





Age/Gender : 47 Y 10 M 17 D/F UHID/MR No : CASR.0000100541 Visit ID

Ref Doctor : Dr.SELF

: CASROPV204392

Emp/Auth/TPA ID : 006153 Collected : 15/Apr/2023 10:26AM

Received : 15/Apr/2023 01:50PM Reported : 15/Apr/2023 04:53PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

HAEMOGLOBIN	12.2	g/dL	12-15	Spectrophotometer
PCV	35.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.94	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	91.1	fL	83-101	Calculated
MCH	31	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,590	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	66.3	%	40-80	Electrical Impedance
LYMPHOCYTES	20.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	10.3	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3706.17	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1145.95	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	150.93	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	575.77	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	11.18	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	224000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergrei

RBC NORMOCYTIC NORMOCHROMIC

WBC WITHIN NORMAL LIMITS

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 1 of 14



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

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

A-12, # 1-9-71/A/12/b, Rishab Heights, Rukminipuri Ho A S Rao Nagar, Hyderabad, Telangana, India - 500062











: Mrs.MADHAVI LATHA GITTA Patient Name

: 47 Y 10 M 17 D/F Age/Gender

UHID/MR No : CASR.0000100541 Visit ID : CASROPV204392

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 006153

Collected : 15/Apr/2023 10:26AM

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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		Microplate technology		
Rh TYPE	Positive		Microplate technology		

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Visit ID : CASROPV204392

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Collected : 15/Apr/2023 10:26AM

Received : 15/Apr/2023 01:54PM Reported : 15/Apr/2023 03:07PM

Status : Final Report

Sponsor Name : 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

GLUCOSE, FASTING, NAF PLASMA 85	mg/dL	70-100	HEXOKINASE
---------------------------------	-------	--------	------------

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	115	mg/dL	70-140	HEXOKINASE
HOURS , NAF PLASMA				

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.

Ref: Marks medical biochemistry and clinical approach

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.1	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG), WHOLE BLOOD-EDTA	100	mg/dL	Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS > 18 YEARS	<5.7

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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

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 CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

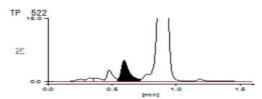
Test Name Result Unit Bio. Ref. Range Method

Chromatogram Report

V5. 29 1234 EDT230038496 1234 2023-04-15 14:34:59 ID Sample No. Patient ID 04150115 SL 0008 - 09

CALIB	Y	=1.0369)	(+ 0.8949
Name	%	Time	Area
A1A	0.5	0. 25	8. 00
A1B	0.5	0.32	8. 55
F	0.6	0.37	10.32
LA1C+	1.6	0.48	27.84
SA1C	5. 1	0.59	69.42
AO H-VO	93. 3	0.89	1587. 10
H-V1 H-V2	22000	550000	V2020 2000 00 00 00 00 00 00 00 00 00 00

Total Area 1711.23 HbA1c 5.1 % IFCC 33 mol/mol HbA1 6.1 % HbF 0.6 %



15-04-2023 14:35:00 apollo

APOLLO DIAGNOSTICS GLOBAL

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1/1









Emp/Auth/TPA ID





Patient Name : Mrs.MADHAVI LATHA GITTA

Age/Gender : 47 Y 10 M 17 D/F UHID/MR No : CASR.0000100541 Visit ID

Ref Doctor : Dr.SELF

: CASROPV204392

: 006153

Collected : 15/Apr/2023 10:26AM

Received : 15/Apr/2023 02:05PM Reported : 15/Apr/2023 04:57PM

Status : Final Report

Sponsor Name : 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

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	212	mg/dL	<200	CHO-POD
TRIGLYCERIDES	56	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	63	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	149	mg/dL	<130	Calculated
LDL CHOLESTEROL	137.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.37		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
	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
INCNEHDI 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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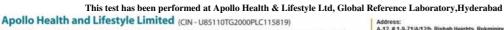
DEPARTMENT OF BIOCHEMISTRY

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

LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.33	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.12	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	69.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.53	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		0.9-2.0	Calculated

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A-12, # 1-9-71/A/12/b, Rishab Heights, Rukminipuri Ho A S Rao Nagar, Hyderabad, Telangana, India - 500062



SIN No:SE04350303



CHLORIDE



Result

100



Method

ISE (Indirect)

Patient Name : Mrs.MADHAVI LATHA GITTA

Test Name

: 47 Y 10 M 17 D/F Age/Gender

UHID/MR No : CASR.0000100541 Visit ID : CASROPV204392

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 006153

Collected : 15/Apr/2023 10:26AM

Received : 15/Apr/2023 02:05PM Reported : 15/Apr/2023 04:57PM

Status : Final Report

Unit

mmol/L

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Bio. Ref. Range

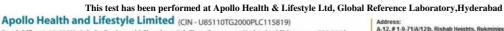
101-109

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

RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.67	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	15.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.46	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.19	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.75	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	133	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.7	mmol/L	3.5–5.1	ISE (Indirect)

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SIN No:SE04350303







Age/Gender : 47 Y 10 M 17 D/F UHID/MR No : CASR.0000100541

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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

GAMMA GLUTAMYL TRANSPEPTIDASE	14.00	U/L	<38	IFCC
(GGT) , SERUM				

Page 9 of 14









Emp/Auth/TPA ID





Patient Name : Mrs.MADHAVI LATHA GITTA

Age/Gender · 47 Y 10 M 17 D/F

UHID/MR No : CASR.0000100541 Visit ID

Ref Doctor : Dr.SELF

: CASROPV204392

: 006153

Collected : 15/Apr/2023 10:26AM

Received : 15/Apr/2023 02:06PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

: 15/Apr/2023 04:09PM

DEPARTMENT OF IMMUNOLOGY

Reported

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, TOTAL T4, TSH) , SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	0.87	ng/mL	0.7-2.04	CLIA	
THYROXINE (T4, TOTAL)	7.56	μg/dL	6.09-12.23	CLIA	
THYROID STIMULATING HORMONE (TSH)	9.890	μIU/mL	0.34-5.60	CLIA	

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:

lkar nregnant 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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A-12, # 1-9-71/A/12/b, Rishab H A S Rao Negar 12-14







Age/Gender : 47 Y 10 M 17 D/F UHID/MR No : CASR.0000100541

Visit ID : CASROPV204392

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 006153 Collected : 15/Apr/2023 10:26AM

Received : 15/Apr/2023 02:27PM Reported : 15/Apr/2023 03:56PM

Status : Final Report

Sponsor Name : 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, URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	8.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
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	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT	AND MICROSCOPY	•		
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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









: 47 Y 10 M 17 D/F Age/Gender UHID/MR No : CASR.0000100541 : CASROPV204392 Visit ID

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

URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick	
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick	

Page 12 of 14













Age/Gender : 47 Y 10 M 18 D/F UHID/MR No : CASR.0000100541 Visit ID : CASROPV204392

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 006153

: 16/Apr/2023 08:37AM Collected

Received : 16/Apr/2023 01:12PM Reported : 18/Apr/2023 11:56AM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

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

.00	CYTOLOGY NO.	7148/23	
I	SPECIMEN		
a	SPECIMEN ADEQUACY	ADEQUATE	
b	SPECIMEN TYPE	CONVENTIONAL SMEAR	
	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	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 ***

Result/s to Follow: PERIPHERAL SMEAR

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DEPARTMENT OF CYTOLOGY

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

DR, SHALINI SINGH M.B.B.S, MD

Consultant Pathologist

Dr. SRINIVAS N.S. NORI M.B.E.S,M.D(PATHOLOGY) CONSULTANT PATHOLOGIST

Dr. RAJESH BATTINA PhD. (Biochemistry) **Consultant Biochemist**

APOI

M.B.B.S, M.D(Pathology) Consultant Pathologist

Dr Sowjanya MBBS, MD(Pathology) Consultant Pathologist

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

Page 14 of 14







SIN No:CS062661

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

Patient Name : Mrs. MADHAVI LATHA GITTA Age : 47 Y/F

UHID : CASR.0000100541 OP Visit No : CASROPV204392
Reported By: : Dr. MRINAL . Conducted Date : 17-04-2023 11:23

Referred By : SELF

ECG REPORT

Observation:-

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 98 beats per minutes.
- 3. No pathological Q wave or ST-T changes seen.
- 4. Normal P,QRS,T waves and axis.
- 5. No evidence of chamber, hypertrophy or enlargement seen

Impression:

NORMAL RESTING ECG.

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



Dr. MRINAL .



Patient Name : Mrs. MADHAVI LATHA GITTA Age/Gender : 47 Y/F

UHID/MR No.

: CASR.0000100541

OP Visit No

: CASROPV204392

Sample Collected on

: RAD1977923

Reported on

: 16-04-2023 10:58

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF : 006153 Specimen

:

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. PRAVEEN BABU KAJARadiology



Patient Name : Mrs. MADHAVI LATHA GITTA Age/Gender : 47 Y/F

UHID/MR No.

: CASR.0000100541

Sample Collected on

LRN#

: RAD1977923

Ref Doctor : SELF **Emp/Auth/TPA ID** : 006153

8

OP Visit No : CASROPV204392

Reported on

: 16-04-2023 10:17

Specimen :

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

USG OF BOTH BREASTS

Real time B-Mode USG of both breasts:

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

Left Breast : Evidence of well defined hypo echoic lesion measuring **5.7x6.5mm** noted in the left breast at 4 o" clock posuition possibility of BIRADS category 2 lesion? Fibroadenoma

No evidence of focal, solid or cystic lesion on the right side .

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

CONCLUSION:-BIRADS Category 2 Lesion In The Left Breast? Fibroadenoma

Suggested MAMMOGRAPHY Correlation / Follow up scan.



Dr. PRAVEEN BABU KAJARadiology



: 47 Y/F **Patient Name** : Mrs. MADHAVI LATHA GITTA Age/Gender

UHID/MR No.

: CASR.0000100541

OP Visit No

: CASROPV204392

Sample Collected on

: RAD1977923

Reported on

: 16-04-2023 08:35

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF : 006153 **Specimen**

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney: 94x45mm Left kidney: 100x42mm

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

Uterus 73x57x57mm Bulky in size and shows normal echotexture. Endometrial echo-complex appears normal and measures 9.5 mm.

Right ovary: 27x31mm Left ovary: 23x20mm

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

Cervix mildly bulky

IMPRESSION:-Bulky Uterus.

Mild Cervicitis Changes.

Suggested clinical correlation and further evaluation if necessary.





Patient Name

: Mrs. MADHAVI LATHA GITTA

Age/Gender

: 47 Y/F

Dr. PRAVEEN BABU KAJA

Radiology



A Government of India Enterorise)

अब – बैंक ऑफ़ बड़ौदा | NOW – BANK OF BARODA

प . पत्र संख्या / :0 I Card No.

:06153

नाम / Name

:GITTA MADHAVI LATHA

पिता का नाम /

:GITTA EASHWARIAH

Father's Name

भ.नि.क./PF No. :T-8601

रक्त समूह / BG

O+ve

जारी करने की तिथि / Date Of Issue : 20/08/2014

Colds

कर्मचारी के हस्ताक्षर Signature of Staff जारीकर्ता पाधिकारी के हस्ताक्षर Signature of Issuing Authority



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,

Mediwheel (Arcofemi Healthcare Limited)

Helpline number: 011-41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. GITTA MADHAVI LATHA
EC NO.	157854
DESIGNATION	BRANCH HEAD
PLACE OF WORK	RAICHUR,UDAYNAGAR
BIRTHDATE	29-05-1975
PROPOSED DATE OF HEALTH	31-03-2023
CHECKUP	
BOOKING REFERENCE NO.	22M157854100055100E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **29-03-2023** till **31-03-2023** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE		
CBC	CBC		
ESR	ESR		
Blood Group & RH Factor	Blood Group & RH Factor		
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting		
Blood and Urine Sugar PP	Blood and Urine Sugar PP		
Stool Routine	Stool Routine		
Lipid Profile	Lipid Profile		
Total Cholesterol	Total Cholesterol		
HDL	HDL		
LDL	LDL		
VLDL	VLDL		
Triglycerides	Triglycerides		
HDL / LDL ratio	HDL / LDL ratio		
Liver Profile	Liver Profile		
AST	AST		
ALT	ALT		
GGT	GGT		
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)		
ALP	ALP		
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)		
Kidney Profile	Kidney Profile		
Serum creatinine	Serum creatinine		
Blood Urea Nitrogen	Blood Urea Nitrogen		
Uric Acid	Uric Acid		
HBA1C	HBA1C		
Routine urine analysis	Routine urine analysis		
USG Whole Abdomen	USG Whole Abdomen		
General Tests	General Tests		
X Ray Chest	X Ray Chest		
ECG	ECG		
2D/3D ECHO / TMT	2D/3D ECHO / TMT		
Stress Test	Thyroid Profile (T3, T4, TSH)		
PSA Male (above 40 years)	Mammography (above 40 years)		
,	and Pap Smear (above 30 years).		
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation		
Dental Check-up consultation	Physician Consultation		
Physician Consultation	Eye Check-up consultation		
Eye Check-up consultation	Skin/ENT consultation		
Skin/ENT consultation	Gynaec Consultation		