

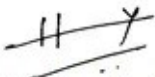
Patient Name : Mrs.ANURADHA VIJAY	Collected : 03/Aug/2024 10:11AM
Age/Gender : 49 Y 0 M 29 D/F	Received : 03/Aug/2024 12:38PM
UHID/MR No : CBAS.0000043569	Reported : 03/Aug/2024 02:42PM
Visit ID : CBASOPV105170	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559.....	

DEPARTMENT OF HAEMATOLOGY

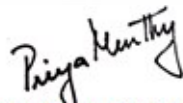
ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.5	g/dL	12-15	Spectrophotometer
PCV	38.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.56	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	84.8	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,780	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	50.5	%	40-80	Electrical Impedence
LYMPHOCYTES	38.9	%	20-40	Electrical Impedence
EOSINOPHILS	3.5	%	1-6	Electrical Impedence
MONOCYTES	6.6	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3928.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3026.42	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	272.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	513.48	Cells/cu.mm	200-1000	Calculated
BASOPHILS	38.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.3		0.78- 3.53	Calculated
PLATELET COUNT	337000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm/hour	0-20	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

Page 1 of 20



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SIN No: BED240203450

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 **1860 500 7788**  
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324**

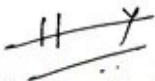
RBCs: are normocytic normochromic

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

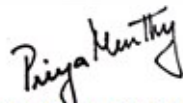
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



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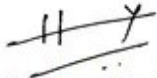
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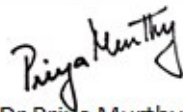
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**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mrs.ANURADHA VIJAY	Collected : 03/Aug/2024 10:11AM
Age/Gender : 49 Y 0 M 29 D/F	Received : 03/Aug/2024 12:59PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	125	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:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

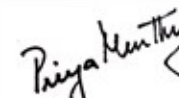
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	181	mg/dL	70-140	HEXOKINASE

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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SIN No:EDT240083714

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ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	9.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	232	mg/dL		Calculated

Result is rechecked. Kindly correlate clinically


**Comment:**

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

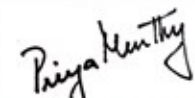
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**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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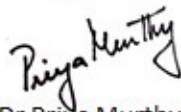
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Page 6 of 20



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	154	mg/dL	<200	CHO-POD
TRIGLYCERIDES	134	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>38</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	116	mg/dL	<130	Calculated
LDL CHOLESTEROL	89.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.05		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.19</b>		<0.11	Calculated


**Comment:**

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

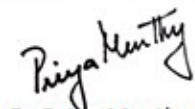
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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SIN No:SE04800057

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Patient Name : Mrs.ANURADHA VIJAY	Collected : 03/Aug/2024 10:11AM
Age/Gender : 49 Y 0 M 29 D/F	Received : 03/Aug/2024 05:28PM
UHID/MR No : CBAS.0000043569	Reported : 03/Aug/2024 06:49PM
Visit ID : CBASOPV105170	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559.....	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.79	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.65	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	105.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.15	g/dL	6.6-8.3	Biuret
ALBUMIN	4.09	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		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:

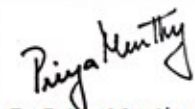
\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.  
 \*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. 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, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age



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SIN No:SE04800057

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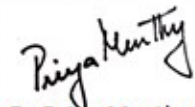
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**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324**

- and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.
3. Synthetic function impairment:  
\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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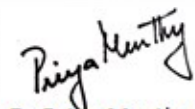
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.65	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	14.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.29	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.95	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.15	g/dL	6.6-8.3	Biuret
ALBUMIN	4.09	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated

  
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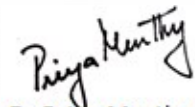
**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	105.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	<38	IFCC

  
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.99	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.05	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.450	µIU/mL	0.35-4.94	CMIA

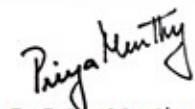
Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

  
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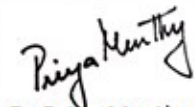
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Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

  
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	13.6	ng/mL		CMIA

Comment:

BIOLOGICAL REFERENCE RANGES

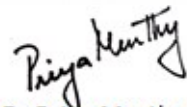
VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.

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

APOLLO CLINICS NETWORK

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

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

  
1860 500 7788  
www.apolloclinic.com

Patient Name : Mrs.ANURADHA VIJAY	Collected : 03/Aug/2024 10:11AM
Age/Gender : 49 Y 0 M 29 D/F	Received : 03/Aug/2024 05:33PM
UHID/MR No : CBAS.0000043569	Reported : 03/Aug/2024 07:14PM
Visit ID : CBASOPV105170	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559.....	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Nephrotic syndrome.

**Increased levels:**

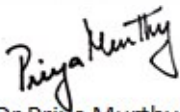
Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	135	pg/mL	190-900	CLIA

**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



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



SIN No:SPL24127818

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Karnataka- 560034

 **1860 500 7788**  
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Patient Name : Mrs.ANURADHA VIJAY	Collected : 03/Aug/2024 10:07AM
Age/Gender : 49 Y 0 M 29 D/F	Received : 03/Aug/2024 12:21PM
UHID/MR No : CBAS.0000043569	Reported : 03/Aug/2024 12:55PM
Visit ID : CBASOPV105170	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559.....	

DEPARTMENT OF CLINICAL PATHOLOGY

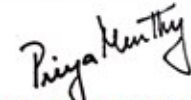
ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	Clear		CLEAR	Physical measurement
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.007		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Page 16 of 20



Dr. Vidya Aniket Gore  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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



SIN No:UR2399003

This test has been performed at Apollo Health & Lifestyle Lab, ARCOFEMI BANGALORE Laboratory

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



Patient Name	: Mrs.ANURADHA VIJAY	Collected	: 03/Aug/2024 10:07AM
Age/Gender	: 49 Y 0 M 29 D/F	Received	: 03/Aug/2024 12:21PM
UHID/MR No	: CBAS.0000043569	Reported	: 03/Aug/2024 12:55PM
Visit ID	: CBASOPV105170	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9920144559.....		

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324**

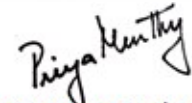
**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



**Dr. Vidya Aniket Gore**  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



**Dr Priya Murthy**  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:UR2399003

This test has been performed at Apollo Health & Lifestyle Ltd, ARCOFEMI BANGALORE Laboratory

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 **1860 500 7788**  
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Patient Name : Mrs.ANURADHA VIJAY	Collected : 03/Aug/2024 12:38PM
Age/Gender : 49 Y 0 M 29 D/F	Received : 03/Aug/2024 06:31PM
UHID/MR No : CBAS.0000043569	Reported : 03/Aug/2024 07:19PM
Visit ID : CBASOPV105170	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559.....	

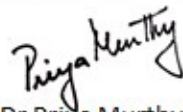
**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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



**Dr. Vidya Aniket Gore**  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



**Dr Priya Murthy**  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:UPP017807

This test has been performed at Apollo Health & Lifestyle Ltd, ARCOFEMI BANGALORE Laboratory

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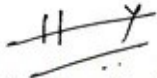
Patient Name : Mrs.ANURADHA VIJAY	Collected : 03/Aug/2024 10:11AM
Age/Gender : 49 Y 0 M 29 D/F	Received : 03/Aug/2024 10:32PM
UHID/MR No : CBAS.0000043569	Reported : 03/Aug/2024 10:33PM
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**DEPARTMENT OF CLINICAL PATHOLOGY**

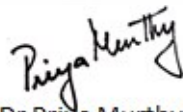
**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	POSITIVE +++		NEGATIVE	Dipstick

Result is rechecked by manually



**Dr. Harshitha Y**  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist



**Dr. Priya Murthy**  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist



SIN No: UF012005

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Karnataka - 560034

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Patient Name : Mrs.ANURADHA VIJAY	Collected : 03/Aug/2024 12:38PM
Age/Gender : 49 Y 0 M 29 D/F	Received : 04/Aug/2024 12:25PM
UHID/MR No : CBAS.0000043569	Reported : 05/Aug/2024 07:25PM
Visit ID : CBASOPV105170	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559.....	

**DEPARTMENT OF CYTOLOGY**


**LBC PAP SMEAR , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	17243/24
<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>	NIL
<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 \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR



Dr.A.Kalyan Rao  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

Page 20 of 20  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS084343

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

Name : Mrs. ANURADHA VIJAY

Age: 49 Y

UHID:CBAS.0000043569

Address : BLR

Sex: F



Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

OP Number:CBASOPV105170

Bill No :CBAS-OCR-63570

Date : 03.08.2024 09:49

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>D ECHO</del>	
<del>3</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>4</del>	<del>GLUCOSE, FASTING</del>	
<del>5</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>6</del>	<del>GYNACOLOGY CONSULTATION</del> ✓	
<del>7</del>	<del>DIET CONSULTATION</del> → <i>pending</i>	
<del>8</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>9</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>10</del>	<del>PERIPHERAL SMEAR</del>	
<del>11</del>	<del>ECG</del>	
<del>12</del>	<del>LBC PAP TEST- PAPSURE</del> ✓	
<del>13</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>14</del>	<del>DENTAL CONSULTATION</del>	
<del>15</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>	
<del>16</del>	<del>VITAMIN D - 25 HYDROXY (D2+D3)</del>	
<del>17</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>18</del>	<del>SONO MAMOGRAPHY - SCREENING</del>	
<del>19</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>20</del>	<del>ALKALINE PHOSPHATASE - SERUM/PLASMA</del>	
<del>21</del>	<del>X-RAY CHEST PA</del>	
<del>22</del>	<del>ENT CONSULTATION</del>	
<del>23</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
<del>24</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>25</del>	<del>VITAMIN B12</del>	
<del>26</del>	<del>LIPID PROFILE</del>	
<del>27</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>28</del>	<del>OPHTHAL BY GENERAL PHYSICIAN</del>	
<del>29</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del>	
<del>30</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	

Ht → 150cm

WT → 69.7kg

B.P → 187/114

PR → 95

Authorized by  
*Yogesh*

Dr. Yogesh Kothari  
MD, DNB, FESC, FEP  
Reg. No- KMC 44065

Report ID: AHLLP\_01P3FGAT6X110S4\_V6X110SQ

**Interpretation**

Sinus Rhythm Regular  
Normal Axis  
complete RBBB typical

**Measurements**

HR: 99 BPM  
PR: 159 ms  
PD: 137 ms  
QRSD: 131 ms  
QRS Axis: 65 deg  
QT/QTc: 375/375 ms

**Vitals**

Pre-Existing Medical-  
Conditions

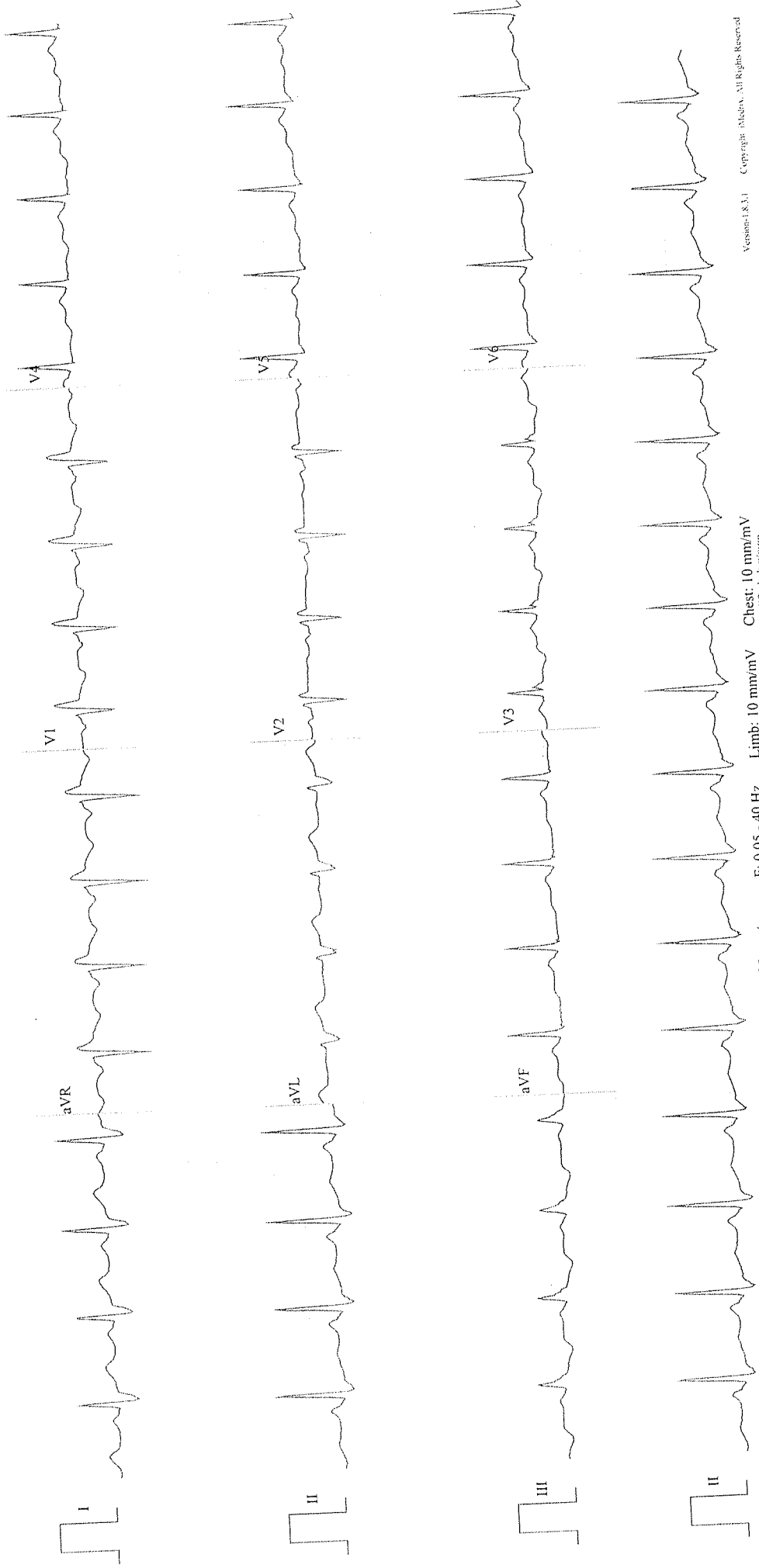
Symptoms

Date: IST: 2024-08-03 13:14:50

**Personal Details**

UHID: 01P3FGAT6X110S4  
PatientID: 5788  
Name: MRS ANURADHA  
Age: 49  
Gender: Female  
Mobile: 6853386868688

This trace is generated by: *Kardiograph: Cloud-Connected, Portable, Digital, 4-12 Lead, Scalable ECG Platform from IMEDIA*



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other investigations, and must be interpreted by a qualified physician.  
2. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean acute heart disease. Comments & report is based on available data. Clinical correlation is important.

Your appointment is confirmed

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

Fri 8/2/2024 3:12 PM

To:anuradha.vijay@jmfl.com <anuradha.vijay@jmfl.com>

Cc:Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>;Irfan Ali S <Irfanali.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear ANURADHA VIJAY,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **BASAVANAGUDI clinic** on **2024-08-03 at 08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324]

"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: 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.

**ECHOCARDIOGRAPHY REPORT**

**Name: MRS ANURADHA**

**Age: 49 YEARS**

**GENDER: FEMALE**

**Consultant: Dr. VISHAL KUMAR H.      Date : 03/08/2024**

**Findings**

**2D Echo cardiography**

**Chambers**

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

**Septa**

- IVS: Intact
- IAS: Intact

**Valves**

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility, SCLEROTIC
- Pulmonary Valve: Normal

**Great Vessels**

- Aorta: Normal
- Pulmonary Artery: Normal

**Pericardium: Normal**

**Doppler echocardiography**

Mitral Valve	E	0.71	m/sec	A	0.82	m/sec	TRIVIAL MR
Tricuspid Valve	E	0.72	m/sec	A	0.83	m/sec	TRIVIAL TR
Aortic Valve	Vmax	1.23	m/sec				No AR
Pulmonary Valve	Vmax	1.00	m/sec				No PR
Diastolic Dysfunction	GRADE I LVDD						



**M-Mode Measurements**

<b>Parameter</b>	<b>Observed Value</b>	<b>Normal Range</b>	
Aorta	3.2	2.6-3.6	cm
left Atrium	3.6	2.7-3.8	cm
Aortic Cusp Separation	1.5	1.4-1.7	cm
IVS - Diastole	0.7	0.9-1.1	cm
left Ventricle-Diastole	4.4	4.2-5.9	cm
Posterior wall-Diastole	1.0	0.9-1.1	cm
IVS-Systole	1.3	1.3-1.5	cm
left Ventricle-Systole	3.6	2.1-4.0	cm
Posterior wall-Systole	1.4	1.3-1.5	cm
Ejection Fraction	62	≥ 50	%
Fractional shortening	31	≥ 20	%
Right Ventricle	2.6	2.0-3.3	cm

**Impression -**

- Normal Sized Cardiac Chambers
- No RWMA,S
- Normal LV and RV Systolic Function, LVEF 62%
- No Pericardial Effusion/Vegetation/Clot
- **GRADE I LVDD**

**DR. VISHAL KUMAR H.**

**CLINICAL CARDIOLOGIST**

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



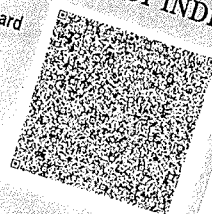
स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

नाम / Name  
ANURADHA VIJAY

AIHPA7855L

पिता का नाम / Father's Name  
NAVARATNA SATHYANARAYAN GOPAL

जन्म की तारीख /  
Date of Birth  
05/07/1975



*[Handwritten Signature]*

21072022  
PAN Application Digitally Signed, Card Not  
Valid unless Physically Signed.

# Apollo Clinic

## CONSENT FORM

Patient Name: Mrs. Anuradha Vijay Age: 44 y / f  
UHID Number: ..... Company Name: .....

I Mr/Mrs/Ms ..... Employee of .....

(Company) Want to inform you that I am not interested in getting  
Tests done which is a part of my routine health check package.  
And I claim the above statement in my full consciousness.

~~Test~~ [Sono Nameg ra  
- Phy, ENT, fitness by  
General physician,  
Opthal By General  
Physician, USG]  
[Pending tests]

Patient Signature: A. Vijay Date: 3/8/2024

Date :  
MR No :  
Name :  
Age/Gender :  
Mobile no :

3/ Aug 24  
Mrs. Anusulha  
Mysr.

Department : NUTRITION & DIETETICS  
Consultant : DT, ROHINI RAGHU  
Reg No :  
Qualification : M.Sc, RD ( food & nutrition)  
Consulting Timings :  
Phone No.; 080-26611236/8/9

cholesterolosis. DM (10yrs) HT > 150cm.  
Ad - 1 bowl. High fibre low fat - Wt 72kg.  
Perimenopausal diet  
Glucosamine 10 Paps - Rs. 2000 / IBW -  
6 yrs BF by DM. 5,000 3 mths - up to 10y.  
F-O-T 7 mths - 6y.  
aytr. food 0-1-0 2 mths - 6y.  
hbk. BCS 6-8y 3 mths - 63-kg  
WALK → 45-60min 12,000-15,000 Kcal + intervals  
BRISM. Gall bladder. Non-Pneumonia.  
Milk, curd, rait  
BF - 4 DM  
Rice, milk.

Dr. Rohini Raghunath  
9449349333

# ORAL EXAMINATION FORM



Date: 3/8/24

Patient ID: \_\_\_\_\_ MHC

Patient Name: Anuradha Vijay Age: 49 Sex: Male  Female

Chief Complaint: Regular dental visit

Medical History :

Drug Allergy :

Medication currently taken by the Guest :

Initial Screenign Findings :

Dental Caries :

Missing Teeth :

Impacted Teeth :

Attrition / Abrasion : 1

Bleeding : present

Pockets / Recession :

Calculus / Stains : present

Mobility :

Restored Teeth :

Non - restorable Teeth for extraction /  
Root Stumps :

Malocclusion :

Others :

Advice :- Adv oral prophylaxis  
Adv Class V cavity filling rest 1

Doctor  
Name & Signature :

Dr. Abhinav

080-26616555

**Patient Name** : Mrs. ANURADHA VIJAY

**Age/Gender** : 49 Y/F

**UHID/MR No.** : CBAS.0000043569

**OP Visit No** : CBASOPV105170

**Sample Collected on** :

**Reported on** : 03-08-2024 15:38

**LRN#** : RAD2395496

**Specimen** :

**Ref Doctor** : SELF

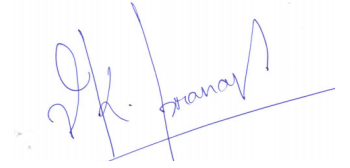
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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**



**Dr. V K PRANAV VENKATESH**  
MBBS, MD  
Radiology

**Patient Name** : Mrs. ANURADHA VIJAY

**Age/Gender** : 49 Y/F

**UHID/MR No.** : CBAS.0000043569

**OP Visit No** : CBASOPV105170

**Sample Collected on** :

**Reported on** : 03-08-2024 15:34

**LRN#** : RAD2395496

**Specimen** :

**Ref Doctor** : SELF

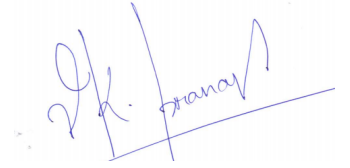
**Emp/Auth/TPA ID** : 9920144559.....

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**DEPARTMENT OF RADIOLOGY**

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**SONO MAMOGRAPHY - SCREENING**



**Dr. V K PRNAV VENKATESH**  
MBBS,MD  
Radiology

**Patient Name** : Mrs. ANURADHA VIJAY

**Age/Gender** : 49 Y/F

**UHID/MR No.** : CBAS.0000043569

**OP Visit No** : CBASOPV105170

**Sample Collected on** :

**Reported on** : 03-08-2024 15:05

**LRN#** : RAD2395496

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9920144559.....

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

**IMPRESSION:**

**No obvious abnormality seen in the present study.**



**Dr. V K PRNAV VENKATESH**  
**MBBS,MD**  
Radiology