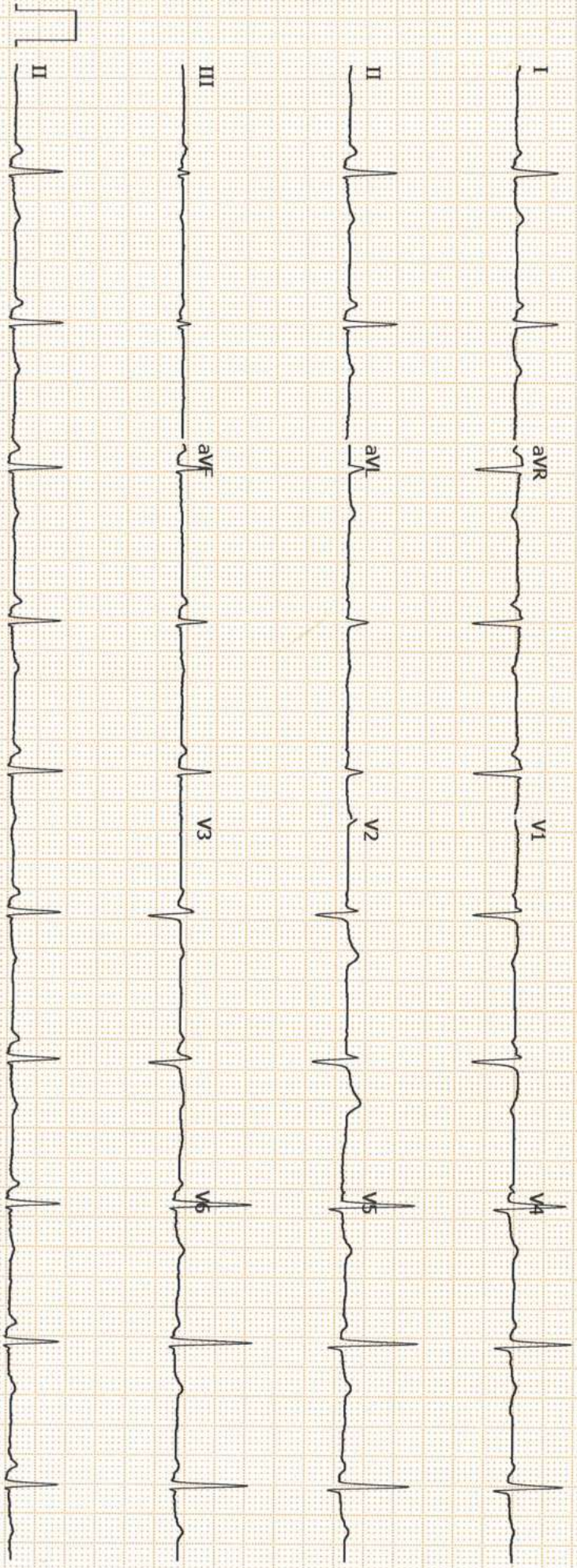
Room:

61 bpm
--/-- mmHg

Technician:
Referring Ph:
Attending Ph:

QRS : 84 ms
QT / QTcBaz : 422 / 424 ms
PR : 138 ms
P : 94 ms
RR / PP : 976 / 983 ms
P / QRS / T : 59 / 42 / 29 degrees

NDR
OFF



GE MACC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

M. Sathya

Unconfirmed

Patient Name	: Mrs. SARASWATHI M	Age	: 39 Y/F
UHID	: CANN.0000124246	OP Visit No	: CANNOPV371559
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 23-09-2023 14:17
Referred By	: SELF		

ECG REPORT

Observation :-

- 1. Normal Sinus Rhythm.**
- 2. Heart rate is 61 beats per minutes.**

Impression:

NORMAL RESTING ECG.

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

Dr. ARULNITHI AYYANATHAN