

Name : Mrs. Vidya Pradeep Kudturkar

Age: 42 Y

UHID: CINR.0000162022



OP Number: CINROPV217435

Bill No : CINR-OCR-93311

Date : 30.01.2024 08:44

Address : bangalore

 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
 INDIA OP AGREEMENT

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

Physiotherapy
Kalbari

Date : 30-01-2024

Department : GENERAL

MR NO : CINR.0000162022

Doctor :

Name : Mrs. Vidya Pradeep Kudturkar

Registration No :

Age/ Gender : 42 Y / Female

Qualification :

Consultation Timing: 08:43

Height: 157 cm	Weight: 53.5 kg	BMI: 21.70 kg/m ²	Waist Circum: 87 cm
Temp: 98.6 f	Pulse: 74 bpm	Resp: 18 bpm	B.P: 114/70 mmHg

General Examination / Allergies History

Tau
30/01/24

Clinical Diagnosis & Management Plan

42 yrs P₃(₃(NVD) Comp - R/hydes
Tahls.

HBC pap done
P E

Adv

CA125
CEA
Wt D3

PA-

sqy ntd

1/15 cx mild ~~exposure~~ +

Adv Repalms
tokw up

antepub lip +

Yearly check up

vaginitis

Candid vb penicils

————— N
①
6 days

Follow up date:

Doctor Signature

30.01.2024

Mrs. Vidya K

42 y/f

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Arcopami - Atte.

Ears: NTD

Nose: NTD

Throat: NTD

Follow up date:

Dr. RAVINDRANATH K. Doctor Signature
M.B.B.S., D.L.O.

R. K.

Apollo Clinic, Indiranagar

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

Follow us  /ApolloClinicIndia  /ApolloClinics

E.N.T. SURGEON

KMC REG. No. 18094

APPOINTMENT TODAY!

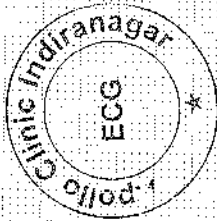
Whatsapp Number : 970 100 3333

Toll Number : 1860 500 7788

Website

: www.apolloclinic.com

QRS
QT/QTcBaz 396 / 388 ms
PR 126 ms
P 88 ms
RR/PP 1026 / 1034 ms
P/QRS/T 24 / 36 / 50 degrees

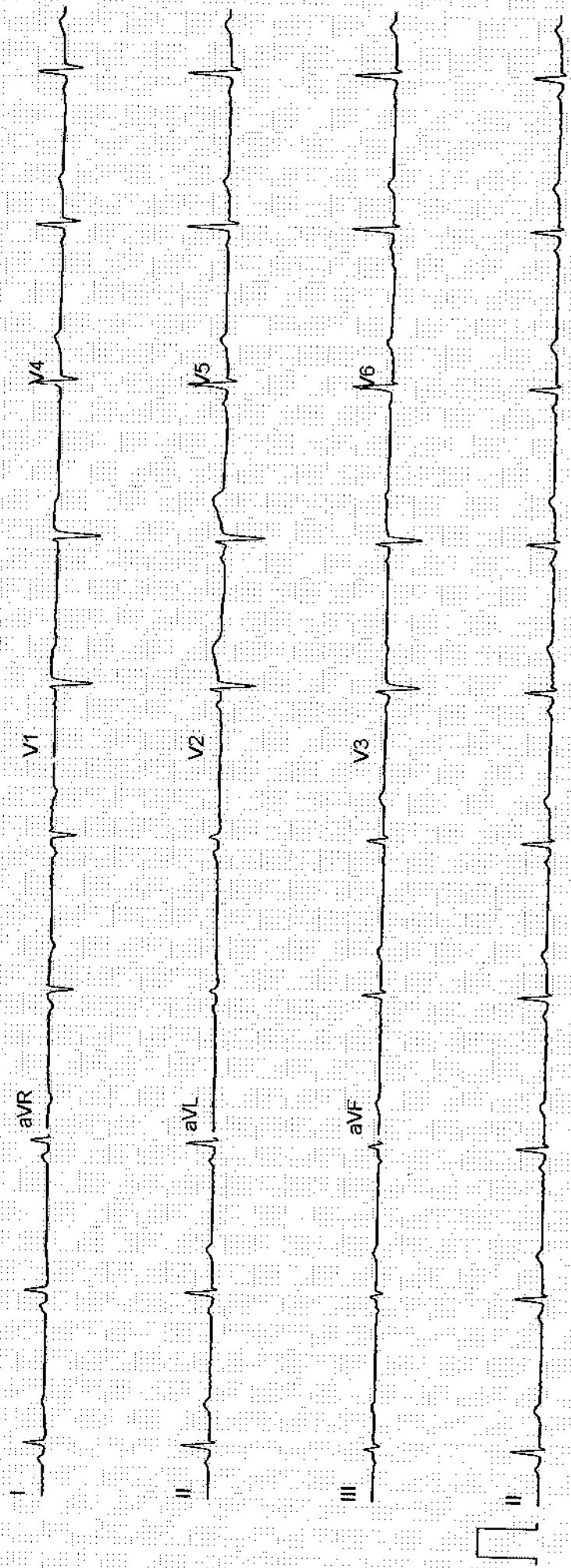


Handwritten signature

Technician
Ordering Ph.
Referring Ph.
Attending Ph.

DR. M. SUDHAKAR RAO
MBBS, MD, DM (Cardiology), FACC, FESC, FEDA
Consultant Cardiologist
KMC Red Cross, Bangalore

58 bpm
- / - mmHg



Date : 30-01-2024 Department : GENERAL
 MR NO : CINR.0000162022 Doctor :
 Name : Mrs. Vidya Pradeep Kudturkar Registration No :
 Age/ Gender : 42 Y / Female Qualification :

Consultation Timing: 08:43

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

OPHTHAL PRESCRIPTION

PATIENT NAME : *Udaya*

DATE : *30/1/2023*

UHID NO : *162022*

AGE : *42*

OPTOMETRIST NAME: Ms.Swathi

GENDER: *F*

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>
Add	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>

PD - RE: *32* - LE: *32* -

Colour Vision: *normal*

Remarks:

Apollo clinic Indiranagar

NAME: MRS VIDYA PRADEEP	AGE/SEX: 42/F	OP NUMBER: 162022
Ref By : SLEF	DATE: 30-01-2024	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.4	IVS(D): 0.7	MV: E Vel: 0.6	A Vel : 0.5
LA: 2.9	LVIDD(D): 3.6	AV Peak: 0.5	
	LVPW(D):0.8	PV peak:1.6	
	IVS(S): 0.9		
	LVID(S):2.2		
	LVPW(S):1.0		
	LVEF: 60 %		
	TAPSE:1.9		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal

Pericardium:	Normal
IVC:	Normal
Others	---

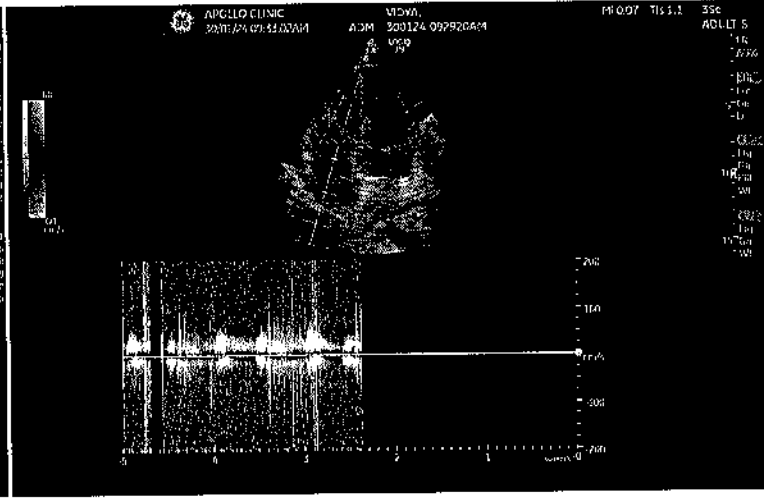
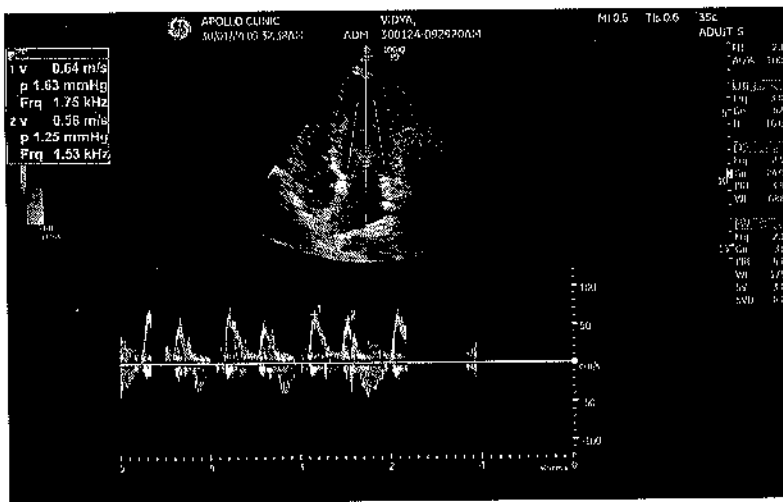
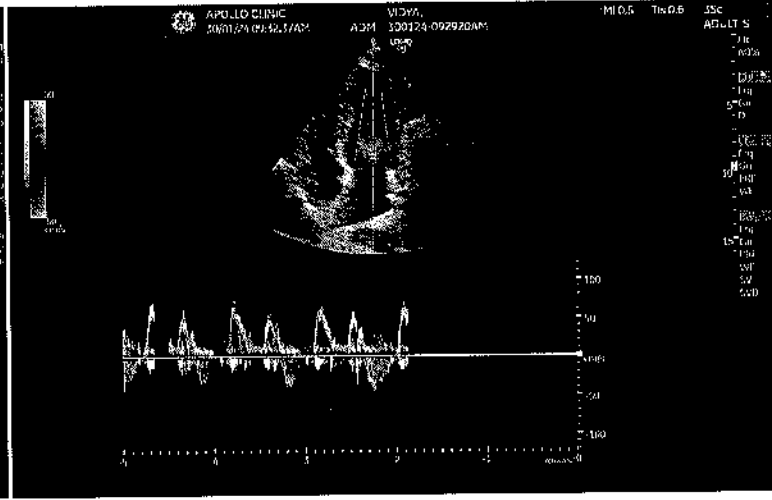
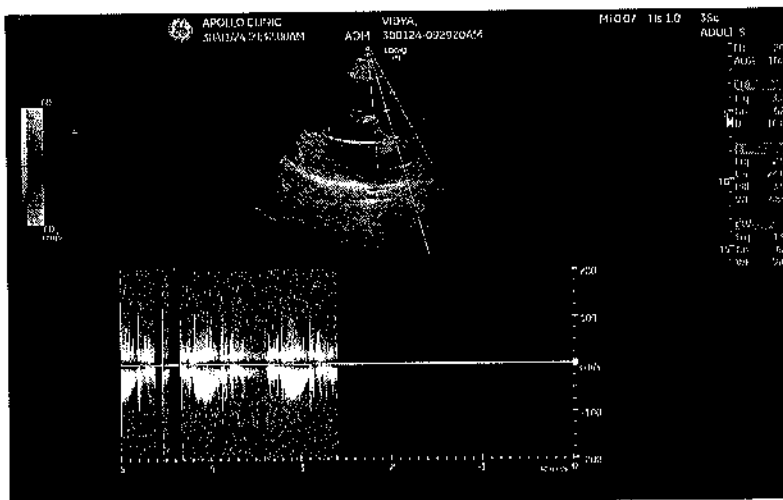
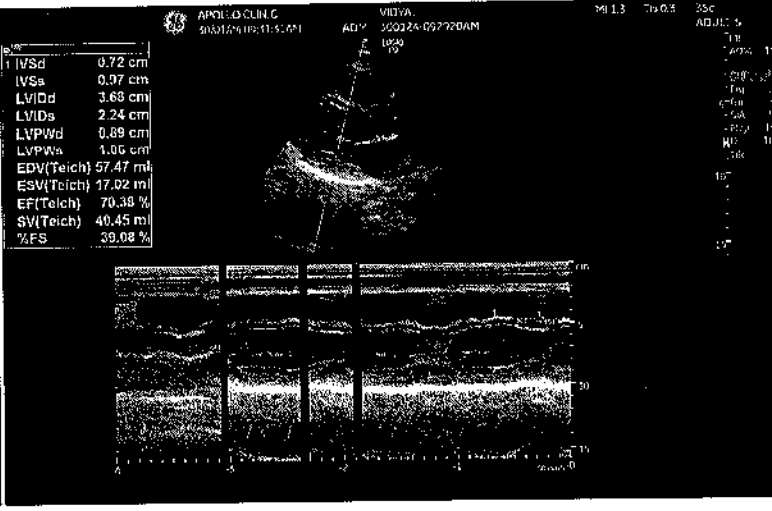
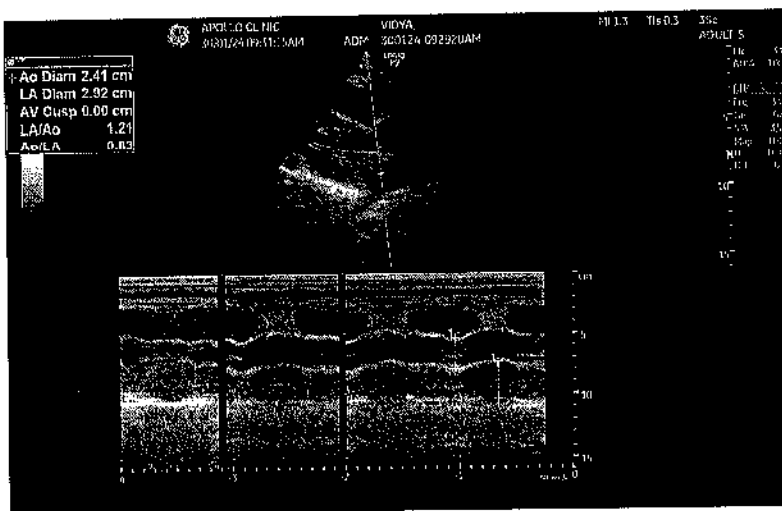
IMPRESSION :

- Normal cardiac chamber and valves**
- No Regional wall motion abnormality**
- No MR/AR/TR**
- No clot/vegetation/pericardial effusion**
- Normal LV systolic function - LVEF= 60 %**

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST





**Re: Health Check up Booking Confirmed Request(bobS5184),Package Code-
PKG10000376, Beneficiary Code-300979**

Diya Pk <diyapk7@gmail.com>
To: "srirgv7@gmail.com" <srirgv7@gmail.com>

Mon, Jan 29, 2024 at 8:40 PM

----- Forwarded message -----

From: **Diya Pk** <diyapk7@gmail.com>
Date: Mon, 29 Jan 2024, 8:40 pm
Subject: Re: Health Check up Booking Confirmed Request(bobS5184),Package Code-PKG10000376, Beneficiary Code-300979
To: <srirgv7@gmail.com>

On Mon, 29 Jan 2024, 3:49 pm pradeep kudturkar, <pradeepkudturkar@gmail.com> wrote:

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>
Date: Mon, Jan 29, 2024, 3:18 PM
Subject: Health Check up Booking Confirmed Request(bobS5184),Package Code-PKG10000376, Beneficiary Code-300979
To: <pradeepkudturkar@gmail.com>
Cc: <customercare@mediwheel.in>



011-41195959

Dear **Pradeep Kudturkar**,

We are pleased to confirm your health checkup booking request with the following details.

Booking Date : 12-01-2024
Hospital Package Name : Mediwheel Full Body Annual Plus Check Advanced - Female
Patient Package Name : Mediwheel Full Body Health Checkup Female Above 40
Name of Diagnostic/Hospital : Apollo Clinic
Address of Diagnostic/Hospital : 2012, 1st floor, Above vision express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038
City : Bangalore
State :
Pincode : 560038
Appointment Date : 30-01-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:00am
Booking Status : Booking Confirmed

Member Information

Full Name (as in ID)	Age	Gender
Midya ox	42 year	Female

Subject: Please schedule your pregnancy appointment

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

Please visit to our Terms & Conditions for more informaion. This email is recieved because you are register with us [Click here to unsubscribe](#).

Patient Name	: Mrs. Vidya Pradeep Kudturkar	Age/Gender	: 42 Y/F
UHID/MR No.	: CINR.0000162022	OP Visit No	: CINROPV217435
Sample Collected on	:	Reported on	: 30-01-2024 12:17
LRN#	: RAD2220499	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9148577849		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: Anteverted and appears normal in size. **A fibroid measuring 4.1x3.7cm in the fundus.** The endometrial lining appears intact. Endometrium measures 10 mm.

OVARIES: Both ovaries appear normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

UTERAIN FIBROID..

Dr. AKSHAY A RESHMI
MBBS, MD (Radiology)
Radiology

Patient Name : Mrs. Vidya Pradeep Kudturkar

Age/Gender : 42 Y/F

UHID/MR No. : CINR.0000162022

OP Visit No : CINROPV217435

Sample Collected on :

Reported on : 30-01-2024 15:48

LRN# : RAD2220499

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9148577849

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mrs. Vidya Pradeep Kudturkar

Age/Gender : 42 Y/F

UHID/MR No. : CINR.0000162022

OP Visit No : CINROPV217435

Sample Collected on :

Reported on : 30-01-2024 13:23

LRN# : RAD2220499

Specimen :

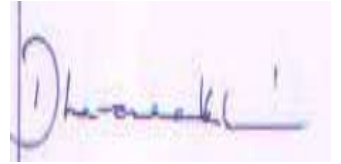
Ref Doctor : SELF

Emp/Auth/TPA ID : 9148577849

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

THERMAL SONO MAMMOGRAPHY DONE.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mrs.VIDYA PRADEEP KUDTURKAR	Collected : 30/Jan/2024 08:48AM
Age/Gender : 42 Y 8 M 28 D/F	Received : 30/Jan/2024 11:09AM
UHID/MR No : CINR.0000162022	Reported : 30/Jan/2024 03:26PM
Visit ID : CINROPV217435	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9148577849	

DEPARTMENT OF HAEMATOLOGY

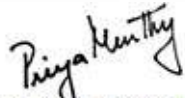
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA					
HAEMOGLOBIN	10.8	Low	g/dL	12-15	Spectrophotometer
PCV	34.30	Low	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.37	High	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	64	Low	fL	83-101	Calculated
MCH	20.2	Low	pg	27-32	Calculated
MCHC	31.5	Normal	g/dL	31.5-34.5	Calculated
R.D.W	18.3	High	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	Normal	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)					
NEUTROPHILS	64.2	Normal	%	40-80	Electrical Impedance
LYMPHOCYTES	28.9	Normal	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	Normal	%	1-6	Electrical Impedance
MONOCYTES	4.6	Normal	%	2-10	Electrical Impedance
BASOPHILS	0.1	Normal	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT					
NEUTROPHILS	4558.2	Normal	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2051.9	Normal	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	156.2	Normal	Cells/cu.mm	20-500	Calculated
MONOCYTES	326.6	Normal	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.1	Normal	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	266000	Normal	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	23	High	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR		Normal			

RBCs: Show microcytic hypochromic RBCs, moderate anisopoikilocytosis with presence of elliptocytes and target cells.



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



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



SIN No: BED240022022

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

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

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

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.VIDYA PRADEEP KUDTURKAR	Collected : 30/Jan/2024 08:48AM
Age/Gender : 42 Y 8 M 28 D/F	Received : 30/Jan/2024 11:09AM
UHID/MR No : CINR.0000162022	Reported : 30/Jan/2024 03:26PM
Visit ID : CINROPV217435	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9148577849	

DEPARTMENT OF HAEMATOLOGY

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

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

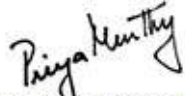
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA.

In view of increased RBC count and reduced RBC indices suggest HPLC/HB electrophoresis to rule out Thalassemia trait. Kindly correlate clinically.

Result is rechecked. Kindly correlate clinically



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



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



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Karnataka - 560034

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

Patient Name : Mrs.VIDYA PRADEEP KUDTURKAR	Collected : 30/Jan/2024 08:48AM
Age/Gender : 42 Y 8 M 28 D/F	Received : 30/Jan/2024 11:09AM
UHID/MR No : CINR.0000162022	Reported : 30/Jan/2024 05:06PM
Visit ID : CINROPV217435	Status : Final Report
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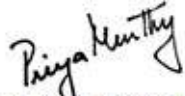
DEPARTMENT OF HAEMATOLOGY

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

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



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



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



SIN No: BED240022022

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Age/Gender : 42 Y 8 M 28 D/F	Received : 30/Jan/2024 11:21AM
UHID/MR No : CINR.0000162022	Reported : 30/Jan/2024 12:05PM
Visit ID : CINROPV217435	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9148577849	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	Normal	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 $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	Normal	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.

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA					
HBA1C, GLYCATED HEMOGLOBIN	6.1	High	%		HPLC



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Patient Name : Mrs.VIDYA PRADEEP KUDTURKAR	Collected : 30/Jan/2024 08:48AM
Age/Gender : 42 Y 8 M 28 D/F	Received : 30/Jan/2024 11:21AM
UHID/MR No : CINR.0000162022	Reported : 30/Jan/2024 12:05PM
Visit ID : CINROPV217435	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL	Calculated
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Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM					
TOTAL CHOLESTEROL	141	Normal	mg/dL	<200	CHO-POD
TRIGLYCERIDES	108	Normal	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	Low	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	102	Normal	mg/dL	<130	Calculated
LDL CHOLESTEROL	80	Normal	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.6	Normal	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.61	Normal		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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM					
BILIRUBIN, TOTAL	0.54	Normal	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	Normal	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	Normal	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	Normal	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	Normal	U/L	<35	IFCC
ALKALINE PHOSPHATASE	68.00	Normal	U/L	30-120	IFCC
PROTEIN, TOTAL	6.69	Normal	g/dL	6.6-8.3	Biuret
ALBUMIN	4.00	Normal	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.69	Normal	g/dL	2.0-3.5	Calculated
A/G RATIO	1.49	Normal		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.77	Normal	mg/dL	0.51-0.95	Jaffe's, Method
UREA	18.90	Normal	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.8	Normal	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.70	Normal	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.00	Normal	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.36	Normal	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	Normal	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	Normal	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	Normal	mmol/L	101-109	ISE (Indirect)



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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	9.00	Normal	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-iodothyronine (T3, TOTAL)	1.12	Normal	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.65	Normal	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.280	Normal	µIU/mL	0.35-4.94	CMIA

Comment:

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

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

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




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Patient Name : Mrs.VIDYA PRADEEP KUDTURKAR	Collected : 30/Jan/2024 08:48AM
Age/Gender : 42 Y 8 M 28 D/F	Received : 30/Jan/2024 01:04PM
UHID/MR No : CINR.0000162022	Reported : 30/Jan/2024 02:26PM
Visit ID : CINROPV217435	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9148577849	

DEPARTMENT OF CLINICAL PATHOLOGY

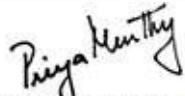
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE					
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW			PALE YELLOW	Visual
TRANSPARENCY	CLEAR			CLEAR	Visual
pH	5.5	Normal		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025	Normal		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	1-2	Normal	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3		/hpf	<10	MICROSCOPY
RBC	NIL		/hpf	0-2	MICROSCOPY
CASTS	NIL	Normal		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT			ABSENT	MICROSCOPY

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



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



SIN No: UR2270962

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

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

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

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.VIDYA PRADEEP KUDTURKAR	Collected : 30/Jan/2024 08:48AM
Age/Gender : 42 Y 8 M 28 D/F	Received : 30/Jan/2024 01:04PM
UHID/MR No : CINR.0000162022	Reported : 30/Jan/2024 02:29PM
Visit ID : CINROPV217435	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9148577849	

DEPARTMENT OF CLINICAL PATHOLOGY

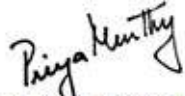
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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



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



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



SIN No:UF010401

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

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

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

Patient Name : Mrs.VIDYA PRADEEP KUDTURKAR	Collected : 30/Jan/2024 12:48PM
Age/Gender : 42 Y 8 M 28 D/F	Received : 31/Jan/2024 03:24PM
UHID/MR No : CINR.0000162022	Reported : 01/Feb/2024 07:12PM
Visit ID : CINROPV217435	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9148577849	

DEPARTMENT OF CYTOLOGY

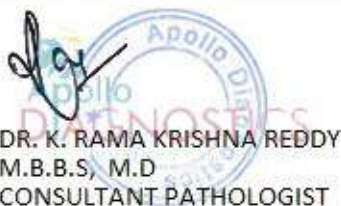
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	1885/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



DR. K. RAMA KRISHNA REDDY
M.B.B.S., M.D
CONSULTANT PATHOLOGIST

SIN No:CS073649

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

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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