





Patient Name	: Mrs.SHIKHA KUMARI	Collected	: 26/Aug/2023 08:03AM
Age/Gender	: 28 Y 10 M 22 D/F	Received	: 26/Aug/2023 12:05PM
UHID/MR No	: CANN.0000214264	Reported	: 26/Aug/2023 01:42PM
Visit ID	: CANNOPV367602	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE44669		

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR, WHOLE BLOOD EDTA				
METHODOLOGY	: Microscopic			
RBC MORPHOLOGY RBC's noted.	: Microcytic hypochromic RBC's admixed with predominantly normocytic normochromic			
WBC MORPHOLOGY	: Normal in number, Morphology and distribution. No abnormal cells seen.			
PLATELETS	: Adequate in number.			
PARASITES	: No haemoparasites seen			
NOTE/COMMENT	: Please correlate clinically.			

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SIN No:BED230203427

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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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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - F				
Test Name	Result	Unit	Bio. Ref. Range	Method

HAEMOGLOBIN	12.7	g/dL	12-15	Spectrophotometer
PCV	39.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.23	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	75.3	fL	83-101	Calculated
MCH	24.3	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	52.2	%	40-80	Electrical Impedance
LYMPHOCYTES	38.3	%	20-40	Electrical Impedanc
EOSINOPHILS	1.4	%	1-6	Electrical Impedanc
MONOCYTES	8.0	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedanc
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3915	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2872.5	Cells/cu.mm	1000-3000	Electrical Impedanc
EOSINOPHILS	105	Cells/cu.mm	20-500	Electrical Impedanc
MONOCYTES	600	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	7.5	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	235000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westergre
PERIPHERAL SMEAR				

RBC MORPHOLOGY RBC's noted. : Microcytic hypochromic RBC's admixed with predominantly normocytic normochromic

WBC MORPHOLOGY

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

PLATELETS

: Adequate in number.

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Address: D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102, Phone - 044-26224504 / 05









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		DEPARTMENT OF	HAEMATOLOG	Y		
ARCOFEMI	- MEDIWHEEL - FULL BO	DY HEALTH ANNUA	L PLUS CHECH	K - FEMALE - TMT - PAN	INDIA - FY2324	
Т	est Name	Result	Unit	Bio. Ref. Range	Method	
T PARASITES		Result emoparasites seen	Unit	Bio. Ref. Range	Method	

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APOLLO CLINICS NETWORK







DEPARTMENT OF HAEMATOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324				
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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Visit ID	: CANNOPV367602	Status	: Final Report	
UHID/MR No	: CANN.0000214264	Reported	: 26/Aug/2023 02:44PM	
Age/Gender	: 28 Y 10 M 22 D/F	Received	: 26/Aug/2023 12:05PM	
Patient Name	: Mrs.SHIKHA KUMARI	Collected	: 26/Aug/2023 08:03AM	

	Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD EDTA

BLOOD GROUP TYPE	0	Microplate
		Hemagglutination
Rh TYPE	Positive	Microplate
		Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY

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Patient Name	: Mrs.SHIKHA KUMARI	Collected	: 26/Aug/2023 08:03AM
Age/Gender	: 28 Y 10 M 22 D/F	Received	: 26/Aug/2023 12:06PM
UHID/MR No	: CANN.0000214264	Reported	: 26/Aug/2023 12:56PM
Visit ID	: CANNOPV367602	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE44669		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324Test NameResultUnitBio. Ref. RangeMethod

GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines

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:

1. 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.

2.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)	85	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.

Ref: Marks medical biochemistry and clinical approach

HPLC
Calculated

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Emp/Auth/TPA ID	: bobE44669				
		DEPARTMENT O	F BIOCHEMISTR	Y	
				K - FEMALE - TMT - PAN	
Te	est Name	Result	Unit	Bio. Ref. Range	Method
Reference Range	as per American Diabetes		2023 Guidelines:	٦	
	as per American Diabetes	s Association (ADA)	2023 Guidelines:		
Reference Range	•		2023 Guidelines:	٦	
Reference Range	GROUP	HBA1C %	2023 Guidelines:]	
Reference Range REFERENCE NON DIABETI	GROUP	HBA1C %	2023 Guidelines:]	
Reference Range REFERENCE NON DIABETIO PREDIABETES	GROUP	HBA1C % <5.7 5.7 - 6.4	2023 Guidelines:		
Reference Range REFERENCE NON DIABETIO PREDIABETES DIABETES	GROUP	HBA1C %	2023 Guidelines:		
Reference Range REFERENCE NON DIABETIO PREDIABETES DIABETICS	GROUP	HBA1C % <5.7 5.7 − 6.4 ≥ 6.5	2023 Guidelines:		
Reference Range REFERENCE NON DIABETIC PREDIABETES DIABETICS EXCELLENT C	GROUP C ONTROL	HBA1C % <5.7	2023 Guidelines:		
Reference Range REFERENCE NON DIABETIO PREDIABETES DIABETICS	GROUP C ONTROL	HBA1C % <5.7 5.7 − 6.4 ≥ 6.5	2023 Guidelines:		
REFERENCE NON DIABETIC PREDIABETES DIABETES DIABETICS EXCELLENT C FAIR TO GOOI	GROUP C ONTROL	HBA1C % <5.7	2023 Guidelines:		

3. 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.

4. 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.

5. In cases of Interference of Hemoglobin variants in HbA1C alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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SIN No:PLF02018665,PLP1362754,EDT230078390

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Visit ID	: CANNOPV367602	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE44669		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

LIPID PROFILE, SERUM

TOTAL CHOLESTEROL	178	mg/dL	<200	CHO-POD
TRIGLYCERIDES	130	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	114	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.68		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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		DEPARTMENT OF	BIOCHEMISTR	Y	
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324					
Те	est Name	Result	Unit	Bio. Ref. Range	Method

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SIN No:SE04462722

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BO	DY HEALTH ANNUA	AL PLUS CHECI	K - FEMALE - TMT - PAI	N INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.57	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	83.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324 **Test Name** Unit Result Bio. Ref. Range Method

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM					
CREATININE	0.70	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	4.70	mg/dL	2.6-6.0	Uricase PAP	
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III	
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.5-4.5	Phosphomolybdate Complex	
SODIUM	139	mmol/L	136–146	ISE (Indirect)	
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)	
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)	

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Test Name		Result	Unit	Bio. Ref. Range	Method	
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GAMMA GLUTAMYL TRANSPEPTIDASE	24.00	U/L	<38	IFCC
(GGT), SERUM				

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APOLLO CLINICS NETWORK







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Test Name	Result	Unit	Bio, Ref, Range	Method

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM							
TRI-IODOTHYRONINE (T3, TOTAL) 0.88 ng/mL 0.7-2.04 CLIA							
THYROXINE (T4, TOTAL)	10.57	µg/dL	6.09-12.23	CLIA			
THYROID STIMULATING HORMONE (TSH)	2.103	µIU/mL	0.34-5.60	CLIA			

Comment:

Note:

Hor prognant tomalos	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	Ν	Ν	Ν	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana

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 Address: D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102, Phone - 044-26224504 / 05









Patient Na	ame	: Mrs.SHIK	HA KUMARI		Collected	: 26/Aug/2023 08:03AM	
Age/Gend	er	: 28 Y 10 N	1 22 D/F		Received	: 26/Aug/2023 01:00PM	
UHID/MR	No	: CANN.00	00214264		Reported	: 26/Aug/2023 02:27PM	
Visit ID		: CANNOP	V367602		Status	: Final Report	
Ref Docto	r	: Dr.SELF			Sponsor Name	: ARCOFEMI HEALTHCAR	E LIMITED
Emp/Auth/	TPA ID	: bobE446	69				
				DEPARTMENT (OF IMMUNOLOG	Y	
ARC	OFEMI -	MEDIWHE	EL - FULL	BODY HEALTH ANNU	JAL PLUS CHEC	K - FEMALE - TMT - PAN	INDIA - FY2324
	Те	st Name		Result	Unit	Bio. Ref. Range	Method
N/Low	Low	Low	Low	Secondary and Tertia	ry Hypothyroidisn	1 ·	
Low	High	High	High	Primary Hyperthyroic effects, Early Pregnar		iditis, Drug	
Low	Ν	N	N	Subclinical Hyperthyr	oidism		
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism			
	Ν	High	High	Thyroiditis, Interfering Antibodies			
Low			NT	T3 Thyrotoxicosis, Non thyroidal causes			
Low N/Low	High	Ν	IN	10 111/100011100510,11			

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SIN No:SPL23121280

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APOLLO CLINICS NETWORK







Patient Name	: Mrs.SHIKHA KUMARI	Collected	: 26/Aug/2023 08:03AM
Age/Gender	: 28 Y 10 M 22 D/F	Received	: 26/Aug/2023 12:52PM
UHID/MR No	: CANN.0000214264	Reported	: 26/Aug/2023 01:44PM
Visit ID	: CANNOPV367602	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE44669		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BO	DY HEALTH ANNUA	AL PLUS CHECI	K - FEMALE - TMT - PA	N INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

COMPLETE URINE EXAMINATION (C	UE), URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	DUNT AND MICROSCOPY	,		
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

1.Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods. 2.The samples are assessed for integrity and adequacy before processing.



1860

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500 7788

SIN No:UR2172520

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Apolio fleatin and Lifestyle Limited (CIN - UBS110TG2000PLC115819) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apoliohl.com [Email ID: enquiry@apoliohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 APOLLO CLINICS NETWORK Address: D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102, Phone - 044.26224504 / 05









Age/Gender UHID/MR No	: 28 Y 10 M 22 D/F : CANN.0000214264	Received Reported	: 26/Aug/2023 12:52PM : 26/Aug/2023 01:35PM	
Visit ID	: CANNOPV367602	Status	: Final Report	
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID	: bobE44669			
Emp/Auth/TPA ID		INICAL PATHOL	.OGY	
				N INDIA - FY2324

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

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SIN No:UPP015390,UF009335

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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 Address: D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102, Phone - 044-26224504 / 05









Patient Name	: Mrs.SHIKHA KUMARI	Collected	: 26/Aug/2023 11:50AM
Age/Gender	: 28 Y 10 M 22 D/F	Received	: 27/Aug/2023 12:11PM
UHID/MR No	: CANN.0000214264	Reported	: 28/Aug/2023 06:34PM
Visit ID	: CANNOPV367602	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE44669		

DEPARTMENT OF CYTOLOGY

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

	CYTOLOGY NO.	14408/23
I	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
Π	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benigr morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/malignancy.
п	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.CANDIDASIS

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.R.SRIVATSAN M.D.(Biochemistry)

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

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

Page 16 of 16



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SIN No:CS067028

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK



Patient Name	: Mrs. SHIKHA KUMARI	Age/Gender	: 28 Y/F
UHID/MR No.	: CANN.0000214264	OP Visit No	: CANNOPV367602
Sample Collected on	:	Reported on	: 26-08-2023 17:40
LRN#	: RAD2082294	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE44669		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology. Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 8.5 cms.

Portal and splenic veins appear normal. No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory. There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 9.8 x 4.2 cms.

Left kidney measures 8.4 x 4.4 cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus measures $6.5 \ge 3.4 \text{ cms}$ and shows normal endometrial and myometrial echoes. The endometrial thickness 6 mm. Right ovary measures $3.1 \ge 1.2 \ge 3.2 \text{ cms}$ (volume- 6.7 ml)



Patient Name	: Mrs. SHIKHA KUMARI	Age/Gender	: 28 Y/F	
Left ovary me	easures 2.8 x 1.9 x 1.5 cms (volume-	4.2 ml)		
Both ovaries	are normal in size and echotexture.			
No mass lesio	on seen in the pelvis.			
Bladder is not	rmal in contour.			
IMPRESSIO	N:			
* NO SIGN	IFICANT ABNORMALITY DETEC	ΓED.		

Dr. PRAVEENA SHEKAR T MBBS, DMRD, FAGE Radiology



Patient Name	: Mrs. SHIKHA KUMARI	Age/Gender	: 28 Y/F
UHID/MR No.	: CANN.0000214264	OP Visit No	: CANNOPV367602
Sample Collected on	:	Reported on	: 26-08-2023 16:30
LRN#	: RAD2082294	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE44669		

DEPARTMENT OF RADIOLOGY

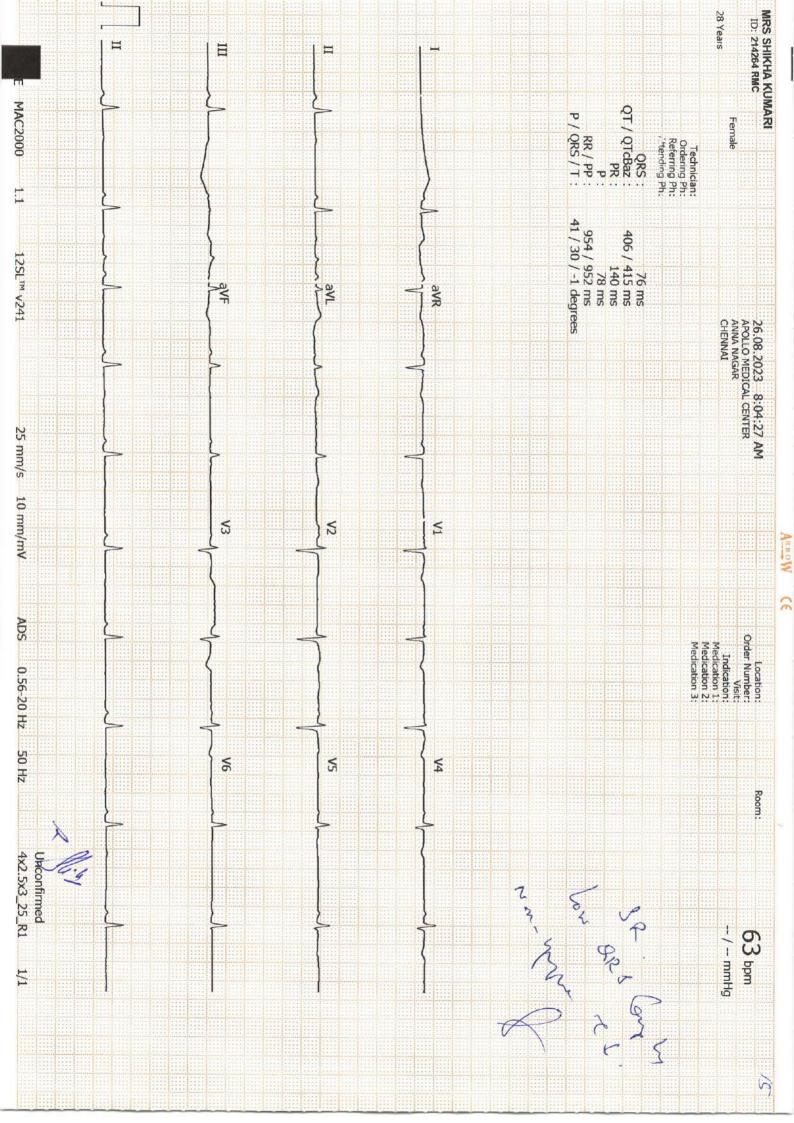
X-RAY CHEST PA

NOT DONE / SCREENING PENDING

Respected Sir / Madam

Since your investigation (X-RAY) is not yet done, we are unable to complete yous report. Kindly complete your studies as early as possible. your reports will follow once you finish your investigation.

RADIOLOGY DEPARTMENT APOLLO MEDICAL CENTRE ANNA NAGAR







26/08/2023

Mrs. Shikha kumani

Rx

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

278/5

Patient advised complete scating.

General Examination / Allergies History

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.



OPHTHALMOLOGY



Shikha Kumari Name:....

Address:

......Ph:.....

Date: 26 18 123 Reg. No. 214264	
Ref. Physician:	
Copies to::	

REPORT ON OPHTHALMIC EXAMINATION

History:		
	NCCL	
Present Complaint:		g
resent oomplant.	NUL	

ON EXAMINATION:	RE	LE
Ocular Movements :	r n	Frell
Anterior Segment :	Trea	r
Intra-Ocular-Pressure :		N
Visual Acuity: D.V. :	\mathbb{N}	/ v
Without Glass :	A . P	616P
With Glass :	6/1	6
N.V. :	10	
Visual Fields :	A.L.,	Ne
Fundus :	NG	
Impression :	Field	Prele
Advice :	hed	
Colour Vision :	N	N
Online appointments.	To book an appointment	Follow us on Samuel





ENT check up

Mrs. Shika Kumari

26 8 23

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

General Examination / Allergies History

No complaints of E ENT - WNG

28/F

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

In case of emergency, Please call 1066 or come directly to emergency room of the hospital **Apollo Health and Lifestyle Limited**

To book an appointment 3 1860 500 7788





Apollo Clinic

CONSENT FORM

Patient Name: Mrs. Shikha Kurnavi Age: 28 F UHID Number: 214264 Company Name: BOB.

I Mr/Mrs/Ms Shikha Kumau' Employee of Bank of Banda (Company) Want to inform you that I am not interested in getting duest yrac

Tests done which is a part of my routine health check package. And I claim the above statement in my full consciousness.

Patient Signature: ...

26/08/2023 Date:

No. 30, F-Block, 2nd Avenue No. 30, h-Elock, 2nd Avenue Anna Nagar East, Chennal-600 102 2h.: 2020 6066 / 2622 4505 Ph.: 2020 6066 / 2622 4505 Foll free No. 1860 500 7788

Apollo Realth and Lifestyle Limited KIN-USTIOIG2000PLC1158191 a - 500 016) Regel Office: 1-10-60/62, Autoba Raghugathi Chastlers, 5th Huon, Begurnpet, Hyderabed, Teku warw.applichberg. 1 (Spail ID: symily/happlich), com, Ph Net 940-4904 2777, 7az Nei Apdé 2784 APOLLO CUNICS NETWORK

Brite M. F - March 2nd Antol Brite M. S. 1 - March 2nd Antol



nper | Manikosia | Uppal) deglaa Ayadool. Vilaga (Soedearnee Petal Rametaka: Bangalano (Banavanagude) belandur | Bu andeaska: Chammai (denanager | Bottumpel im | Magappiae | T-Hayar | Valusarieda an | Valushery) Makarishtea: Pana (Au algaa (Caun Raud) Maryana: Parlabada (Radamer Staton Raud) us Oly | France Town | HSA Layout | Ind Telancere a Instantised AS Roo nagur | Chanze Augur | Kondapur | Netlehunte | Nisamperi | Mari Nagur | P. Rigur | Randolshall | Inor emagina | Sangapar Randol Bigurere (M) Mahada | Sandhardol | Nagur Pracelor, Diministent Antorizanovad (Sandre) / Abandadi Sandher Projekt Antolskal (Sandher Projekt) / Antolskal (Sandhardol)



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator, Mediwheel (Arcoferni 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, KUMARI SHIKHA		
EC NO.	178939		
DESIGNATION	CREDIT		
PLACE OF WORK	CHENNAI, CHOOLAIMEDU		
BIRTHDATE	04-10-1994		
PROPOSED DATE OF HEALTH CHECKUP	26-08-2023		
BOOKING REFERENCE NO.	23S178939100066896E		

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 **19-08-2023** 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))

बैंक ऑफ बझौदा Bank of Baroda 消用 : KUMARI SHIKHA Name समेधारी खुट झे : **178939** E.G. No धारक छे हल्तावर 13 जारीकतां प्राधिकारी issuing Authority Signature of Holder

1

lite

CANN-214264 OCR-94987

GE CardioSoft V6.73 (2)	PRETEST SUPINE STANDING HYPERV. WARM-UP EXERCISE STAGE 1 STAGE 2 STAGE 2 STAGE 3 STAGE 4 RECOVERY	Phase Name Stage Name	MRS SHIKHA KUMARI, Patient ID 214264RMC 26.08.2023 Female 12:18:46pm 28yrs Indian Meds: Test Reason: Medical History Ref. MD: Orde Technician: Te Comment:
	00:34 0.00 00:03 0.00 00:02 0.00 00:16 1.00 03:00 1.70 03:00 2.50 00:03 4.20 04:29 0.00	Time Speed in Stage (mph)	n tory: Ordering MD: Test Type:
Unconfirmed	0.00 1.0 71 0.00 1.0 69 0.00 1.1 73 7.00 3.9 130 9.00 6.0 141 11.00 8.7 171 13.00 8.8 171 1.0 8.8 171 1.0 103	Grade Workload HR (%) (METS) (bpm)	Tabular Summary
	1 120/80 8520 9 120/80 8520 9 120/80 15600 10 120/80 15600 11 120/80 16920 11 130/80 22230 11 130/80 12360	HR BP RPP VE bpm) (mmHg) (mmHg*bpm (/min)	
	1 0.05 1 0.05 1 0.05 9 -1.35 24 -6.05 0 -0.75 0 0.00	VE ST Level Comment (/min) (III mm)	ne 09:02 of max predicted 192 bpm H of max predicted 192 bpm H P at rest: 120/80 Max RPP: METS mV/s in III; EXERCISE ST/ :4, PVC:155, PSVC:5, VT 29 Fatigue ESSION :TMT IS NEGATIVI AL ISCHEMIA
		A M	APOLLO MEDICAL CENTRE 2 bpm HR at rest: 71 Max RPP: 22960 mmHg*bpm CISE STAGE 2 04:30 VC:5, VTACH:2, RUN:10, VG:5, VTACH:2, RUN:10,

Attending MD:

MICRO MED CHARTS Page 1 ÷.,

								·
GE CardioSoft V6.73 (2) 10mm/mV 50Hz 0.01-	aVF	aVL MI	avR 11-	0.0.0 0.00 0.0 0.0 0.0 0 0.0 0		I	BASELINE EXERCISE 0:01 74 bpm 120/80 mmHg	MRS SHIKHA KUMARI , Patient ID 214264RMC 26.08.2023 12:18:46pm
6.73 (2) 0.01-20Hz S+ HEART V5.4	aVF -6.85	aVL 13.75 29.56	aVR -8.10 18.05	-13.60 -30.38	-0.50 -0.50	1 13.95 27.49	MAX. ST EXERCISE 210 bpm	KUMARI, 54RMC
ART V5.4	avr 447	avi 141	avr ///-	0.0 H	0.50 0.50	1 0.15 0.54	PEAK EXERCISE EXERCISE 9:03 171 bpm 130/80 mmHg	
Unconfirmed	0:00 -0.26	av L+ +++	avr.	-0.30 0.00		0.09 0.09	E TEST END RECOVERY 4:28 101 bpm 120/80 mmHg	
	V6~441	v s ~M 0.20 -0.07	V4 - 11 0.15 -0.09	V3 0.19	-0.11	-0.05 -0.41	BASELINE EXERCISE 0:01 74 bpm 120/80 mmHg	Selected Medians Report
Attending MD:	V6 4.60 12.39	4.30 4.30 11.93	4.05 10.97	V3 4.65 11.41	V2 -4.60 10.81	VI -5.40 10.87	MAX. ST EXERCISE 4:30 210.bpm	
	V6 V6	0.11 0.11	V4 WHK -0.05 0.24	-0.15 -0.07	V2 ////~ 0.20 0.16	-0.04	PEAK EXERCISE EXERCISE 9:03 171 bpm 130/80 mmHg	AP
MICRO MED CHARTS Page	V60.10	-0.06 -0.06	V4	-0.15 -0.26		-0.46	E TEST END RECOVERY 4:28 101 bpm 120/80 mmHg	DLL
ARTS Page 2								TRE

Calcuted Mediane D

Patient Name	: Mrs. SHIKHA KUMARI	Age	: 28 Y/F
UHID	: CANN.0000214264	OP Visit No	: CANNOPV367602
Conducted By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 26-08-2023 15:43
Referred By	: SELF		

CARDIOLOGY

CARDIAC STRESS TEST – (TMT)

Angina Pectoria:		
NO		
Previous MI:		
NO		
PTCA:		
NO		
CABG:		
NO		
HTN:		
NO		
DM:		
NO		
Smoking:		
NO		
Obesity:		
NO		
NO		
Lipidemia:		
NO		
Resting ECG Supine:		
NORMAL		
Standing:		
NORMAL		
Protocol Used:		
BRUCE		
Monitoring Leads:		
12 LEADS		

Patient Name	: Mrs. SHIKHA KUMARI	Age	: 28 Y/F
UHID	: CANN.0000214264	OP Visit No	: CANNOPV367602
Conducted By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 26-08-2023 15:43
Referred By	: SELF		

Grade Achieved: 13.00

% HR / METS: 8.8

Reason for Terminating Test: FATIGUE

Total Exercise Time: 09:02

Symptoms and ECG Changes during Exercise: NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts: NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts: NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts: NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

INTERPRETATION:

Rhythm: NORMAL

S.T. Segment : NORMAL

III Blood Pressure Response : NORMAL

IV Fitness Response : GOOD

Impression: Cardiac stress analysis is NEGATIVE for inducible myocardial ischaemia

Patient Name	: Mrs. SHIKHA KUMARI	Age	: 28 Y/F
UHID	: CANN.0000214264	OP Visit No	: CANNOPV367602
Conducted By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 26-08-2023 15:43
Referred By	: SELF		

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

Dr. ARULNITHI AYYANATHAN

Apollo Health and Lifestyle Limited

(CIN - U85110TN2000PLC046089) Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India | Email ID: info@apollohl.com

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Fraser Town | HSR Layout | Indira Nagar | Koramangala | Kundalahalli | Sadashivanagar | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Alwarpet | Annanagar | Kotturpuram | Mogappair | TNagar | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite)

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Patient Name	: Mrs. SHIKHA KUMARI	Age	: 28 Y/F
UHID	: CANN.0000214264	OP Visit No	: CANNOPV367602
Reported By:	: DR ARULNIDHI	Conducted Date	: 26-08-2023 17:09
Referred By	: SELF		

ECG REPORT

Observation :-

- Sinus Rhythm.
 Heart rate is 63beats per minutes.

Impression:

LOW QRS COMPLEX NON- SPECIFIC T INVERSION

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

DR ARULNIDHI