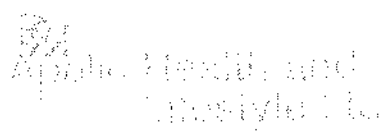


Your appointment is confirmed

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

Tue 1/23/2024 4:48 PM

To:gnaga41@gmail.com <gnaga41@gmail.com>
Cc:Hitechcity Apolloclinic <hitechcity@apolloclinic.com>;DCM Kondapur <dcml@kondapur@apolloclinic.com>;
Syamsunder M <syamsunder.m@apollohl.com>



Dear Kavitha Gugulothu .,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KONDAPUR clinic** on **2024-01-24 at 09:00-09:15.**

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

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.

4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: APOLLO MEDICAL CENTRE, D.NO 2-34/2, G.V CLASSIC, PLOT NO 1 & 6, SURVEY NO 02, KOTHAGUDA 'X' ROAD, KONDAPUR, SERILINGAMPALLY, HYDERABAD-500084.

Contact No: (040) 45455444,30166600.

P.S: Health Check-Up may take 4 - 5hrs for completion on weekdays & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic



భారత ప్రభుత్వం
Unique Identification Authority of India
Government of India

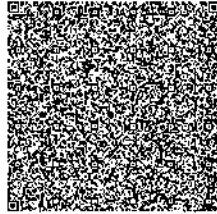
రిజిస్ట్రేషన్/ Enrolment No.: 2189/64233/05252

To
గుగులోతు కవిత
Gugulothu Kavitha
W/O Gugulothu Naga
2-68
tallabanda thanda
nadigudem mandalam
Singavaram
Singavaram
Nalgonda Telangana - 508206
9052213392

Download Date: 24/11/2018

Generation Date: 24/07/2018

Signature valid



QR Code with Photograph

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

3217 6611 9932

VID : 9108 9037 0660 0953


నా ఆధార్, నా గుర్తింపు

సమాచారం
ఆధార్ గుర్తింపుకు ధృవీకరణ, పౌరసత్వానికి కాదు.
గుర్తింపుకు ధృవీకరణ ఆన్లైన్ అథెంటికేషన్ ద్వారా పొందవచ్చు.
ఇది ఎలక్ట్రానిక్ పద్ధతిలో వ్రాయబడిన లేఖ.


- INFORMATION**
- Aadhaar is a proof of identity, not of citizenship.
 - To establish identity, authenticate online.
 - This is electronically generated letter.

- ఆధార్ దేశమంతటా ఆమోదించబడుతుంది .
- ఆధార్ భవిష్యత్తులో ప్రభుత్వ మరియు ప్రభుత్వేతర సేవలు అందచేయడంలో సహాయ పడుతుంది .
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .

భారత ప్రభుత్వం
Government of India



గుగులోతు కవిత
Gugulothu Kavitha
పుట్టిన తేదీ/DOB: 12/08/1992
FEMALE



3217 6611 9932
VID : 9108 9037 0660 0953

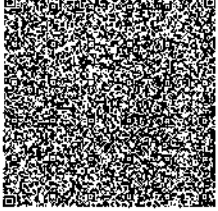
నా ఆధార్, నా గుర్తింపు

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

ఆధార్

చిరునామా:
W/O గుగులోతు నాగ, 2-68, తెల్లబండ తండ, నడిగూడెం
మండలం, సింగవరం, సబ్ జిల్లా, నల్గొండ,
తెలంగాణ - 508206

Address:
W/O Gugulothu Naga, 2-68, tallabanda
thanda, nadigudem mandalam,
Singavaram, Nalgonda,
Telangana - 508206



3217 6611 9932
VID : 9108 9037 0660 0953

నా ఆధార్, నా గుర్తింపు

Name: Mrs. Kavitha Gugulothu
Age/Gender: 31 Y/F
Address: hyd
Location: HYDERABAD, TELANGANA
Doctor:
Department: LABORATORY
Rate Plan: KONDAPUR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CKON.0000405200
Visit ID: CKONOPV632657
Visit Date: 24-01-2024 09:05
Discharge Date:
Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-01-2024 13:19	76 Beats/min	110/70 mmHg	Rate/min F	F	164 cms	68 Kgs	%	%	Years	25.28	80 cms	101 cms	100 cms		AHLL03268

Patient Name
UHID
Reported By:
Referred By

: Mrs. Kavitha Gugulothu
: CKON.000405200
: Dr. VENKATA RAYUDU NEKKANTI
: SELF

Age
OP Visit No
Conducted Date

: 31 Y/F
: CKONOPV632657
: 24-01-2024 15:09

ECG REPORT

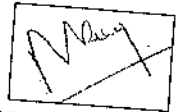
Observation :-

1. Normal Sinus Rhythm
2. Heart rate is 76 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL.
CORRELATE CLINICALLY.

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



Dr. VENKATA RAYUDU NEKKANTI

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 68 ms
QT / QTc : 372 / 418 ms
PR : 144 ms
P : 94 ms
RR / PP : 788 / 789 ms
P / QRS / T : 40 / 38 / -5 degrees

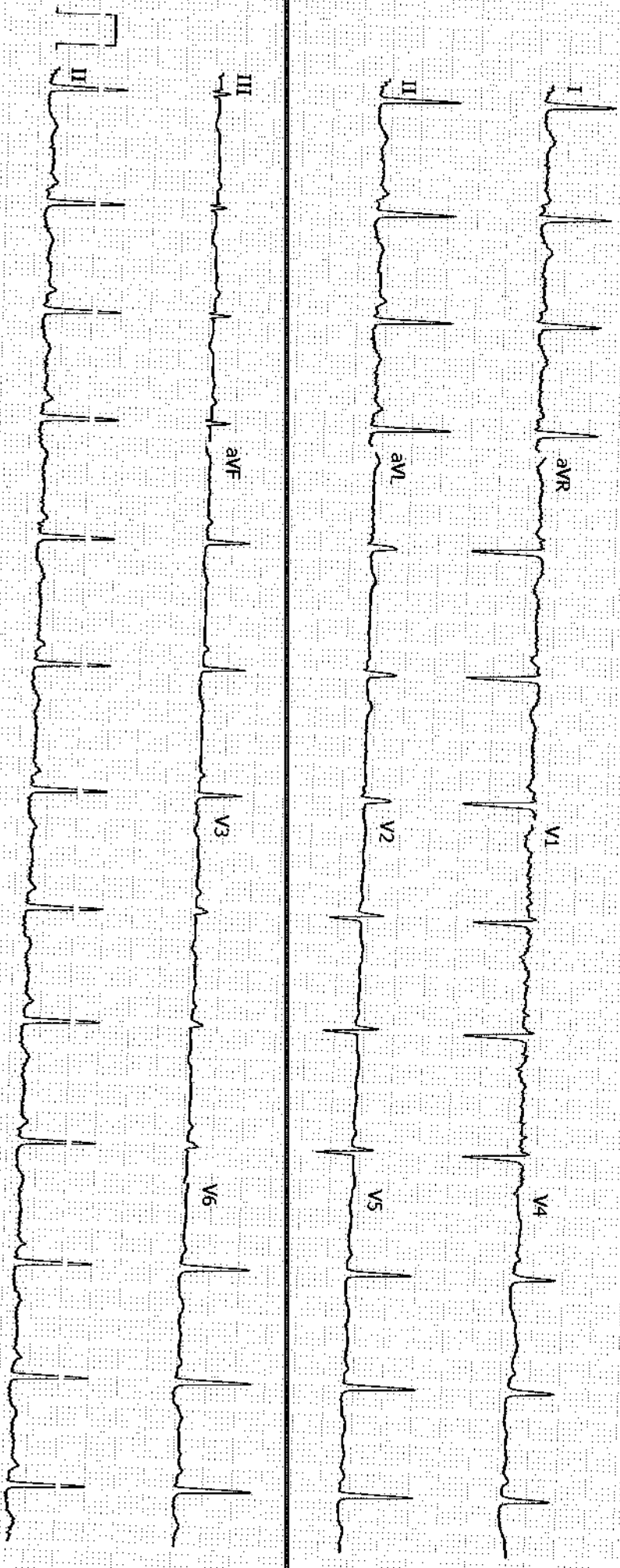
Normal sinus rhythm
Cannot rule out Anterior-infarct, age undetermined
Abnormal ECG

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

76 bpm
--/-- mmHg

Signature

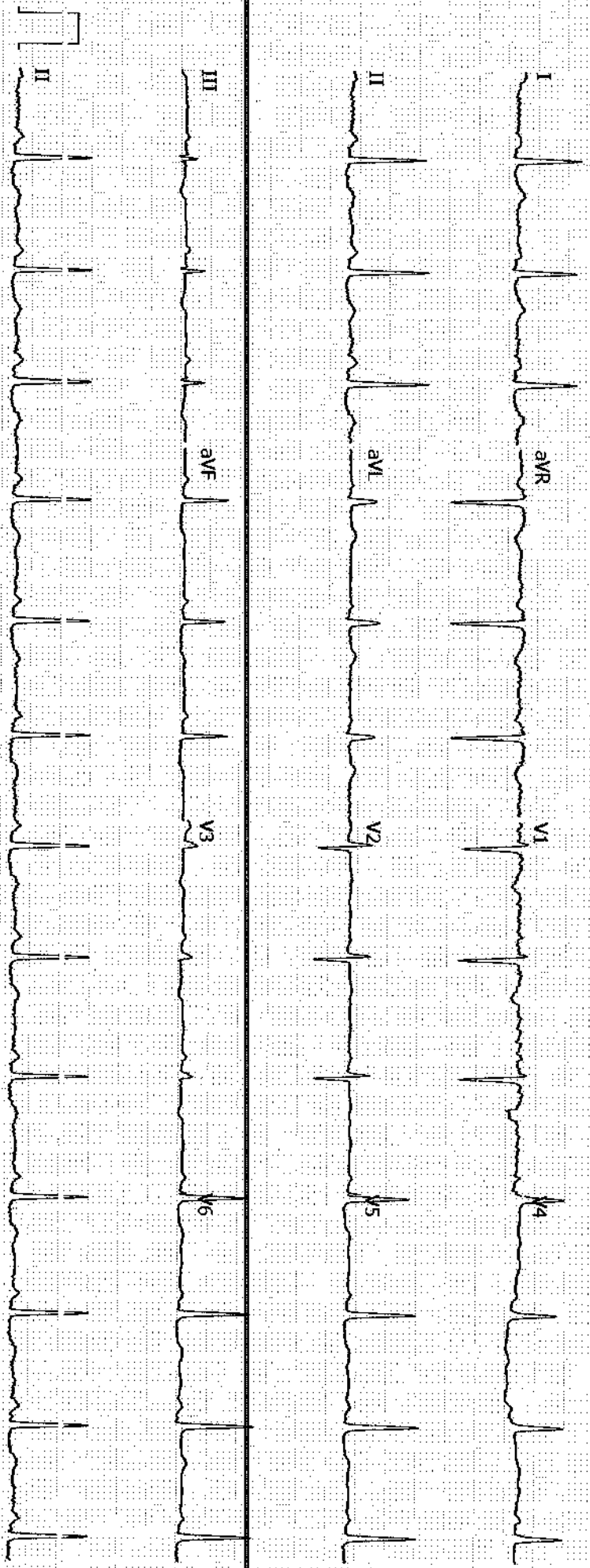


Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Indication:
Medication 1:
Medication 2:
Medication 3:

QRS : 72 ms
QT / QTcBaz : 384 / 437 ms
PR : 134 ms
P : 86 ms
RR / PP : 770 / 769 ms
P / QRS / T : 45 / 38 / 2 degrees

Normal sinus rhythm
Nonspecific ST and T wave abnormality
Abnormal ECG



Patient Name : Mrs. Kavitha Gugulothu
 UHID : CKON.000405200
 Conducted By: : Dr. RAMU ANKAM
 Referred By : SELF
 Age : 31 Y/F
 OP Visit No : CKONOPV632657
 Conducted Date : 24-01-2024 16:40

2D-ECHOCARDIOGRAPHY WITH COLOUR DOPPLER

Dimensions:
 Ao (ed) 3.2 CM
 LA (es) 3.4 CM
 LVID (ed) 4.3 CM
 LVID (es) 2.7 CM
 IVS (Ed) 1.1 CM
 LVPW (Ed) 1.1 CM
 EF 65.00%
 %FD 35.00%

MITRAL VALVE : NORMAL
 AML NORMAL
 PML NORMAL
 AORTIC VALVE NORMAL
 TRICUSPID VALVE NORMAL
 RIGHT VENTRICLE NORMAL
 INTER ATRIAL SEPTUM INTACT
 INTER VENTRICULAR SEPTUM INTACT
 AORTA NORMAL
 RIGHT ATRIUM NORMAL
 LEFT ATRIUM NORMAL
 Pulmonary Valve NORMAL
 PERICARDIUM NORMAL
 LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

PJV: 0.8
 AIV: 0.9

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/1, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

APOLLO CLINICS NETWORK

Andhra Pradesh: Tirupati (Sankarambadi Circle) Vizag (Seethamma Peta)

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram)

Online appointments: www.apolloedoc.in | Online reports: https://phr.apolloclinic.com | www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

A: 0.6 m/s

IMPRESSION:-
NORMAL CHAMBERS
NO RWMA
GOOD LV/ RV FUNCTION
NO MR/ TR/ AR/ PAH
NO CLOT/ NO PE



Dr. RAMU
ANKAM

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

APOLLO CLINICS NETWORK

Andhra Pradesh: **Tirupati** (Sankarambadi Circle) **Vizag** (Seethamma Peta)

Telangana: **Hyderabad** (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram)

Online appointments: www.apolloedoc.in | Online reports: <https://phr.apolloclinic.com> | www.apolloclinic.com

TO BOOK AN APPOINTMENT



1860 500 7788

Cardiology

Name Mrs. Kavitha G

Date 24/1/24

Age 34

UHID No. 405200

Male Female

Ref. Physician Dr. Rama A

Ref. Diagnosis

Echocardiogram Report

Echogenicity Poor Adequate Good Ht. Wt. BSA

DIMENSIONS

Ao (ed) 3.2 cm
LA (es) 3.4 cm
RVID (ed) 3.2 cm
LVID (ed) 4.3 cm
LVID (es) 2.7

NORMAL

(1.5cm / m2)
(1.5cm / m2)
(0.9 cm / m2)
(2.6 - 3.4 cm / m2)

DIMENSIONS

IVS (Ed) 1.1 cm (0.6 - 1.2 cm)
LVPW (Ed) 1.1 cm (0.6 - 1.1 cm)
EF 65% (0.62 - 0.85)
% FD 37 (2.8% - 42%)

NORMAL

MORPHOLOGICAL DATA

Mitral Valve AML 2
PML 2
Aortic Valve 2
Tricuspid valve 2
Pulmonary valve 2
Right ventricle 2

Interatrial septum 2
Interventricular septum 2
Pulmonary artery 2
Aorta 2
Right atrium 2
Left atrium 2

GLASS PRESCRIPTION

DATE: Dec 16/2024

UHID: 405200

PATIENT NAME: Mrs. Kavitha Gugulota
 AGE/GENDER: 9998892967
 31F

	UAVA	SPH	CYL	AXIS	ADD	BCVA
OD	66 66	h	—		2	20/60
OS	66 66	h	—		2	20/60

COLOR VISION: BT normal

INSTRUCTIONS:

[Handwritten Signature]
SIGNATURE

Customer Pending Tests
PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION.

Patient Name : Mrs. Kavitha Gugulothu

Age/Gender : 31 Y/F

UHID/MR No. : CKON.0000405200

OP Visit No : CKONOPV632657

Sample Collected on :

Reported on : 24-01-2024 17:55

LRN# : RAD2215359

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 01474789

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

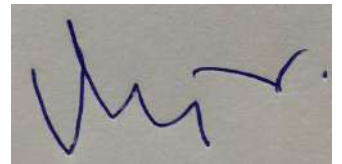
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Patient Name	: Mrs. Kavitha Gugulothu	Age/Gender	: 31 Y/F
UHID/MR No.	: CKON.0000405200	OP Visit No	: CKONOPV632657
Sample Collected on	:	Reported on	: 24-01-2024 13:18
LRN#	: RAD2215359	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 01474789		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder is distended normal. 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.

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

Right kidney measures 105 x 33mm. Left kidney measures 106 x 40 mm.

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

Uterus appears normal in size measures 65 x 40 x 30 mm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 8 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture.

Right ovary measures 24 x 14 mm. Left ovary measures 25 x 16 mm.

IMPRESSION:-

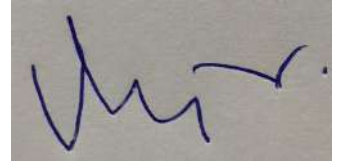
Patient Name : Mrs. Kavitha Gugulothu

Age/Gender : 31 Y/F

****MILD FATTY CHANGES IN LIVER.**

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Patient Name : Mrs.KAVITHA GUGULOTHU	Collected : 24/Jan/2024 09:13AM
Age/Gender : 31 Y 5 M 12 D/F	Received : 24/Jan/2024 10:38AM
UHID/MR No : CKON.0000405200	Reported : 24/Jan/2024 11:22AM
Visit ID : CKONOPV632657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 01474789	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.7	g/dL	12-15	Spectrophotometer
PCV	36.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.63	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	79	fL	83-101	Calculated
MCH	25.4	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	42	%	40-80	Electrical Impedance
LYMPHOCYTES	48	%	20-40	Electrical Impedance
EOSINOPHILS	05	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2646	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3024	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	315	Cells/cu.mm	20-500	Calculated
MONOCYTES	315	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	273000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC :Normocytic Normochromic.

WBC : Lymphocytosis

PLATELETS :Adequate on the smear

Page 1 of 16



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name	: Mrs.KAVITHA GUGULOTHU	Collected	: 24/Jan/2024 09:13AM
Age/Gender	: 31 Y 5 M 12 D/F	Received	: 24/Jan/2024 10:38AM
UHID/MR No	: CKON.0000405200	Reported	: 24/Jan/2024 11:22AM
Visit ID	: CKONOPV632657	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 01474789		

DEPARTMENT OF HAEMATOLOGY

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



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mrs.KAVITHA GUGULOTHU	Collected : 24/Jan/2024 09:13AM
Age/Gender : 31 Y 5 M 12 D/F	Received : 24/Jan/2024 10:38AM
UHID/MR No : CKON.0000405200	Reported : 24/Jan/2024 01:44PM
Visit ID : CKONOPV632657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 01474789	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination




Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mrs.KAVITHA GUGULOTHU	Collected : 24/Jan/2024 09:13AM
Age/Gender : 31 Y 5 M 12 D/F	Received : 24/Jan/2024 10:38AM
UHID/MR No : CKON.0000405200	Reported : 24/Jan/2024 10:39AM
Visit ID : CKONOPV632657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 01474789	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	70-100	GOD - POD

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.




Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mrs.KAVITHA GUGULOTHU	Collected : 24/Jan/2024 12:12PM
Age/Gender : 31 Y 5 M 12 D/F	Received : 24/Jan/2024 01:53PM
UHID/MR No : CKON.0000405200	Reported : 24/Jan/2024 02:04PM
Visit ID : CKONOPV632657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 01474789	

DEPARTMENT OF BIOCHEMISTRY

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

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




Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mrs.KAVITHA GUGULOTHU	Collected : 24/Jan/2024 09:13AM
Age/Gender : 31 Y 5 M 12 D/F	Received : 24/Jan/2024 12:11PM
UHID/MR No : CKON.0000405200	Reported : 24/Jan/2024 05:02PM
Visit ID : CKONOPV632657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 01474789	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

K. Anusha
 Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist



SIN No:EDT240007239

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

Patient Name	: Mrs.KAVITHA GUGULOTHU	Collected	: 24/Jan/2024 09:13AM
Age/Gender	: 31 Y 5 M 12 D/F	Received	: 24/Jan/2024 12:11PM
UHID/MR No	: CKON.0000405200	Reported	: 24/Jan/2024 05:02PM
Visit ID	: CKONOPV632657	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 01474789		

DEPARTMENT OF BIOCHEMISTRY

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

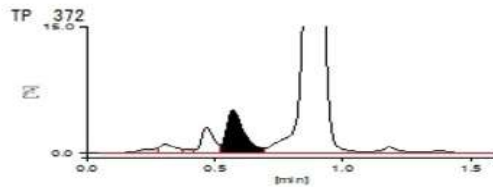
Chromatogram Report

V5.28 1 2024-01-24 13:19:20
 ID EDT240007239
 Sample No. 01240072 SL 0007 - 09
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.5	0.23	7.89
A1B	0.8	0.31	12.47
F	0.2	0.40	3.68
LA1C+	1.7	0.47	28.08
SA1C	5.2	0.57	66.90
A0	93.0	0.88	1529.21
H-V0			
H-V1			
H-V2			

Total Area 1648.23

HbA1c 5.2 % **IFCC 33 mmol/mol**
 HbA1 6.4 % HbF 0.2 %



24-01-2024 13:19:21 APOLLO

1 / 1

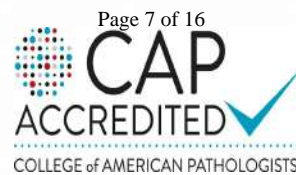
APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

K. Anusha

Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist

SIN No:EDT240007239

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



Patient Name : Mrs.KAVITHA GUGULOTHU	Collected : 24/Jan/2024 09:13AM
Age/Gender : 31 Y 5 M 12 D/F	Received : 24/Jan/2024 10:01AM
UHID/MR No : CKON.0000405200	Reported : 24/Jan/2024 11:26AM
Visit ID : CKONOPV632657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 01474789	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	171	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	49	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	42	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	129	mg/dL	<130	Calculated
LDL CHOLESTEROL	119.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.07		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mrs.KAVITHA GUGULOTHU	Collected : 24/Jan/2024 09:13AM
Age/Gender : 31 Y 5 M 12 D/F	Received : 24/Jan/2024 10:01AM
UHID/MR No : CKON.0000405200	Reported : 24/Jan/2024 11:26AM
Visit ID : CKONOPV632657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 01474789	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	107.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	4.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.96		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'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.

Page 9 of 16



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mrs.KAVITHA GUGULOTHU	Collected : 24/Jan/2024 09:13AM
Age/Gender : 31 Y 5 M 12 D/F	Received : 24/Jan/2024 10:01AM
UHID/MR No : CKON.0000405200	Reported : 24/Jan/2024 11:26AM
Visit ID : CKONOPV632657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 01474789	

DEPARTMENT OF BIOCHEMISTRY

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



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mrs.KAVITHA GUGULOTHU	Collected : 24/Jan/2024 09:13AM
Age/Gender : 31 Y 5 M 12 D/F	Received : 24/Jan/2024 12:15PM
UHID/MR No : CKON.0000405200	Reported : 24/Jan/2024 01:16PM
Visit ID : CKONOPV632657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 01474789	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.71	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	25.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.24	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.45	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	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)

Maruthi

Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



Patient Name : Mrs.KAVITHA GUGULOTHU	Collected : 24/Jan/2024 09:13AM
Age/Gender : 31 Y 5 M 12 D/F	Received : 24/Jan/2024 10:01AM
UHID/MR No : CKON.0000405200	Reported : 24/Jan/2024 11:26AM
Visit ID : CKONOPV632657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 01474789	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	12-43	Glycylglycine Nitoranalide




Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mrs.KAVITHA GUGULOTHU	Collected : 24/Jan/2024 09:13AM
Age/Gender : 31 Y 5 M 12 D/F	Received : 24/Jan/2024 10:38AM
UHID/MR No : CKON.0000405200	Reported : 24/Jan/2024 10:57AM
Visit ID : CKONOPV632657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 01474789	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.01	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.905	µIU/mL	0.34-5.60	CLIA

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



Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mrs.KAVITHA GUGULOTHU	Collected : 24/Jan/2024 09:13AM
Age/Gender : 31 Y 5 M 12 D/F	Received : 24/Jan/2024 12:35PM
UHID/MR No : CKON.0000405200	Reported : 24/Jan/2024 01:50PM
Visit ID : CKONOPV632657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 01474789	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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	CLEAR		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	3-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mrs.KAVITHA GUGULOTHU	Collected : 24/Jan/2024 09:13AM
Age/Gender : 31 Y 5 M 12 D/F	Received : 24/Jan/2024 12:35PM
UHID/MR No : CKON.0000405200	Reported : 24/Jan/2024 01:50PM
Visit ID : CKONOPV632657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 01474789	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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




Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mrs.KAVITHA GUGULOTHU	Collected : 05/Feb/2024 01:15PM
Age/Gender : 31 Y 5 M 24 D/F	Received : 06/Feb/2024 12:24PM
UHID/MR No : CKON.0000405200	Reported : 06/Feb/2024 06:40PM
Visit ID : CKONOPV632657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 01474789	

DEPARTMENT OF CYTOLOGY

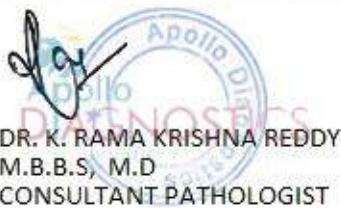
LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	2255/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:CS073901

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

Page 16 of 16
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

