

Patient Name : Mrs.SWEETY RANGA	Collected : 25/Nov/2023 09:32AM
Age/Gender : 37 Y 2 M 22 D/F	Received : 25/Nov/2023 02:19PM
UHID/MR No : CANN.0000229739	Reported : 25/Nov/2023 05:34PM
Visit ID : CANNOPV380096	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS49227	

**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 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
NOTE/COMMENT : Please correlate clinically.



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**HEMOGRAM , WHOLE BLOOD EDTA**

HAEMOGLOBIN	11.6	g/dL	12-15	Spectrophotometer
PCV	36.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.84	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	76.2	fL	83-101	Calculated
MCH	24	pg	27-32	Calculated
MCHC	31.6	g/dL	31.5-34.5	Calculated
R.D.W	18.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	63.3	%	40-80	Electrical Impedance
LYMPHOCYTES	28.9	%	20-40	Electrical Impedance
EOSINOPHILS	1.0	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	4431	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2023	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	70	Cells/cu.mm	20-500	Calculated
MONOCYTES	448	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28	Cells/cu.mm	0-100	Calculated

PLATELET COUNT	274000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	28	mm at the end of 1 hour	0-20	Modified Westergren

**PERIPHERAL SMEAR**

Methodology : Microscopic

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



SIN No: BED230289655  
 This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR  
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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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<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.



Patient Name : Mrs.SWEETY RANGA	Collected : 25/Nov/2023 09:32AM
Age/Gender : 37 Y 2 M 22 D/F	Received : 25/Nov/2023 02:49PM
UHID/MR No : CANN.0000229739	Reported : 25/Nov/2023 03:14PM
Visit ID : CANNOPV380096	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, FASTING , NAF PLASMA</b>	99	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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Age/Gender : 37 Y 2 M 22 D/F	Received : 25/Nov/2023 06:07PM
UHID/MR No : CANN.0000229739	Reported : 25/Nov/2023 06:25PM
Visit ID : CANNOPV/380096	Status : Final Report
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**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>	99	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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**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> <i>WHOLE BLOOD EDTA</i>	5.9	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) ,</b> <i>WHOLE BLOOD EDTA</i>	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:EDT230106132

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**DEPARTMENT OF BIOCHEMISTRY**

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

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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	148	mg/dL	<200	CHO-POD
TRIGLYCERIDES	81	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	85.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.22		0-4.97	Calculated

**Comment:**

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

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

- Measurements in the same patient 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	0.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	68.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		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.



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

CREATININE	0.71	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	17.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.60	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)



SIN No:SE04550248

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**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>	19.00	U/L	<38	IFCC



SIN No:SE04550248

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**DEPARTMENT OF IMMUNOLOGY**

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

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

TRI-iodothyronine (T3, TOTAL)	0.91	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.90	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.128	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.SWEETY RANGA	Collected : 25/Nov/2023 09:32AM
Age/Gender : 37 Y 2 M 22 D/F	Received : 25/Nov/2023 04:51PM
UHID/MR No : CANN.0000229739	Reported : 25/Nov/2023 06:15PM
Visit ID : CANNOPV380096	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS49227	

**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 YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLOUDY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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	POSITIVE		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2226923  
This test has been performed at Apollo Health and Lifestyle Ltd - RRI 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

**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.SWEETY RANGA	Collected : 25/Nov/2023 09:32AM
Age/Gender : 37 Y 2 M 22 D/F	Received : 25/Nov/2023 04:53PM
UHID/MR No : CANN.0000229739	Reported : 25/Nov/2023 06:35PM
Visit ID : CANNOPV380096	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS49227	

**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:UPP015865,UF009855

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



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Patient Name : Mrs.SWEETY RANGA	Collected : 25/Nov/2023 09:32AM
Age/Gender : 37 Y 2 M 22 D/F	Received : 27/Nov/2023 10:36AM
UHID/MR No : CANN.0000229739	Reported : 27/Nov/2023 08:17PM
Visit ID : CANNOPV/380096	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS49227	

**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>	19792/23
<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.  Inflammatory cells, predominantly neutrophils.  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>	FUNGAL ELEMENTS MOPRHOLOGICALLY CONSISTENT WITH CANDIDA
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY WITH CANDIDIASIS

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.MARQUESS RAJ  
M.D,DipRCPath,D.N.B(PATH)  
Consultant Pathologist



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:CS070486

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. SWEETY RANGA	<b>Age/Gender</b>	: 37 Y/F
<b>UHID/MR No.</b>	: CANN.0000229739	<b>OP Visit No</b>	: CANNOPV380096
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 26-11-2023 14:05
<b>LRN#</b>	: RAD2159950	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS49227		

**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 is absent -(H/O surgery )

Pancreas and spleen appear normal.

Spleen measures 8.7cms.

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 4.0cms.

Left kidney measures 9.4 x 4.3cms.

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

Uterus measures 7.9 x 3.6cms and shows normal endometrial and myometrial echoes.

The endometrial thickness 4.4mm.



**Patient Name** : Mrs. SWEETY RANGA

**Age/Gender** : 37 Y/F

---

Right ovary measures 2.5 x 2.1 cms.

Left ovary measures 2.7 x 2.1 cms.

Both ovaries are normal in size and echotexture.

No mass lesion seen in the pelvis.

Bladder is normal in contour.

**IMPRESSION:**

**\*POST CHOLECYSTECTOMY STATUS**

DISCLAIMER: THIS US SCREENING STUDY IS BASED ON SOUND WAVES AND REFLECTION. NOT A DIRECT VISUALISATION OF ORGANS. BASED ON PATIENT HABITUS, BOWEL GAS OBSCURATION AND OTHER FACTORS, MANY CONDITIONS MAY NOT BE PICKED UP BY US STUDY AND SHOULD BE TREATED WITH CLINICAL CORRELATION. NOT AN MLC DOCUMENT. MANY INCIDENTAL FINDINGS OF LOW PRIORITY MIGHT NOT BE MENTIONED AS IT IS NOT A FOCUSED STUDY.

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

Patient Name	: Mrs. SWEETY RANGA	Age	: 37 Y/F
UHID	: CANN.0000229739	OP Visit No	: CANNOPV380096
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 26-11-2023 10:12
Referred By	: SELF		

---

### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 63beats per minutes.

#### **Impression:**

NORMAL RESTING ECG.

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

Dr. ARULNITHI AYYANATHAN

**Patient Name** : Mrs. SWEETY RANGA

**Age/Gender** : 37 Y/F

**UHID/MR No.** : CANN.0000229739

**OP Visit No** : CANNOPV380096

**Sample Collected on** :

**Reported on** : 25-11-2023 13:02

**LRN#** : RAD2159950

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS49227

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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

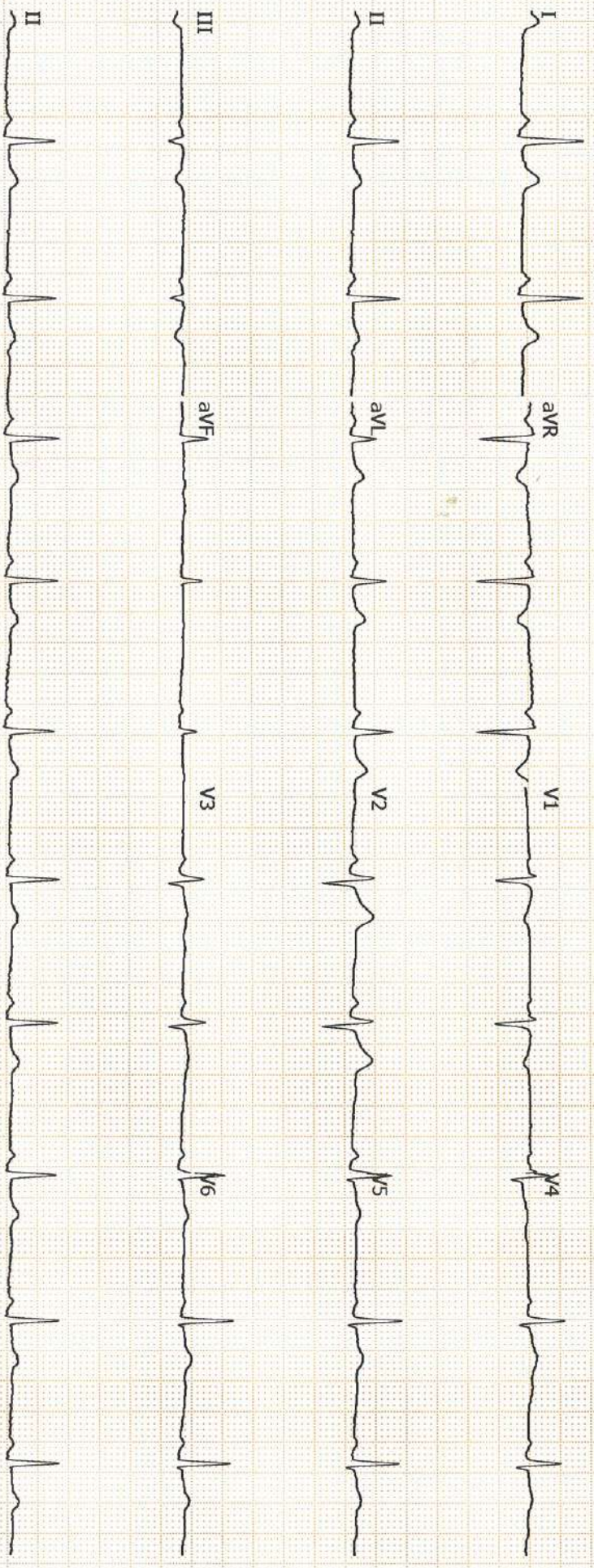


37 Years

Female

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 74 ms  
QT / QTcBaz : 392 / 401 ms  
PR : 136 ms  
P : 110 ms  
RR / PP : 952 / 952 ms  
P / QRS / T : 9 / 24 / 17 degrees



MAC2000

1.1

12SL™ V241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

50 Hz

Unconfirmed

4x2.5x3\_25\_R1

1/1

*Sweet Ranga*



CANN- 229739

OCN- 97314

 भारत सरकार  
Government of India

 स्वीटी रंगा  
Sweety Ranga  
जन्म तिथि/ DOB: 03/09/1986  
महिला / FEMALE



**2278 7568 6666**

मेरा आधार, मेरी पहचान

Sweety Ranga

Name: Sweety Ranga  
 Occupation: .....  
 Age: 37y Sex: Male  Female   
 Address: .....  
 Ph: .....

Date: 25/11/23 Reg. No.: 229789  
 Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History:

Existing glass wear past 3 years.

Present Complaint:

Comfortable with present glass.  
 with glass BE 6/6.

**ON EXAMINATION:**

	RE	LE
Ocular Movements :	Full	Full
Anterior Segment :		
Intra-Ocular-Pressure :	N	N
Visual Acuity: D.V. :		
Without Glass :	6/9	6/9
With Glass :		
N.V. :		
Visual Fields :	N1	N1
Fundus :		Full.
Impression :	Full	N.
Advice :	N	
Colour Vision :		

**OPHTHALMOLOGY / OPTOMETRIST**

*Sank*

ENT check up

Sreety Ranga

37/F

25/11/23

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

General Examination / Allergies  
History

No complaints

O/E ENT - WNLs.



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**



Mrs. Sweetsy Ranga 37/F 25/11/23

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

General Examination / Allergies  
History

Ra.  
Patient advised scaling,  
restorations & extractions

Follow up date:

Doctor Signature & Stamp

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

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**Apollo Health and Lifestyle Limited**

To book an appointment

 **1860 500 7788**



Patient Name : Mrs. SWEETY RANGA Age : 37 Y/F  
UHID : CANN.0000229739 OP Visit No : CANNOPV380096  
Conducted By: : Conducted Date : 25-11-2023 13:22  
Referred By : SELF

---

## **2D-ECHO WITH COLOUR DOPPLER**

### Dimensions:

Ao (ed)	2.9CM
LA (es)	3.4CM
LVID (ed)	4.0CM
LVID (es)	2.9CM
IVS (Ed)	0.8CM
LVPW (Ed)	0.9CM
EF	65%
%FD	35 %
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. SWEETY RANGA	Age	: 37 Y/F
UHID	: CANN.0000229739	OP Visit No	: CANNOPV380096
Conducted By:	:	Conducted Date	: 25-11-2023 13:22
Referred By	: SELF		

---

**DOPPLER STUDIES MITRAL INFLOW :**

E : 0.6m/sc A: 0.5m/sc

Velocity / Gradient Across Pulmonic Valve : 0.8m/sc

Velocity / Gradient Across Aortic Valve : 1.1m/sc

**IMPRESSION :**

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR FUNCTION(EF - 65%)

NORMAL CARDIAC CHAMBERS

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.  
RAKESH P  
GOPAL

Patient Name : Mrs. SWEETY RANGA  
UHID : CANN.0000229739  
Conducted By: :  
Referred By : SELF

Age : 37 Y/F  
OP Visit No : CANNOPV380096  
Conducted Date : 25-11-2023 13:22

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