

: Mrs.VASANTHA SINGANAPUDI

Age/Gender UHID/MR No : 25 Y 4 M 22 D/F : STAR.0000058010

Visit ID

: STAROPV62121

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 880685689114

Collected : 16/Aug/2023 09:44AM

Received

: 16/Aug/2023 12:26PM

Reported Status : 16/Aug/2023 02:37PM

Sponsor Name

: Final Report

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: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

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

#### PERIPHERAL SMEAR, WHOLE BLOOD EDTA

Methodology: Microscopic

RBC : Normocytic normochromic

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

Platelets : Adequate in Number
Parasites : No Haemoparasites seen

IMPRESSION: Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

Page 1 of 12





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#### **DEPARTMENT OF HAEMATOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO -	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

HEMOGRAM, WHOLE BLOOD EDTA							
HAEMOGLOBIN	11.9	g/dL	12-15	Spectrophotometer			
PCV	36.50	%	36-46	Electronic pulse & Calculation			
RBC COUNT	5.04	Million/cu.mm	3.8-4.8	Electrical Impedence			
MCV	72	fL	83-101	Calculated			
MCH	23.6	pg	27-32	Calculated			
MCHC	32.6	g/dL	31.5-34.5	Calculated			
R.D.W	15.9	%	11.6-14	Calculated			
TOTAL LEUCOCYTE COUNT (TLC)	4,200	cells/cu.mm	4000-10000	Electrical Impedance			
DIFFERENTIAL LEUCOCYTIC COUNT (	DLC)						
NEUTROPHILS	46	%	40-80	Electrical Impedance			
LYMPHOCYTES	46	%	20-40	Electrical Impedance			
EOSINOPHILS	02	%	1-6	Electrical Impedance			
MONOCYTES	06	%	2-10	Electrical Impedance			
BASOPHILS	00	%	<1-2	Electrical Impedance			
ABSOLUTE LEUCOCYTE COUNT							
NEUTROPHILS	1932	Cells/cu.mm	2000-7000	Electrical Impedance			
LYMPHOCYTES	1932	Cells/cu.mm	1000-3000	Electrical Impedance			
EOSINOPHILS	84	Cells/cu.mm	20-500	Electrical Impedance			
MONOCYTES	252	Cells/cu.mm	200-1000	Electrical Impedance			
PLATELET COUNT	238000	cells/cu.mm	150000-410000	Electrical impedence			
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren			
PERIPHERAL SMEAR							

Methodology : Microscopic RBC : Normocytic normochromic

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

Platelets : Adequate in Number Parasites : No Haemoparasites seen

IMPRESSION: Normocytic normochromic blood picture

Note/Comment: Please Correlate clinically

Page 2 of 12



SIN No:BED230194220

**Apollo Speciality Hospitals Private Limited** 

(Formely known as a Nova Speciality Hospitals Private Limited) CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016 Address:

156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra Ph: 022 4332 4500



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# DEPARTMENT OF HAEMATOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324 Test Name Result Unit Bio. Ref. Range Method

BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA					
BLOOD GROUP TYPE	0	Forward & Reverse Grouping with Slide/Tube Aggluti			
Rh TYPE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination			

Page 3 of 12





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: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO -	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

GEOCOSE, I ASTINO, IVAL I LASIVIA   01   INGIGE   10-100   GOD-1 OD	GLUCOSE, FASTING , NAF PLASMA	87	mg/dL	70-100	GOD - POD
---	-------------------------------	----	-------	--------	-----------

#### **Comment:**

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

GLUCOSE, POST PRANDIAL (PP), 2	136	mg/dL	70-140	GOD - POD
HOURS, SODIUM FLUORIDE PLASMA (2				
HR)				

#### **Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each

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.

Ref: Marks medical biochemistry and clinical approach

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#### **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO -	PAN INDIA - FY2324
Test Name	Result	Unit	Rio Ref Range	Method

HBA1C, GLYCATED HEMOGLOBIN,	5.9	%	HPLC
WHOLE BLOOD EDTA			
ESTIMATED AVERAGE GLUCOSE (eAG),	123	mg/dL	Calculated
WHOLE BLOOD EDTA		_	

#### **Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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.

- 1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control

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#### **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO -	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

LIPID PROFILE, SERUM					
TOTAL CHOLESTEROL	127	mg/dL	<200	CHE/CHO/POD	
TRIGLYCERIDES	28	mg/dL	<150		
HDL CHOLESTEROL	32	mg/dL	>40	CHE/CHO/POD	
NON-HDL CHOLESTEROL	95	mg/dL	<130	Calculated	
LDL CHOLESTEROL	89.4	mg/dL	<100	Calculated	
VLDL CHOLESTEROL	5.6	mg/dL	<30	Calculated	
CHOL / HDL RATIO	3.97		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
111 1 11	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
IINON-HDI 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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ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO -	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	79.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated

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Bio. Ref. Range

Status

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Method

# **DEPARTMENT OF BIOCHEMISTRY** ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.61	mg/dL	0.4-1.1	ENZYMATIC METHOD	
UREA	24.20	mg/dL	17-48	Urease	
BLOOD UREA NITROGEN	11.3	mg/dL	8.0 - 23.0	Calculated	
URIC ACID	4.10	mg/dL	4.0-7.0	URICASE	
CALCIUM	8.90	mg/dL	8.4-10.2	CPC	
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD	
SODIUM	142	mmol/L	135-145	Direct ISE	
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE	
CHLORIDE	105	mmol/L	98-107	Direct ISE	

Result

Page 8 of 12





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#### **DEPARTMENT OF BIOCHEMISTRY** ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324 Result Unit Bio. Ref. Range Method

GAMMA GLUTAMYL TRANSPEPTIDASE 12.00 U/L 16-73 Glycylglycine Kinetic (GGT), SERUM method

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: ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF IMMUNOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO -	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM						
TRI-IODOTHYRONINE (T3, TOTAL)	0.83	ng/mL	0.67-1.81	ELFA		
THYROXINE (T4, TOTAL)	5.79	μg/dL	4.66-9.32	ELFA		
THYROID STIMULATING HORMONE (TSH)	2.170	μIU/mL	0.25-5.0	ELFA		

#### **Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

#### Note:

IFOR Dregnant temales	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

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: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO -	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

COMPLETE URINE EXAMINATION (CUE	E) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL	).*	NORMAL	EHRLICH
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOU	NT AND MICROSCOPY			
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 11 of 12



SIN No:UR2167249

**Apollo Speciality Hospitals Private Limited** 

(Formely known as a Nova Speciality Hospitals Private Limited) CIN- U85100TG2009PTC099414

**Regd Off:**1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016







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: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CYTOLOGY**

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

LBC PA	P TEST (PAPSURE) , CERVICAL BRUSH SAMF	PLE
	CYTOLOGY NO.	13788/23
Ι	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
П	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/malignancy.
Ш	RESULT	
a	EPITHEIAL 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 \*\*\*

DR. APEKSHA MADAN MBBS, DPB PATHOLOGY

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

DR.Sanjay Ingle M.B.B.S,M.D(Pathology) Consultant Pathologist

Page 12 of 12

SIN No:CS066643

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

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

## **Apollo Spectra Hospitals**

156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai, Maharashtra 400034



Patient Name:_	Vasandra	S .	Age: _25
Address: Prab	iusbeel		Date: 16 8 2423
y Scaling	- 7 6 2 ·	1025	~

A.

Signature

Dr. Rinal Modi B.D.S (Mumbai)

Dental Surgeon Reg. No. : A -28591

M: 87792 56365 / 98922 90876

E:doctorrinal@gmail.com



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

Date

Name

MRNO Age/Gender

Mobile No Passport No Aadhar number : 16/8/1013 OUT-PATIENT RECORD 58010 Nosontho Singanopudi 2540 I Female

B.P: 120/80 22/m10 941 min Temp: Resp: Pulse: Waist Circum: 76 CM 53.8 Height: 147 BMI: 24:9 Weight:

General Examination / Allergies History

Clinical Diagnosis & Management Plan

married, Norregetavan Sleep: Normal SIB Normal Noaddrefron Moderately Active MC 4-5days 30days. No Allergy FH: Fasher settem



Follow up date:

Doctor \$ignature

# APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited) CIN: U85100KA2009PTC049961

Registered Office: #7-1-617/A,615 & 616, Imperial Towers,7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500038.





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Note/Comment : Please Correlate clinically

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Test Name	Result	Unit	Bio. Ref. Range	Method

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PCV	36.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.04	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	72	fL	83-101	Calculated
MCH	23.6	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	15.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D				
	46	%	40-80	Electrical Impedance
NEUTROPHILS	46	%	20-40	Electrical Impedance
LYMPHOCYTES	02	%	1-6	Electrical Impedance
EOSINOPHILS	06	%	2-10	Electrical Impedance
MONOCYTES	00	%	<1-2	Electrical Impedance
BASOPHILS	00		3*2554	
ABSOLUTE LEUCOCYTE COUNT	1932	Cells/cu.mm	2000-7000	Electrical Impedance
NEUTROPHILS		Cells/cu.mm	1000-3000	Electrical Impedance
LYMPHOCYTES	1932	Cells/cu.mm	20-500	Electrical Impedance
EOSINOPHILS	84		200-1000	Electrical Impedance
MONOCYTES	252	Cells/cu.mm		Electrical impedence
PLATELET COUNT	238000	cells/cu.mm	150000-410000	
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergrer
PERIPHERAL SMEAR				

Methodology: Microscopic

RBC: Normocytic normochromic

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

Platelets: Adequate in Number Parasites: No Haemoparasites seen

IMPRESSION: Normocytic normochromic blood picture

Note/Comment: Please Correlate clinically

Page 2 of 11

SIN No:BED230194220





: Mrs.VASANTHA SINGANAPUDI

Age/Gender

: 25 Y 4 M 22 D/F

UHID/MR No

: STAR.0000058010

Visit ID

: STAROPV62121

Ref Doctor

: Dr.SELF

**Test Name** 

Emp/Auth/TPA ID

: 880685689114

Collected

: 16/Aug/2023 09:44AM

Received

: 16/Aug/2023 12:26PM

Reported Status

: 16/Aug/2023 02:37PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

	DEPARTMENT OF	HAEMATOLO	GY	
ARCOFEMI - MEDIWHEEL - FULL B	ODY ANNUAL PLUS CHE	CK ADVANCE	D - FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Tost Namo	Result	Unit	Bio, Ref. Range	Method

BLOOD GROUP TYPE	0	Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination

Page 3 of 11



SIN No:BED230194220





: Mrs. VASANTHA SINGANAPUDI

Age/Gender

: 25 Y 4 M 22 D/F

UHID/MR No

: STAR.0000058010

Visit ID

: STAROPV62121

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 880685689114

Collected

: 16/Aug/2023 02:23PM

Received

: 16/Aug/2023 02:42PM

Reported

: 16/Aug/2023 02:47PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

# DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BO	DY ANNUAL PLUS CHE	CK ADVANCE	D - FEMALE - 2D ECHO - F	PAN INDIA - FY232
Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING , NAF PLASMA	87	mg/dL	70-100	GOD - POD
GLOGOGE, I AGTING , III II I LI III				

#### Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation	
<100 mg/dL	Normal	
100-125 mg/dL	Prediabetes	
≥126 mg/dL	Diabetes	

GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	136	mg/dL	70-140	GOD - POD	
---	-----	-------	--------	-----------	--

#### Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each

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.

Ref: Marks medical biochemistry and clinical approach

Page 4 of 11

SIN No:PLF02014695,PLP1359677







TOUGHIN

Patient Name

: Mrs.VASANTHA SINGANAPUDI

Age/Gender

: 25 Y 4 M 22 D/F

UHID/MR No

: STAR.0000058010

Visit ID

: STAROPV62121

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 880685689114

Collected

: 16/Aug/2023 09:44AM

Received

: 17/Aug/2023 11:37AM

Reported

: 17/Aug/2023 11:37AM : 17/Aug/2023 01:12PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BOD	Y ANNUAL PLUS CHE	CK ADVANCE	D - FEMALE - 2D ECHO -	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

/dL	Calculated
J	g/dL

#### Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS > 18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control

Page 5 of 11

SIN No:EDT230075631





: Mrs. VASANTHA SINGANAPUDI

Age/Gender

: 25 Y 4 M 22 D/F

UHID/MR No

: STAR.0000058010

Visit ID

LIPID

: STAROPV62121

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 880685689114

Collected

: 16/Aug/2023 09:44AM

Received

: 16/Aug/2023 11:54AM

Reported

: 16/Aug/2023 02:36PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BOD	Y ANNUAL PLUS CHE	CK ADVANCE	D - FEMALE - 2D ECHO -	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

PROFILE, SERUM				
TAL CHOLESTEROL	127	mg/dL	<200	CHE/CHO/POD
GLYCERIDES	28	mg/dL	<150	
CHOLESTEROL	32	mg/dL	>40	CHE/CHO/POD
N-HDL CHOLESTEROL	95	mg/dl	<130	Calculated

#### TOT TRIG HDL NON-HDL 89.4 <100 Calculated LDL CHOLESTEROL mg/dL <30 Calculated VLDL CHOLESTEROL 5.6 mg/dL CHOL / HDL RATIO 3.97 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 can show physiological and analytical variations.

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

Page 6 of 11







: Mrs.VASANTHA SINGANAPUDI

Age/Gender

: 25 Y 4 M 22 D/F

UHID/MR No

: STAR.0000058010

Visit ID

: STAROPV62121

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 880685689114

Collected

: 16/Aug/2023 09:44AM

Received

: 16/Aug/2023 11:54AM

Reported

: 16/Aug/2023 03:07PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY					
ARCOFEMI - MEDIWHEEL - FULL BOD	Y ANNUAL PLUS CHE	CK ADVANCE	D - FEMALE - 2D ECHO - F	PAN INDIA - FY2324	
Test Name	Result	Unit	Bio. Ref. Range	Method	

BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	79.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated

Page 7 of 11







TOU

Patient Name

: Mrs.VASANTHA SINGANAPUDI

Age/Gender

: 25 Y 4 M 22 D/F

UHID/MR No

: STAR.0000058010

Visit ID

: STAROPV62121

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 880685689114

Collected

: 16/Aug/2023 09:44AM

Received

: 16/Aug/2023 11:54AM

Reported

: 16/Aug/2023 02:36PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

	DEPARTMENT OF			
ARCOFEMI - MEDIWHEEL - FULL BO	DY ANNUAL PLUS CHE	CK ADVANCE	D - FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

CREATININE	0.61	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	24.20	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	4.0-7.0	URICASE
CALCIUM	8.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE

Page 8 of 11







: Mrs.VASANTHA SINGANAPUDI

Age/Gender

: 25 Y 4 M 22 D/F

UHID/MR No

: STAR.0000058010

Visit ID

: STAROPV62121

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

(GGT), SERUM

: 880685689114

Collected

: 16/Aug/2023 09:44AM

Received

: 16/Aug/2023 11:54AM

Reported

: 16/Aug/2023 03:07PM : Final Report

Status Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

method

	DEPARTMENT OF	BIOCHEMISTI	RY	
ARCOFEMI - MEDIWHEEL - FULL BODY AN	NUAL PLUS CHE	CK ADVANCE	D - FEMALE - 2D ECHC	- PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method
CAMMA CLUTAMYL TRANSPERTIDASE	12.00	11/1	16-73	Glycylalycine Kinetic

Page 9 of 11





: Mrs.VASANTHA SINGANAPUDI

Age/Gender

: 25 Y 4 M 22 D/F

UHID/MR No

: STAR.0000058010

Visit ID Ref Doctor : STAROPV62121

: Dr.SELF

Emp/Auth/TPA ID

: 880685689114

Collected

: 16/Aug/2023 09:44AM

Received

: 16/Aug/2023 11:54AM

Reported

: 16/Aug/2023 02:01PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BO	DY ANNUAL PLUS CHE	CK ADVANCE	D - FEMALE - 2D ECHO -	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	0.83	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.79	μg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.170	μIU/mL	0.25-5.0	ELFA

#### Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

#### Note:

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

Page 10 of 11



SIN No:SPL23116760





: Mrs.VASANTHA SINGANAPUDI

Age/Gender

: 25 Y 4 M 22 D/F

UHID/MR No

: STAR.0000058010

Visit ID

: STAROPV62121

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 880685689114

Collected

: 16/Aug/2023 09:44AM

Received

: 16/Aug/2023 01:35PM : 16/Aug/2023 02:54PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT	OF CLINICA	PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK ADVANCE	D - FEMALE - 2D ECHO -	PAN INDIA - FY2324
		1	D: D ( D	Madhad

			The state of the s	
Test Name	Result	Unit	Bio. Ref. Range	Method

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR O
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRLICH
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY			
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Result/s to Follow:

LBC PAP TEST (PAPSURE)

DR. APEKSHA MADAN

MBBS, DPB PATHOLOGY DR.Sanjay Ingle M.B.B.S,M.D(Pathology) Consultant Pathologist

Page 11 of 11



SIN No:UR2167249

Measurement Results.			- L	Interpretation:	
0RS 01/01cB 328 / PR PR/PP 636 / P/QRS/T 30/ 30/	76 ms 411 ms 124 ms 94 ms 640 ms 30 degrees 80 ms	aUR90	aul.	10w ORS amplitudes R/S inversion area between 44 and 02 probably abnormal ECG  WARTEL WARTER WAYNERS	27 My
	5 5	90F	70 124 OU	Di. (Wire.) CHHAVE B. (Add A	WAJA Mutun) grat / Anconfirmed report.
j		AD S	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	5 /	2
1		And		5	5
		AUF.			
		1			



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500

www.apollospectra.com

Patient Name

: Mrs. VASANTHA SINGANAPUDI

Age

: 25 Y F

UHID

: STAR.0000058010

OP Visit No

: STAROPV62121

Reported on

: 16-08-2023 11:47

Printed on

: 16-08-2023 11:47

Adm/Consult Doctor

Ref Doctor

: SELF

## 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

Printed on:16-08-2023 11:47

---End of the Report---

Dr. VINOD SHETTY Radiology



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

Name : Mrs. Vasantha Singanapudi

Age

: 25 Year(s)

Date: 16/08/2023

Sex

: Female

Visit Type : OPD

# **ECHO Cardiography**

# Comments:

Normal cardiac dimensions.

Structurally normal valves.

No evidence of LVH.

Intact IAS/IVS.

No evidence of regional wall motion abnormality.

Normal LV systolic function (LVEF 60%).

No diastolic dysfunction.

Normal RV systolic function.

No intracardiac clots / vegetation/ pericardial effusion.

No evidence of pulmonary hypertension.PASP=30mmHg.

IVC 12 mm collapsing with respiration.

# **Final Impression:**

NORMAL 2DECHOCARDIOGRAPHY REPORT.

DR.CHHAYA P.VAJA. M. D.(MUM) NONINVÁSIVE CARDIOLOGIST



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

Name : Mrs. Vasantha Singanapudi

Age : 25 Year(s)

Date : 16/08/2023 Sex : Female

Visit Type : OPD

Dimension:

EF Slope

100mm/sec

**EPSS** 

04mm

LA

26mm

AO.

28mm

LVID (d)

34mm

LVID(s)

16mm

IVS (d)

11mm

LVPW (d)

11mm

LVEF

60% (visual)

DR.CHHAYA P.VAJA. M. D.(MUM) NONINVASIVE CARDIOLOGIST

## APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

Specialists in Surgery
Patient Name: MRS.VASANTHA SINGANAPUDI

Ref. By

: HEALTH CHECK UP

Date: 16-08-2023 Age: 25 years

# SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER:

The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

GALL:

The gall bladder is normal in size with a normal wall thickness and there are no

BLADDER calculi seen in it.

PANCREAS: The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN

:The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

KIDNEYS:

The **RIGHT KIDNEY** measures 9.8 x 4.3 cms and the **LEFT KIDNEY** measures 9.7 x 4.1 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appear normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

URINARY BLADDER: The urinary bladder distends well and is normal in shape and contour No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

UTERUS:

The uterus is anteverted & it appears normal in size, shape and echotexture.

It measures 6.0 x 4.5 x 3.2 cms.

Normal myometrial & endometrial echoes are seen.

Endometrial thickness is 7.7 mms.

No focal mass lesion is noted within the uterus.

OVARIES:

Both ovaries reveal normal size, shape and echopattern.

Right ovary measures 3.0 x 1.7 cms. Left ovary measures 2.9 x 1.9 cms There is no free fluid seen in cul de.

IMPRESSION: Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.

DR.VINOD V.SHETTY MD, D.M.R.D.

CONSULTANT SONOLOGIST.

# APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited) CIN: U85100KA2009PTC049961

Registered Office: #7-1-617/A,615 & 616, Imperial Towers,7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500038.



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

### **OUT- PATIENT RECORD**

Date MRNO

Name

Age/Gender Mobile No Passport No.

Aadhar number :

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Last aboution in April Follow up date: octor Signature

#### APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited) CIN: U85100KA2009PTC049961

# **EYE REPORT**

Varaultra Singewymide

16/08/2013

Specialists in Surgery

Age /Sex:

2341F

Ref No.:

Complaint:

No order c/0

No Mo SE/ DA.

Examination

Spectacle Rx

Vr 6/6

Near le XW6

		Right	Eye					
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance Read								

Remarks:

Glow b. Know

Medications:

Me & me

Trade Name	Frequency	Duration
	9	
	8	

Follow up:

Frender & Wm

Consultant:

**Apollo Spectra Hospitals** Famous Cine Labs, 156, Pt. M. M. Malviya Road, Tardeo, Mumbai - 400 034. Tel.: 022 4332 4500 www.apollospectra.com





Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

168 2023

#### OUT- PATIENT RECORD

Date

MRNO

Name

Age/Gender

Mobile No

Passport No. Aadhar number :

: vao antha Singarafindi : 25ye/F

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

for health chale up Offers no ENT complaints

BIL TMINTACT, mobile

Noce

D-ENT-NAD

Follow up date:

Doctor Signature

#### APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited) CIN: U85100KA2009PTC049961



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

## **DIETARY GUIDELINES FOR BALANCED DIET**

Should avoid both fasting and feasting.

A meal pattern should be followed. Have small frequent and regular meal. Do not exceeds the interval between two meals beyond 3 hours.

Exercise regularly for at least 30-45 minutes daily. Brisk walking is a good form of exercise, yoga, cycling, and swimming are.

Keep yourself hydrated by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable soups, and milk etc.

Fat consumption: - 3 tsp. per day / ½ kg per month per person.

It's a good option to keep changing oils used for cooking to take the benefits of all types of oil.eg: Groundnut oil, mustard oil, olive oil, Sunflower oil, Safflower oil, Sesame oil etc.

### **FOOD ALLOWED**

FOOD GROUPS	FOOD ITEMS							
Cereals	Whole grain product like Whole wheat flour, daliya, rava bajara, jowar, ragi, oats, nachni, barley, rye.etc							
pulses	Dal like moong, masoor, tur and pulses Chana, chhole, rajma, etc.							
Milk	Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc.							
Vegetable	All types of vegetable.							
Fruits	All types of Fruits.							
Nuts	2 Almonds, 2 walnuts, 1 dry anjeer, dates, pumpkin seeds, flax seeds, niger seeds, garden cress seeds.							
Non Veg	2-3 pices of Chicken/fish, (removed skin) twice a week and 2 egg white daily. Should be eat in grill and gravy form.							

## APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)
CIN: U85100KA2009PTC049961

ID o Voscotho

Age 25

Height 147cm

Female

Gender

Date 16. 8. 2023

Time 10:26:20

APOLLO SPECTRA HOSPITAL

# **Body Composition**

		Unde		N	orma				Ove	r		UNIT:%	Normal Range
Weight	40	55	70	85	100	115	53. 8	145 kg	160	175	190	205	38. 6 ~ 52. 2
Muscle Mass Skeletal Muscle Mass	60	70	80	90 16	100 5. 8 kg	110	120	130	140	150	160	170	16. 9 ~ 20. 6
Body Fat Mass	20	40	60	80	100	160	220	280 ■ 21	340 . 9 kg	400	460	520	9. 1 ~ 14. 5
T B W Total Body Water	23.	4 kg (	23. 1	~ 28.	. 3)		F F I		SPECIAL SPECIA	<b>阿米利</b>			(29. 5~ 37. 7)
Protein	6.	6. 2 kg (6. 2~7. 6)			Mineral*				2. 28 kg (2. 14~2. 61)				

\* Mineral is estimated.

# **Obesity Diagnosis**

	Value	Normal Range
BMI Body Mass Index (kg/m²)	24. 9	18. 5 <b>~</b> 25. 0
PBF Percent Body Fat (%)	40. 7	18. 0 ~ 28. 0
WHR Waist-Hip Ratio	0. 90	0. 75 ~ 0. 85
B M R Basal Metabolic Rate (kcal)	1059	1175 ~ 1354

Nutritional	Eva	luation

Protein	<b>▼</b> Norma	$\square$ Deficient	
Mineral	☑Normal	☐ Deficient	
Fat	□Normal	☐ Deficient	<b>☑</b> Excessive
Weight M	lanagement		
Weight	□Normal	□Under	✓ Over
SMM	□Normai	☑Under	□ Strong
Fat	□Normal	□ Under	☑ Over
Obesity [	Diagnosis		
BMI	⊠Normal	☐ Under ☐ Extremely	□ Over Over
PBF	□Normal	□ Under	✓ Over
WHR	□Normal	□ Under	✓ Over

## Muscle-Fat Control

Muscle Control	+	3.0 kg	Fat Control	- 11.4 kg	Fitness Score	66

	Segmen	tal Lean	Lean Mass Evaluation	
	1. 5kg Normal		1. 6kg Over	
		Trunk		
left		14. 8kg Normal		Right
	4. 3kg		4. 3kg	
	Under	Specification and Colonial Is	Under	

	Segmen	PBF Fat Mass Evaluation		
Left	50. 4% 1. 6kg Over	Trunk 41. 6% 11. 2kg Over	48. 1% 1. 6kg Over	Right
	41. 2% 3. 2kg Over		40. 9% 3. 2kg Over	

\* Segmantal Fat is estimated.

#### Impedance

Z RA LA TR RL LL 386. 5 412. 1 27. 7 299. 7 308. 8 100кнz 353. 1 380. 4 24. 3 272. 5 281. 0

# Exercise Planner Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Å	Walking	100	Jogging	THE .	Bicycle	2000	Swim	-	Mountain Climbing	*	Aerobic
٨	108	P	188	CO	161	-	188	37	175	7	188
nt.	Table tennis	A .	_ Tennis	-\$'	Football	•	Oriental Fencing	N°	Gate ball	4	Badminto
Λ	122	不	161	1.	188	人	269	$V^{\mathcal{F}}$	102	A	122
20.	Racket ball	2	Tae- kwon-do	. 2	Squash	1	Basketball	(2)	Rope jumping	1	Golf
V	269	T	269	97	269	久	161	N	188		95
	Push-ups		Sit-ups	9	Weight training	2.	Dumbbell exercise		Elastic band		Squats
	development of upper body	~	abdominal muscle training		backsche prevention	K	muscle strength		muscle strength	ĹĬ	maintenance o

#### · How to do

- 1. Choose practicable and preferable activities from the left.
- Choose exercises that you are going to do for 7 days.
- Calculate the total energy expenditure for a week.
- Estimate expected total weight loss for a month using the formula shown below.
- Recommended calorie intake per day 1400 kcal

\*Calculation for expected total weight loss for 4 weeks: Total energy expenditure (kcal/week) X 4weeks ÷7700

<sup>\*</sup>Use your results as reference when consulting with your physician or fitness trainer.



Patient Name : Mrs. VASANTHA SINGANAPUDI Age/Gender : 25 Y/F

 UHID/MR No.
 : STAR.0000058010
 OP Visit No
 : STAROPV62121

 Sample Collected on
 : 16-08-2023 11:55

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 880685689114

#### DEPARTMENT OF RADIOLOGY

#### SONO MAMOGRAPHY - SCREENING

PATIENT REFUSES TO DO THE SONOMAMMOGRAPHY.

Dr. VINOD SHETTY

Radiology



Patient Name : Mrs. VASANTHA SINGANAPUDI Age/Gender : 25 Y/F

 UHID/MR No.
 : STAR.0000058010
 OP Visit No
 : STAROPV62121

 Sample Collected on
 : 16-08-2023 11:54

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 880685689114

#### DEPARTMENT OF RADIOLOGY

#### **ULTRASOUND - WHOLE ABDOMEN**

LIVER: The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The

intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD

appear normal.

<u>GALL</u>: The gall bladder is normal in size with a normal wall thickness and there are no <u>BLADDER</u> calculi seen in it.

**PANCREAS**: The pancreas is normal in size and echotexture. No focal mass lesion is seen.

**SPLEEN**: The spleen is normal in size and echotexture. No focal parenchymal mass lesion

is seen. The splenic vein is normal.

**KIDNEYS**: The **RIGHT KIDNEY** measures 9.8 x 4.3 cms and the **LEFT KIDNEY** measures

9.7 x 4.1 cms in size. Both kidneys are normal in shape and echotexture. There is

no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appear normal. There is no free fluid or any

# lymphadenopathy seen in the abdomen.

# **URINARY** The urinary bladder distends well and is normal in shape and contour No intrinsic

**BLADDER:** lesion or calculus is seen in it. The bladder wall is normal in thickness.

<u>UTERUS</u>: The uterus is anteverted & it appears normal in size, shape and echotexture.

It measures 6.0 x 4.5 x 3.2 cms.

Normal myometrial & endometrial echoes are seen.

Endometrial thickness is 7.7 mms.

No focal mass lesion is noted within the uterus.

**OVARIES:** Both ovaries reveal normal size, shape and echopattern.

Right ovary measures 3.0 x 1.7 cms. Left ovary measures 2.6 x 1.7 cms There is no free fluid seen in cul de.

IMPRESSION: Normal Ultrasound examination of the Abdomen and Pelvis.



Patient Name : Mrs. VASANTHA SINGANAPUDI

Age/Gender

: 25 Y/F

Dr. VINOD SHETTY

Radiology



Patient Name : Mrs. VASANTHA SINGANAPUDI Age/Gender : 25 Y/F

UHID/MR No.: STAR.0000058010OP Visit No: STAROPV62121Sample Collected on: 16-08-2023 11:47

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 880685689114

#### 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. VINOD SHETTY

Radiology

