

|                              |  |
|------------------------------|--|
| Patient Name : Mrs.ANUSHA G  | Collected : 09/Dec/2023 10:00AM            |
| Age/Gender : 32 Y 5 M 22 D/F | Received : 09/Dec/2023 04:13PM             |
| UHID/MR No : CANN.0000230191 | Reported : 09/Dec/2023 07:53PM             |
| Visit ID : CANNOPV381826     | Status : Final Report                      |
| Ref Doctor : Dr.SELF         | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE51737  |  |

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology: Microscopic

|                |   |
|----------------|---|
| RBC MORPHOLOGY | : Mild anisocytosis, microcytic hypochromic RBC's admixed with 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  |
| NOTE/COMMENT   | : Please correlate clinically.  |



SIN No: BED230304166

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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D No.30, F - Block 2nd Avenue, Anna Nagar East, Chennai.600 102,  
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)

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

**HEMOGRAM , WHOLE BLOOD EDTA**

|                             |              |               |            |                                |
|-----------------------------|--------------|---------------|------------|--------------------------------|
| <b>HAEMOGLOBIN</b>          | <b>9.2</b>   | g/dL          | 12-15      | Spectrophotometer              |
| PCV                         | <b>29.90</b> | %             | 36-46      | Electronic pulse & Calculation |
| RBC COUNT                   | 4.6          | Million/cu.mm | 3.8-4.8    | Electrical Impedance           |
| MCV                         | <b>65</b>    | fL            | 83-101     | Calculated                     |
| MCH                         | <b>20.1</b>  | pg            | 27-32      | Calculated                     |
| MCHC                        | <b>30.9</b>  | g/dL          | 31.5-34.5  | Calculated                     |
| R.D.W                       | <b>19.2</b>  | %             | 11.6-14    | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC) | 8,000        | cells/cu.mm   | 4000-10000 | Electrical Impedance           |

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

|             |      |   |       |                      |
|-------------|------|---|-------|----------------------|
| NEUTROPHILS | 61.1 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 30.5 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 1.3  | % | 1-6   | Electrical Impedance |
| MONOCYTES   | 5.9  | % | 2-10  | Electrical Impedance |
| BASOPHILS   | 1.2  | % | <1-2  | Electrical Impedance |

**ABSOLUTE LEUCOCYTE COUNT**

|             |      |             |           |            |
|-------------|------|-------------|-----------|------------|
| NEUTROPHILS | 4888 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2440 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 104  | Cells/cu.mm | 20-500    | Calculated |
| MONOCYTES   | 472  | Cells/cu.mm | 200-1000  | Calculated |
| BASOPHILS   | 96   | Cells/cu.mm | 0-100     | Calculated |

|   |               |                         |               |                      |
|---|---------------|-------------------------|---------------|----------------------|
| <b>PLATELET COUNT</b>                       | <b>420000</b> | cells/cu.mm             | 150000-410000 | Electrical impedance |
| <b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b> | <b>21</b>     | mm at the end of 1 hour | 0-20          | Modified Westergren  |

**PERIPHERAL SMEAR**

Methodology: Microscopic

RBC MORPHOLOGY : Mild anisocytosis, microcytic hypochromic RBC's admixed with normocytic normochromic RBC's noted.

WBC MORPHOLOGY : Normal in number, Morphology and distribution. No abnormal cells seen.

PLATELETS : Adequate in number

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**DEPARTMENT OF HAEMATOLOGY**

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

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

|              |                                |  |  |  |
|--------------|--------------------------------|--|--|--|
| PARASITES    | : No haemoparasites seen       |  |  |  |
| NOTE/COMMENT | : Please correlate clinically. |  |  |  |



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| Age/Gender : 32 Y 5 M 22 D/F | Received : 09/Dec/2023 04:13PM             |
| UHID/MR No : CANN.0000230191 | Reported : 09/Dec/2023 09:02PM             |
| Visit ID : CANNOPV381826     | Status : Final Report                      |
| Ref Doctor : Dr.SELF         | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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**DEPARTMENT OF HAEMATOLOGY**

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

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

| <b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b> |          |  |  |                             |
|---|----------|--|--|-----------------------------|
| BLOOD GROUP TYPE  | AB       |  |  | 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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| Age/Gender : 32 Y 5 M 22 D/F | Received : 09/Dec/2023 04:20PM             |
| UHID/MR No : CANN.0000230191 | Reported : 09/Dec/2023 04:44PM             |
| Visit ID : CANNOPV381826     | Status : Final Report                      |
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| Emp/Auth/TPA ID : bobE51737  |  |

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                            | Result | Unit  | Bio. Ref. Range | Method     |
|--------------------------------------|--------|-------|-----------------|------------|
| <b>GLUCOSE, FASTING , NAF PLASMA</b> | 100    | mg/dL | 70-100          | HEXOKINASE |

**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  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.





|                              |  |
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| Patient Name : Mrs.ANUSHA G  | Collected : 09/Dec/2023 01:09PM            |
| Age/Gender : 32 Y 5 M 22 D/F | Received : 09/Dec/2023 05:15PM             |
| UHID/MR No : CANN.0000230191 | Reported : 09/Dec/2023 05:55PM             |
| Visit ID : CANNOPV/381826    | Status : Final Report                      |
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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name   | Result | Unit  | Bio. Ref. Range | Method     |
|---|--------|-------|-----------------|------------|
| <b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b> | 88     | 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.



|                              |  |
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| UHID/MR No : CANN.0000230191 | Reported : 09/Dec/2023 04:57PM             |
| Visit ID : CANNOPV381826     | Status : Final Report                      |
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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name  | Result | Unit  | Bio. Ref. Range | Method     |
|--|--------|-------|-----------------|------------|
| <b>HBA1C, GLYCATED HEMOGLOBIN ,</b><br>WHOLE BLOOD EDTA      | 6.2    | %     |                 | HPLC       |
| <b>ESTIMATED AVERAGE GLUCOSE (eAG) ,</b><br>WHOLE BLOOD EDTA | 131    | 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)



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

**LIPID PROFILE , SERUM**

|                     |      |       |        |                            |
|---------------------|------|-------|--------|----------------------------|
| TOTAL CHOLESTEROL   | 217  | mg/dL | <200   | CHO-POD                    |
| TRIGLYCERIDES       | 100  | mg/dL | <150   | GPO-POD                    |
| HDL CHOLESTEROL     | 45   | mg/dL | 40-60  | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 172  | mg/dL | <130   | Calculated                 |
| LDL CHOLESTEROL     | 152  | mg/dL | <100   | Calculated                 |
| VLDL CHOLESTEROL    | 20   | mg/dL | <30    | Calculated                 |
| CHOL / HDL RATIO    | 4.82 |       | 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<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>Above Optimal 130-159 | 160-189         | 190-219   | >220      |

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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.





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**LIVER FUNCTION TEST (LFT) , SERUM**

|                                       |       |       |         |                    |
|---------------------------------------|-------|-------|---------|--------------------|
| BILIRUBIN, TOTAL                      | 0.44  | mg/dL | 0.3-1.2 | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)         | 0.08  | mg/dL | <0.2    | DPD                |
| BILIRUBIN (INDIRECT)                  | 0.36  | mg/dL | 0.0-1.1 | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)   | 8     | U/L   | <35     | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 14.0  | U/L   | <35     | IFCC               |
| ALKALINE PHOSPHATASE                  | 59.00 | U/L   | 30-120  | IFCC               |
| PROTEIN, TOTAL                        | 7.50  | g/dL  | 6.6-8.3 | Biuret             |
| ALBUMIN                               | 4.20  | g/dL  | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN                              | 3.30  | g/dL  | 2.0-3.5 | Calculated         |
| A/G RATIO                             | 1.27  |       | 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'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.



SIN No:SE04564641

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

|                       |              |        |             |                          |
|-----------------------|--------------|--------|-------------|--------------------------|
| CREATININE            | <b>0.57</b>  | mg/dL  | 0.72 – 1.18 | JAFFE METHOD             |
| UREA                  | <b>13.00</b> | mg/dL  | 17-43       | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | <b>6.1</b>   | mg/dL  | 8.0 - 23.0  | Calculated               |
| URIC ACID             | 3.50         | mg/dL  | 2.6-6.0     | Uricase PAP              |
| CALCIUM               | 9.30         | mg/dL  | 8.8-10.6    | Arsenazo III             |
| PHOSPHORUS, INORGANIC | 3.20         | mg/dL  | 2.5-4.5     | Phosphomolybdate Complex |
| SODIUM                | 138          | mmol/L | 136–146     | ISE (Indirect)           |
| POTASSIUM             | 4.5          | mmol/L | 3.5–5.1     | ISE (Indirect)           |
| CHLORIDE              | 104          | mmol/L | 101–109     | ISE (Indirect)           |



SIN No:SE04564641

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**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

Address:  
D No.30, F – Block, 2nd Avenue, Anna Nagar East, Chennai.600 102,  
Phone - 044.26224504 / 05

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

**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.ANUSHA G  | Collected : 09/Dec/2023 10:00AM            |
| Age/Gender : 32 Y 5 M 22 D/F | Received : 09/Dec/2023 04:13PM             |
| UHID/MR No : CANN.0000230191 | Reported : 09/Dec/2023 05:21PM             |
| Visit ID : CANNOPV381826     | Status : Final Report                      |
| Ref Doctor : Dr.SELF         | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE51737  |  |

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name  | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| <b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b> | 13.00  | U/L  | <38             | IFCC   |



SIN No:SE04564641

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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.ANUSHA G  | Collected : 09/Dec/2023 10:00AM            |
| Age/Gender : 32 Y 5 M 22 D/F | Received : 09/Dec/2023 03:37PM             |
| UHID/MR No : CANN.0000230191 | Reported : 09/Dec/2023 04:48PM             |
| Visit ID : CANNOPV381826     | Status : Final Report                      |
| Ref Doctor : Dr.SELF         | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE51737  |  |

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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)     | 0.88  | ng/mL  | 0.7-2.04   | CLIA |
| THYROXINE (T4, TOTAL)             | 9.12  | µg/dL  | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 5.460 | 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   |

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   |
| High  | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma  |





|                              |  |
|------------------------------|--|
| Patient Name : Mrs.ANUSHA G  | Collected : 09/Dec/2023 10:00AM            |
| Age/Gender : 32 Y 5 M 22 D/F | Received : 09/Dec/2023 06:40PM             |
| UHID/MR No : CANN.0000230191 | Reported : 09/Dec/2023 07:13PM             |
| Visit ID : CANNOPV381826     | Status : Final Report                      |
| Ref Doctor : Dr.SELF         | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE51737  |  |

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

|              |            |  |             |                  |
|--------------|------------|--|-------------|------------------|
| COLOUR       | PALE STRAW |  | PALE YELLOW | Visual           |
| TRANSPARENCY | CLEAR      |  | CLEAR       | Visual           |
| pH           | 6.0        |  | 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                | NEGATIVE |  | NEGATIVE | GLUCOSE OXIDASE            |
| URINE BILIRUBIN        | NEGATIVE |  | NEGATIVE | AZO COUPLING REACTION      |
| URINE KETONES (RANDOM) | NEGATIVE |  | NEGATIVE | SODIUM NITRO PRUSSIDE      |
| UROBILINOGEN           | NORMAL   |  | NORMAL   | MODIFIED EHRlich REACTION  |
| BLOOD                  | NEGATIVE |  | NEGATIVE | Peroxidase                 |
| NITRITE                | NEGATIVE |  | NEGATIVE | Diazotization              |
| LEUCOCYTE ESTERASE     | NEGATIVE |  | NEGATIVE | LEUCOCYTE ESTERASE         |

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

|                  |        |      |                  |            |
|------------------|--------|------|------------------|------------|
| PUS CELLS        | 1-3    | /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:UR2237735  
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR  
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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|                              |  |
|------------------------------|--|
| Patient Name : Mrs.ANUSHA G  | Collected : 09/Dec/2023 10:00AM            |
| Age/Gender : 32 Y 5 M 22 D/F | Received : 09/Dec/2023 04:26PM             |
| UHID/MR No : CANN.0000230191 | Reported : 09/Dec/2023 05:59PM             |
| Visit ID : CANNOPV381826     | Status : Final Report                      |
| Ref Doctor : Dr.SELF         | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE51737  |  |

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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:UPP015946,UF009983

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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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|                              |  |
|------------------------------|--|
| Patient Name : Mrs.ANUSHA G  | Collected : 09/Dec/2023 02:16PM            |
| Age/Gender : 32 Y 5 M 22 D/F | Received : 10/Dec/2023 10:31AM             |
| UHID/MR No : CANN.0000230191 | Reported : 11/Dec/2023 12:35PM             |
| Visit ID : CANNOPV381826     | Status : Final Report                      |
| Ref Doctor : Dr.SELF         | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE51737  |  |

**DEPARTMENT OF CYTOLOGY**

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

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

|            |                                  |  |
|------------|----------------------------------|--|
|            | <b>CYTOLOGY NO.</b>              | 20570/23   |
| <b>I</b>   | <b>SPECIMEN</b>                  |  |
| <b>a</b>   | SPECIMEN ADEQUACY                | ADEQUATE   |
| <b>b</b>   | <b>SPECIMEN TYPE</b>             | LIQUID-BASED PREPARATION (LBC)   |
|            | SPECIMEN NATURE/SOURCE           | CERVICAL SMEAR   |
| <b>c</b>   | ENDOCERVICAL-TRANSFORMATION ZONE | ABSENT   |
| <b>d</b>   | COMMENTS                         | SATISFACTORY FOR EVALUATION  |
| <b>II</b>  | <b>MICROSCOPY</b>                | Superficial and intermediate squamous epithelial cells with benign morphology.<br><br>Inflammatory cells, predominantly neutrophils.<br><br>Negative for intraepithelial lesion/ malignancy. |
| <b>III</b> | <b>RESULT</b>                    |  |
| <b>a</b>   | <b>EPITHEIAL CELL</b>            |  |
|            | SQUAMOUS CELL ABNORMALITIES      | NOT SEEN   |
|            | GLANDULAR CELL ABNORMALITIES     | NOT SEEN   |
| <b>b</b>   | <b>ORGANISM</b>                  | NIL  |
| <b>c</b>   | <b>NON NEOPLASTIC FINDINGS</b>   | INFLAMMATORY SMEAR   |
| <b>IV</b>  | <b>INTERPRETATION</b>            | 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:CS071091

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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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|                            |                   |                    |                    |
|----------------------------|-------------------|--------------------|--------------------|
| <b>Patient Name</b>        | : Mrs. ANUSHA G   | <b>Age/Gender</b>  | : 32 Y/F           |
| <b>UHID/MR No.</b>         | : CANN.0000230191 | <b>OP Visit No</b> | : CANNOPV381826    |
| <b>Sample Collected on</b> | :                 | <b>Reported on</b> | : 09-12-2023 19:22 |
| <b>LRN#</b>                | : RAD2173710      | <b>Specimen</b>    | :                  |
| <b>Ref Doctor</b>          | : SELF            |                    |                    |
| <b>Emp/Auth/TPA ID</b>     | : bobE51737       |                    |                    |

**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 9.8 cms.

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 10.8 x 4.1 cms.  
Left kidney measures 10.7 x 5.4 cms.  
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus measures 8.3 x 3.7 cms and shows normal endometrial and myometrial echoes.  
The endometrial thickness 7 mm.  
Right ovary measures 2.8 x 1.3 cms.



**Patient Name** : Mrs. ANUSHA G

**Age/Gender** : 32 Y/F

---

Left ovary measures 2.5 x 1.3 cms.

Both ovaries are normal in size and echotexture.

No mass lesion seen in the pelvis.

Bladder is normal in contour.

**IMPRESSION:**

\* NO SIGNIFICANT ABNORMALITY DETECTED.

**Dr. PRAVEENA SHEKAR T**  
MBBS, DMRD, FAGE  
Radiology

|                            |                   |                    |                    |
|----------------------------|-------------------|--------------------|--------------------|
| <b>Patient Name</b>        | : Mrs. ANUSHA G   | <b>Age/Gender</b>  | : 32 Y/F           |
| <b>UHID/MR No.</b>         | : CANN.0000230191 | <b>OP Visit No</b> | : CANNOPV381826    |
| <b>Sample Collected on</b> | :                 | <b>Reported on</b> | : 09-12-2023 15:23 |
| <b>LRN#</b>                | : RAD2173710      | <b>Specimen</b>    | :                  |
| <b>Ref Doctor</b>          | : SELF            |                    |                    |
| <b>Emp/Auth/TPA ID</b>     | : bobE51737       |                    |                    |

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**DEPARTMENT OF RADIOLOGY**

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**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

## Your appointment is confirmed

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

Wed 11/29/2023 4:37 PM

To:anusha.gorremuchu336@gmail.com <anusha.gorremuchu336@gmail.com>

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



Dear **MS. ANUSHA GORREMUCHU,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **ANNA NAGAR clinic** on **2023-12-09** at **08:30-08:45**.

|                |  |
|----------------|--|
| Payment Mode   | <b>Credit</b>  |
| Corporate Name | <b>ARCOFEMI HEALTHCARE LIMITED</b>   |
| Agreement Name | <b>ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT</b>   |
| Package Name   | <b>[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]</b> |

**"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor." Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences."**

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**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 be followed for a 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 alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, 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.

**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.

Warm Regards,  
Apollo Clinic





భారత ప్రభుత్వం

Government of India

నమోదన సంఖ్య / Enrollment No. : 1067/46020/01302

27/09/2013

To:  
Goremuchu Anusha  
గొర్రెముచ్చు అనుషా  
D/O: Durga Prasad  
d no 7-290  
gangavaram  
s.c.colani  
gangavaram  
Rajavaram  
Rajavaram, West Godavari  
Andhra Pradesh - 534312



KL289959851FT  
28995985



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6806 2600 9337

ఆధార్ - సామాన్య నివాసి



భారత ప్రభుత్వం

Government of India



గొర్రెముచ్చు అనుషా  
Goremuchu Anusha

పుట్టిన తేదీ / DOB: 17/06/1991  
లింగం / Female

6806 2600 9337



ఆధార్ - సామాన్య నివాసి

CANN-230191  
OCR-97649

Anusha. G



MRS. ANUSHA.G  
ID: 230191 RMC

09.12.2023 10:31:38 AM  
APOLLO MEDICAL CENTER  
ANNA NAGAR  
CHENNAI

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

Room:

87 bpm  
--/-- mmHg

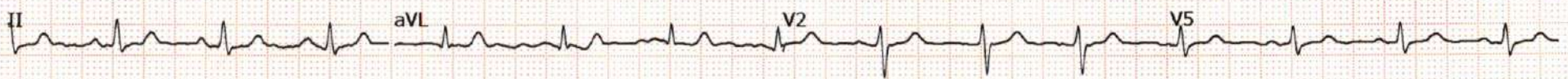
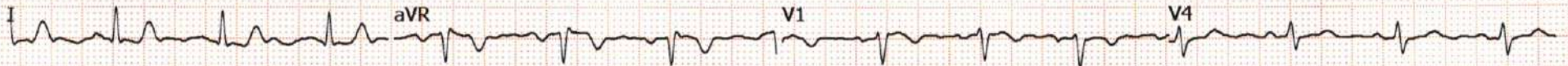
32 Years

Female

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 86 ms  
QT / QTcBaz : 350 / 421 ms  
PR : 146 ms  
P : 106 ms  
RR / PP : 688 / 689 ms  
P / QRS / T : 36 / 20 / 33 degrees

*SR : Low QRS Complex*



*Anushta.G*



Mrs. Anusha G.

9/12/23

32 / F

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

General Examination / Allergies History

Open for mhc

NO ENT QO

Q/E :: E } = (N)  
 N }  
 T }

Attr:

clinically

(N)

Dr. SRINIVASAN.V  
 M.B.B.S., M.S(ENT), DNB(ENT), MRCSed (ENT) (UK)  
 CONSULTANT  
 ENT, HEAD & NECK SURGERY  
 Reg No: 121266

Follow up date:

Doctor Signature & Stamp

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

Name: Anushka G.  
 Occupation: .....  
 Age: 32y Sex: Male  Female   
 Address: .....  
 Ph: .....

Date: 9/12/23 Reg. No.: 23019  
 Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History: having Thyroid past 7 years taking tablets

Present Complaint:  
NU

**ON EXAMINATION:**

|                         | RE          | LE          |
|-------------------------|-------------|-------------|
| Ocular Movements :      |             |             |
| Anterior Segment :      | <u>Free</u> | <u>Free</u> |
| Intra-Ocular-Pressure : |             |             |
| Visual Acuity: D.V. :   |             |             |
| Without Glass :         | <u>N</u>    | <u>N</u>    |
| With Glass :            | <u>6/6</u>  | <u>6/6</u>  |
| N.V. :                  |             |             |
| Visual Fields :         | <u>Ng</u>   | <u>Ng</u>   |
| Fundus :                | <u>Free</u> | <u>Free</u> |
| Impression :            |             |             |
| Advice :                | <u>N</u>    | <u>N</u>    |
| Colour Vision :         |             |             |

**OPHTHALMOLOGY / OPTOMETRIST**

Mrs. Anusha

32/F

9/12/23

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

General Examination / Allergies  
History

Rx Plan

→ Adv Restoration

$$\begin{array}{r|l} 76 & \\ \hline 76 & 67 \end{array}$$

Dr. Sanjay

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**

Patient Name : Mrs. ANUSHA G Age : 32 Y/F  
UHID : CANN.0000230191 OP Visit No : CANNOPV381826  
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 09-12-2023 14:30  
Referred By : SELF

---

**2D-ECHO WITH COLOUR DOPPLER**

**Dimensions:**

|                        |               |
|------------------------|---------------|
| <b>Ao (ed)</b>         | <b>2.7CM</b>  |
| <b>LA (es)</b>         | <b>3.6 CM</b> |
| <b>LVID (ed)</b>       | <b>4.0 CM</b> |
| <b>LVID (es)</b>       | <b>3.6 CM</b> |
| <b>IVS (Ed)</b>        | <b>0.9CM</b>  |
| <b>LVPW (Ed)</b>       | <b>1.0CM</b>  |
| <b>EF</b>              | <b>65.00%</b> |
| <b>%FD</b>             | <b>35.00%</b> |
| <b>MITRAL VALVE :</b>  | <b>NORMAL</b> |
| <b>AML</b>             | <b>NORMAL</b> |
| <b>PML</b>             | <b>NORMAL</b> |
| <b>AORTIC VALVE</b>    | <b>NORMAL</b> |
| <b>TRICUSPID VALVE</b> | <b>NORMAL</b> |
| <b>RIGHT VENTRICLE</b> | <b>NORMAL</b> |



Patient Name : Mrs. ANUSHA G Age : 32 Y/F  
UHID : CANN.0000230191 OP Visit No : CANNOPV381826  
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 09-12-2023 14:30  
Referred By : SELF

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**INTER ATRIAL SEPTUM INTACT**

**INTER VENTRICULAR SEPTUM INTACT**

**AORTA NORMAL**

**RIGHT ATRIUM NORMAL**

**LEFT ATRIUM NORMAL**

**Pulmonary Valve NORMAL**

**PERICARDIUM NORMAL**

**LEFT VENTRICLE:**

**NO REGIONAL WALL MOTION ABNORMALITY**

**NORMAL LEFT VENTRICULAR FUNCTION**

**COLOUR AND DOPPLER STUDIES : -**

**E/A-E: 0.6m/sec A: 0.4m/sec**

**VELOCITY ACROSS THE PULMONIC VALVE 1.0m/sec**

**VELOCITY ACROSS THE AV 1.2sec**

**IMPRESSION**

**NO RWMA**

**NORMAL LV FUNCTION (EF-65%)**

Patient Name : Mrs. ANUSHA G Age : 32 Y/F  
UHID : CANN.0000230191 OP Visit No : CANNOPV381826  
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 09-12-2023 14:30  
Referred By : SELF

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**NORMAL CHAMBER DIMENSION**

**NORMAL VALVES**

**TRIVIAL TRICUSPID REGURGITATION WITH NO PAH.**

**NO CLOT.**

**NO PERICARDIAL EFFUSION.**

*Rakesh Gopal*

**Dr.  
RAKESH P  
GOPAL**

|              |                            |                |                    |
|--------------|----------------------------|----------------|--------------------|
| Patient Name | : Mrs. ANUSHA G            | Age            | : 32 Y/F           |
| UHID         | : CANN.0000230191          | OP Visit No    | : CANNOPV381826    |
| Reported By: | : Dr. ARULNITHI AYYANATHAN | Conducted Date | : 09-12-2023 18:12 |
| Referred By  | : SELF                     |                |                    |

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## **ECG REPORT**

### **Observation :-**

1. Sinus Rhythm.
2. Heart rate is 87beats per minutes.

### **Impression:**

**LOW QRS COMPLEX.**

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

Dr. ARULNITHI AYYANATHAN