

Patient Name : Mrs.SRIVIDYA DASARI	Collected : 07/Nov/2023 09:12AM
Age/Gender : 36 Y 1 M 21 D/F	Received : 07/Nov/2023 11:39AM
UHID/MR No : CINR.0000158686	Reported : 07/Nov/2023 02:51PM
Visit ID : CINROPV209997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9972488226	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	10.5	g/dL	12-15	Spectrophotometer
PCV	31.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.05	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	78.7	fL	83-101	Calculated
MCH	26	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,020	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	62.4	%	40-80	Electrical Impedence
LYMPHOCYTES	27.5	%	20-40	Electrical Impedence
EOSINOPHILS	2.5	%	1-6	Electrical Impedence
MONOCYTES	7	%	2-10	Electrical Impedence
BASOPHILS	0.6	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3132.48	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1380.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	125.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	351.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	30.12	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	257000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC- MICROCYTIC HYPOCHROMIC.MILD DEGREE OF ANISOCYTOSIS.

WBC WITHIN NORMAL LIMITS

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA

KINDLY CORRELATE WITH IRON STUDIES.

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SIN No:BED230273170

NABL renewal accreditation under process

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 |
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APOLLO CLINICS NETWORK

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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mrs.SRIVIDYA DASARI	Collected : 07/Nov/2023 09:12AM
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UHID/MR No : CINR.0000158686	Reported : 07/Nov/2023 01:47PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

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GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	70-100	HEXOKINASE
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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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	80	mg/dL	70-140	HEXOKINASE
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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.

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

Comment:

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



SIN No:PLF02051810,PLP1385196,EDT230101260

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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	141	mg/dL	<200	CHO-POD
TRIGLYCERIDES	59	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	55	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	86	mg/dL	<130	Calculated
LDL CHOLESTEROL	74	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.56		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. 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 HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.45	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.36	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	9	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	49.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.51	g/dL	6.6-8.3	Biuret
ALBUMIN	4.02	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.49	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		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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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.57	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	17.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.23	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.88	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)



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GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.00	U/L	<38	IFCC



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

 **1860 500 7788**
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APOLLO CLINICS NETWORK
 Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie)
 Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

Patient Name : Mrs.SRIVIDYA DASARI	Collected : 07/Nov/2023 09:12AM
Age/Gender : 36 Y 1 M 21 D/F	Received : 07/Nov/2023 01:05PM
UHID/MR No : CINR.0000158686	Reported : 07/Nov/2023 02:19PM
Visit ID : CINROPV209997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9972488226	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

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

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

TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.68	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.290	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



SIN No:SPL23157571

NABL renewal accreditation under process

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

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



Patient Name : Mrs.SRIVIDYA DASARI	Collected : 07/Nov/2023 09:11AM
Age/Gender : 36 Y 1 M 21 D/F	Received : 07/Nov/2023 11:45AM
UHID/MR No : CINR.0000158686	Reported : 07/Nov/2023 02:51PM
Visit ID : CINROPV209997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9972488226	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

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

COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

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



SIN No:UR2215389

NABL renewal accreditation under process

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

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

Patient Name : Mrs.SRIVIDYA DASARI	Collected : 07/Nov/2023 09:11AM
Age/Gender : 36 Y 1 M 21 D/F	Received : 07/Nov/2023 11:45AM
UHID/MR No : CINR.0000158686	Reported : 07/Nov/2023 02:44PM
Visit ID : CINROPV209997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9972488226	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

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



SIN No:UPP015731,UF009737

NABL renewal accreditation under process

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

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



Patient Name : Mrs.SRIVIDYA DASARI	Collected : 11/Nov/2023 03:08PM
Age/Gender : 36 Y 1 M 25 D/F	Received : 12/Nov/2023 06:00PM
UHID/MR No : CINR.0000158686	Reported : 14/Nov/2023 01:24PM
Visit ID : CINROPV209997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9972488226	

DEPARTMENT OF CYTOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	19046/23
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. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	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,INFLAMMATORY SMEAR

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

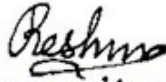
Patient Name : Mrs.SRIVIDYA DASARI	Collected : 11/Nov/2023 03:08PM
Age/Gender : 36 Y 1 M 25 D/F	Received : 12/Nov/2023 06:00PM
UHID/MR No : CINR.0000158686	Reported : 14/Nov/2023 01:24PM
Visit ID : CINROPV209997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9972488226	

DEPARTMENT OF CYTOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324



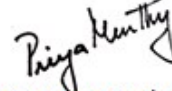
DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST



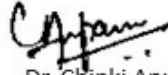
Dr.Reshma Stanly
M.B.B.S,DNB(Pathology)
Consultant Pathologist



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



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



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:CS070116

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)

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

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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

NAME: MRS SRIVIDYA D	AGE/SEX: 36Y/F	OP NUMBER: 158686
Ref By : SELF	DATE: 11-11-2023	

M mode and doppler measurements:

CM	CM	M/sec	
AO:1.9	IVS(D): 1.0	MV: E Vel: 0.9	A Vel : 0.5
LA: 2.1	LVIDD(D): 3.3	AV Peak: 0.9	
	LVPW(D): 1.1	PV Peak: 0.6	
	IVS(S): 1.2		
	LVID(S): 1.7		
	LVPW(S): 1.2		
	LVEF: 65%		
	TAPSE: 2.6		

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 chambers

No Regional wall motion abnormality

No MR/AR/TR

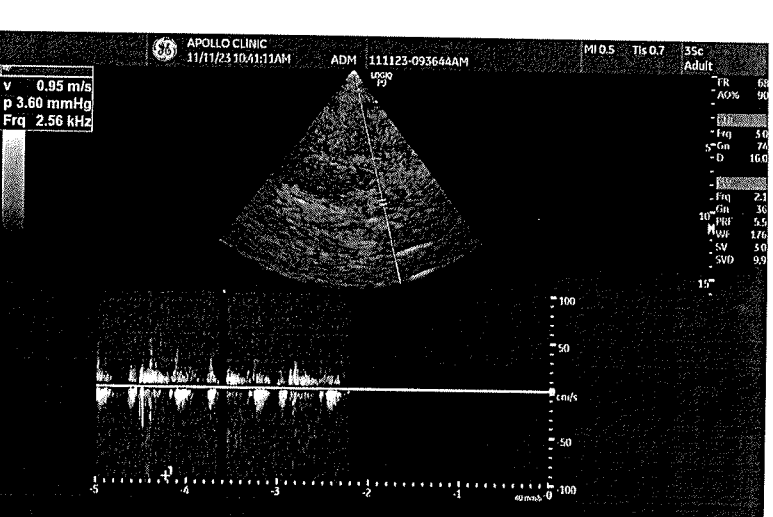
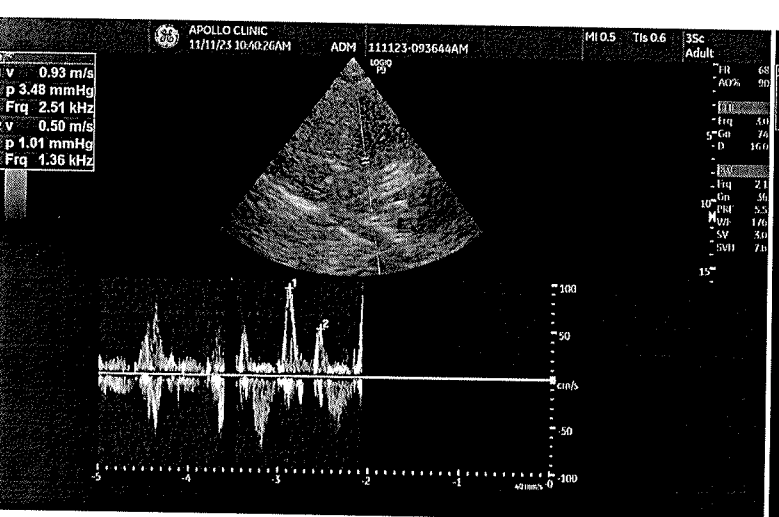
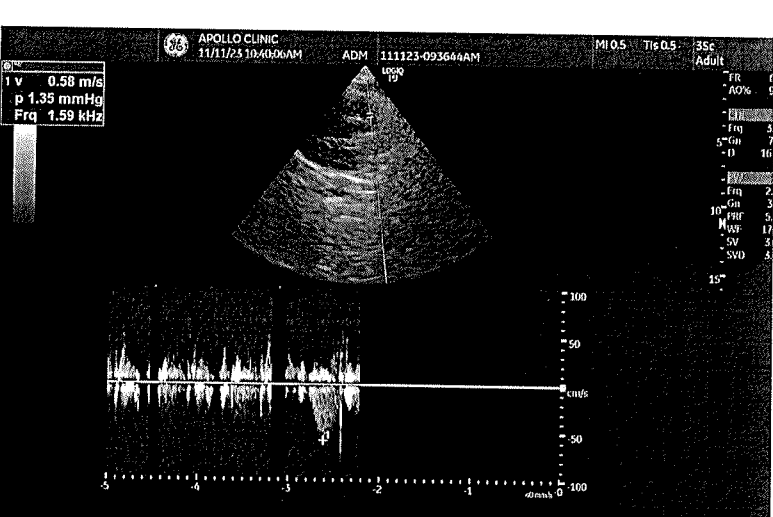
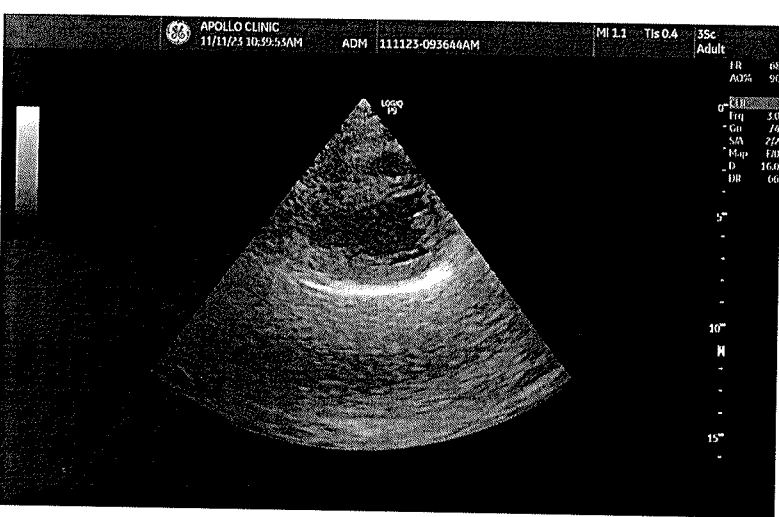
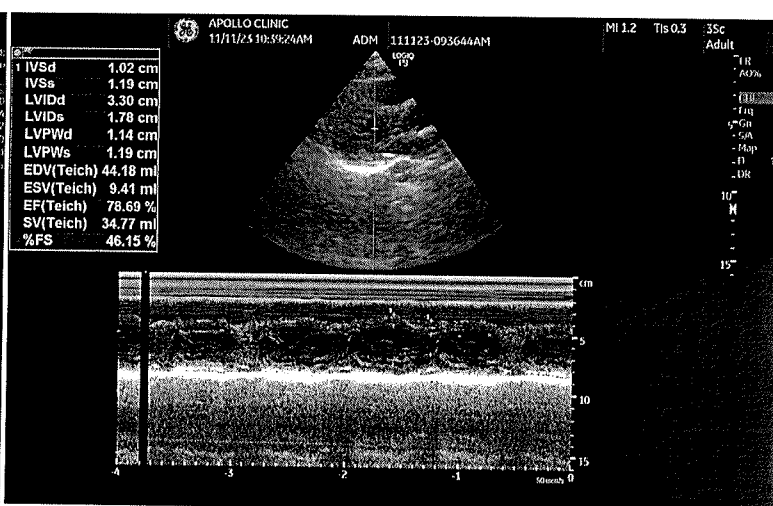
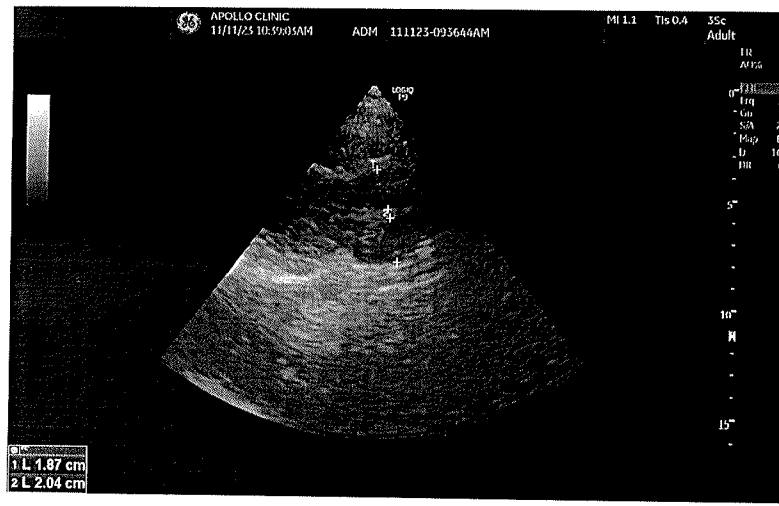
No clot/vegetation/pericardial effusion


Normal LV systolic function - LVEF= 65%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST

[Signature]
Dr. JAGADEESH H V
 MBBS, MD, DM (Cardio)
 Consultant Cardiologist
 KMC Reg No. 86848
 Apollo Clinic



Name : Mrs. Srividya Dasari Address : bangalore Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 36 Y Sex : F	UHID :CINR.0000158686  <small>* CINR . 0 0 0 0 1 5 8 6 8 6 *</small> OP Number :CINROPV209997 Bill No :CINR-OCR-90477 Date : 07.11.2023 09:04
---	---	--

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	LIVER FUNCTION TEST (LFT)	
5	X-RAY CHEST PA - 10	
6	GLUCOSE, FASTING	
7	HEMOGRAM + PERIPHERAL SMEAR	
8	ENT CONSULTATION	
9	CARDIAC STRESS TEST(TMT) - 4 - (pending)	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG - 4	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI) - 6	
20	LBC PAP TEST- PAPSURE - 3 - (pending) after 11 a.m	
21	OPHTHAL BY GENERAL PHYSICIAN - (pending)	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN - 9 after 10:30	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION - 1	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

~~27~~ Niramai Breast Screening - 15

Date : 07-11-2023
MR NO : CINR.0000158686

Department : GENERAL
Doctor :

Name : Mrs. Srividya Dasari

Registration No :

Age/ Gender : 36 Y / Female

Qualification :

Consultation Timing: 09:04

Height : 155cm	Weight : 48kg	BMI : 20.	Waist Circum : 81cm
Temp : 98.6	Pulse : 88bpm	Resp : 18bpm	B.P : 100/60mm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Srividya
ID: 158686

16.09.1987
36 Years

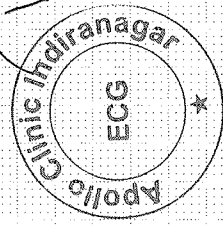
Female

QRS 82 ms
QT / QTcBaz 362 / 409 ms
PR 146 ms
P 112 ms
RR / PP 778 / 779 ms
P / QRS / T 77 / 85 / 4 degrees

07.11.2023 11:03:14

APOLLO CLINIC
INDIRANAGAR
BANGALURU

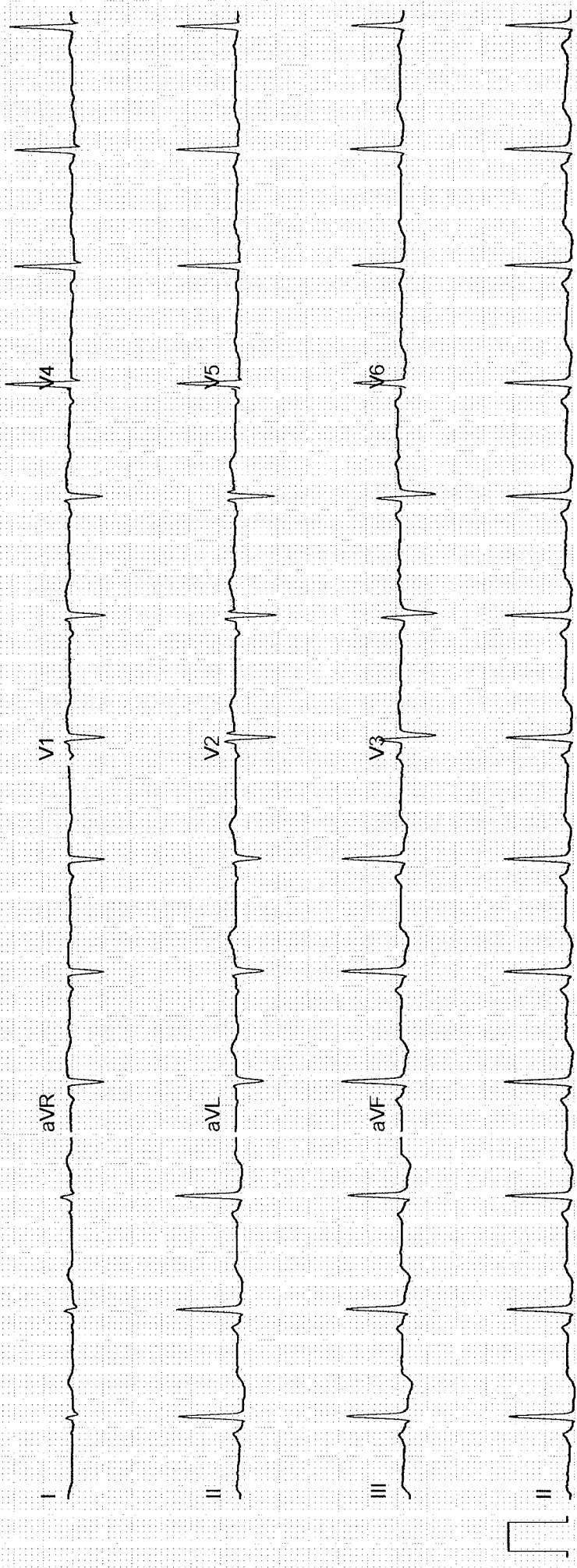
S. Sridhar
S. Sridhar



Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

[Signature]
DR. SUDHAKAR RAO
MBBS, MD, DM (Cardiol), FCC, FESC, FSCAI
Consultant Cardiologist
KMC Reg No: C 60000018KTK
Apollo Clinic

77 bpm
-- / -- mmHg





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. DASARI SRIVIDYA
EC NO.	162637
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	BANGALORE,PBB-BANGALORE
BIRTHDATE	16-09-1987
PROPOSED DATE OF HEALTH CHECKUP	07-11-2023
BOOKING REFERENCE NO.	23D162637100072018E

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 **12-10-2023** till **31-03-2024** 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

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1177/81118/00089

To
ಶ್ರೀವಿದ್ಯಾ ದಸರಿ
Srividya Dasari
W/O: Upendra Kumar Dasari
#443/A 5th Cross Church Road
Near Rama Temple New Thippasandra
Bangalore North
New Thippasandra
Bangalore North Bangalore
Karnataka 560075
9972488226

03/06/2013
14437855



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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

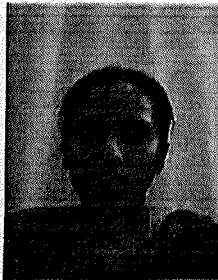
6139 1679 1020

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಶ್ರೀವಿದ್ಯಾ ದಸರಿ
Srividya Dasari
ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1987
ಸ್ತ್ರೀ / Female



6139 1679 1020

Patient Name : Mrs. Srividya Dasari

Age/Gender : 36 Y/F

UHID/MR No. : CINR.0000158686

OP Visit No : CINROPV209997

Sample Collected on :

Reported on : 07-11-2023 18:45

LRN# : RAD2144280

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9972488226

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Bilateral lung fields appear normal.

Cardiac size is normal.

Bilateral hila appears normal.

Bilateral CP angle appear normal.

Dr. PRIYA B
MBBS, MD (Radiology)
Radiology

Patient Name	: Mrs. Srividya Dasari	Age/Gender	: 36 Y/F
UHID/MR No.	: CINR.0000158686	OP Visit No	: CINROPV209997
Sample Collected on	:	Reported on	: 07-11-2023 14:40
LRN#	: RAD2144280	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9972488226		

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. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 10 mm.

OVARIES: Both ovaries appear normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

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