

Patient Name : Mrs.SUNEETHA MUKKAMALLA	Collected : 23/Sep/2023 08:50AM
Age/Gender : 34 Y 2 M 14 D/F	Received : 23/Sep/2023 02:22PM
UHID/MR No : CMAR.0000326733	Reported : 23/Sep/2023 06:01PM
Visit ID : CMAROPV722079	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8919471722	

**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**

<b>HAEMOGLOBIN</b>	<b>9.5</b>	g/dL	12-15	Spectrophotometer
PCV	<b>29.70</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.06	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	<b>73.1</b>	fL	83-101	Calculated
MCH	<b>23.3</b>	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.8</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,240	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYtic COUNT (DLC)**

NEUTROPHILS	61.9	%	40-80	Electrical Impedence
LYMPHOCYTES	29.6	%	20-40	Electrical Impedence
EOSINOPHILS	1.5	%	1-6	Electrical Impedence
MONOCYTES	6.8	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYte COUNT**

NEUTROPHILS	3862.56	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1847.04	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	93.6	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	424.32	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	12.48	Cells/cu.mm	0-100	Electrical Impedence

<b>PLATELET COUNT</b>	304000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>59</b>	mm at the end of 1 hour	0-20	Modified Westegren method

**PERIPHERAL SMEAR**

RBCs: Show mild anisocytosis with predominance of Microcytic hypochromic RBCs.

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

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HEMOPARASITES: negative

**IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA**

**Note: Kindly evaluate for iron deficiency status.**



SIN No:BED230230829

NABL renewal accreditation under process

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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mrs.SUNEETHA MUKKAMALLA	Collected : 23/Sep/2023 08:50AM
Age/Gender : 34 Y 2 M 14 D/F	Received : 23/Sep/2023 02:44PM
UHID/MR No : CMAR.0000326733	Reported : 23/Sep/2023 09:41PM
Visit ID : CMAROPV722079	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	103	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)	81	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	6.3	%		HPLC
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	134	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)

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SIN No:PLF02031333,PLP1371535,EDT230087336  
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Patient Name : Mrs.SUNEETHA MUKKAMALLA	Collected : 23/Sep/2023 08:50AM
Age/Gender : 34 Y 2 M 14 D/F	Received : 23/Sep/2023 02:38PM
UHID/MR No : CMAR.0000326733	Reported : 23/Sep/2023 07:54PM
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**DEPARTMENT OF BIOCHEMISTRY**

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

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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	126	mg/dL	<200	CHO-POD
TRIGLYCERIDES	62	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	81	mg/dL	<130	Calculated
LDL CHOLESTEROL	68.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.79		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

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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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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.31	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.24	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	60.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.95	g/dL	6.6-8.3	Biuret
ALBUMIN	3.89	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		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.

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- 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.



SIN No:SE04489953

NABL renewal accreditation under process

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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	13.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.29	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.29	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)



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<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	17.00	U/L	<38	IFCC
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Age/Gender : 34 Y 2 M 14 D/F	Received : 23/Sep/2023 02:40PM
UHID/MR No : CMAR.0000326733	Reported : 23/Sep/2023 04:23PM
Visit ID : CMAROPV722079	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

TRI-IODOTHYRONINE (T3, TOTAL)	1.09	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.21	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	<b>5.180</b>	µIU/mL	0.35-4.94	CMIA

Comment:

Note:

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

1. 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.
2. 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.
3. 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.
4. 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

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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:SPL23135462

NABL renewal accreditation under process

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Age/Gender : 34 Y 2 M 14 D/F	Received : 23/Sep/2023 12:29PM
UHID/MR No : CMAR.0000326733	Reported : 23/Sep/2023 04:03PM
Visit ID : CMAROPV722079	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		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	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	1-2	/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:UR2189161

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UHID/MR No : CMAR.0000326733	Reported : 23/Sep/2023 03:17PM
Visit ID : CMAROPV722079	Status : Final Report
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URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
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URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick
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Patient Name : Mrs.SUNEETHA MUKKAMALLA	Collected : 23/Sep/2023 02:13PM
Age/Gender : 34 Y 2 M 14 D/F	Received : 24/Sep/2023 11:47AM
UHID/MR No : CMAR.0000326733	Reported : 26/Sep/2023 02:01PM
Visit ID : CMAROPV722079	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8919471722	

**DEPARTMENT OF CYTOLOGY**

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

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	16067/23
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	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

Patient Name : Mrs.SUNEETHA MUKKAMALLA	Collected : 23/Sep/2023 02:13PM
Age/Gender : 34 Y 2 M 14 D/F	Received : 24/Sep/2023 11:47AM
UHID/MR No : CMAR.0000326733	Reported : 26/Sep/2023 02:01PM
Visit ID : CMAROPV722079	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8919471722	

**DEPARTMENT OF CYTOLOGY**

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

*Prasanna B.K.P*  
Dr PRASANNA B.K.P  
Md.Path.Pathologist

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

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

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

*Prasanna B.K.P*  
Dr PRASANNA B.K.P  
Md.Path.Pathologist

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



SIN No:CS068274

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

Search

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Close    Reply    Reply to All    Forward    Delete    Spam        Actions           

Thanks & regards,

**Rani N** | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: [corporate@apolloclinic.com](mailto:corporate@apolloclinic.com) | [www.apolloclinic.com](http://www.apolloclinic.com)

**From:** Customer Care :Mediwheel : New Delhi <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>

**Sent:** 20 September 2023 13:22

**To:** Corporate Apollo Clinic <[corporate@apolloclinic.com](mailto:corporate@apolloclinic.com)>

**Cc:** Wellness : Mediwheel : New Delhi <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>; Network : Mediwheel : New Delhi <[network@mediwheel.in](mailto:network@mediwheel.in)>

**Subject:** Health Checkup Booking No. 23 Annual

Dear Team

Please find the attached health checkup booking file and confirm the same.

Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : [customercare@mediwheel.in](mailto:customercare@mediwheel.in); | Web: [www.mediwheel.in](http://www.mediwheel.in)

**Corporate Apollo Clinic**



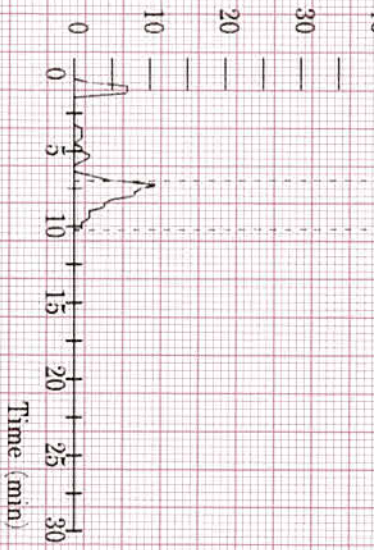
Apollo Health and Lifestyle Ltd.    Partnerships for Health

23-Sep-2023  
11:09:10

BRUCE

ST @ 10mm/mV 40  
80ms post J  
EXERCISE  
0:00

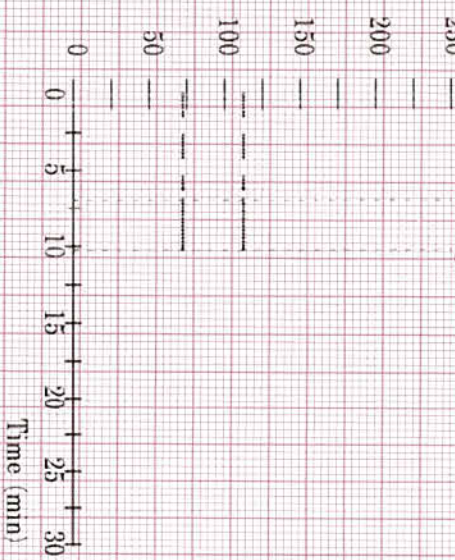
PVC's/m



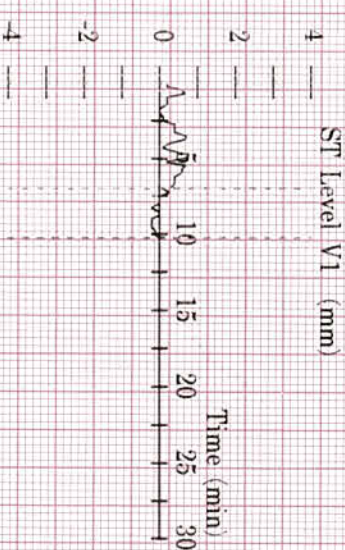
Heart Rate (bpm)



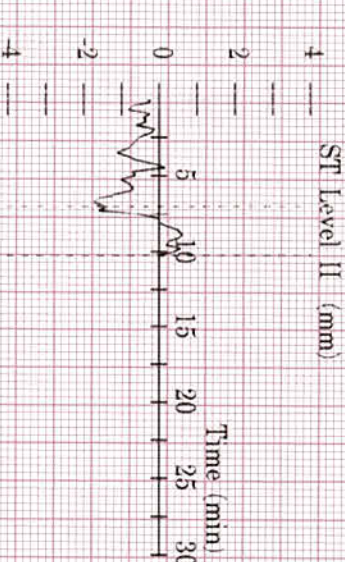
BP (mmHg)



ST Level V1 (mm)



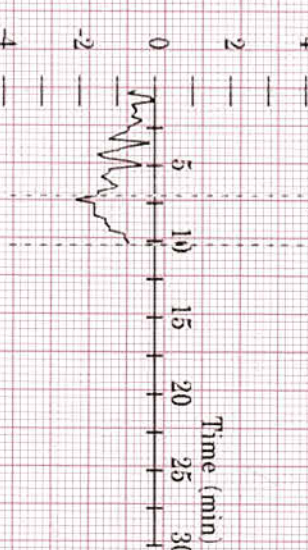
ST Level II (mm)



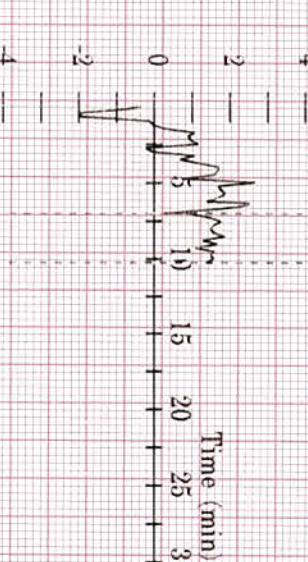
ST Level V5 (mm)



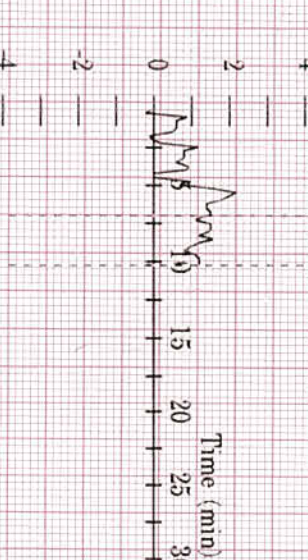
ST Slope V1 (mV/s)



ST Slope II (mV/s)



ST Slope V5 (mV/s)



MAC55 009C

SUNEETHA M  
ID: 000326733

23-Sep-2023  
11:09:10

34years  
168cm  
69kg

Female

Referred by: ARCOPEMI  
Test Ind: SCREENING FOR IHD

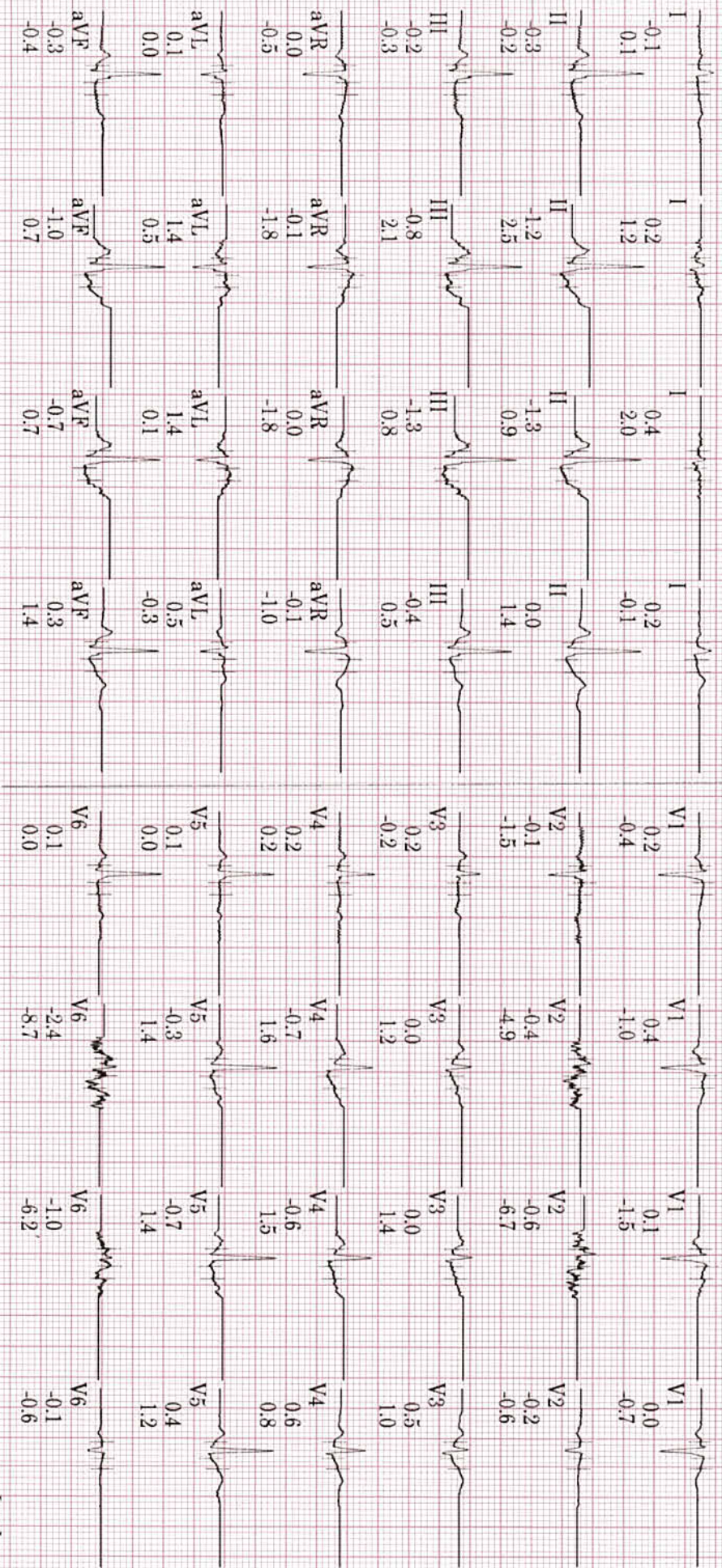
BRUCE  
Total Exercise time: 7:03  
Max HR: 167bpm 89% of max predicted 186bpm  
Max BP: 110/70  
Maximum workload: 8.6METS

Reason for Termination: Patient fatigue  
Comments: GOOD EFFORT TOLERANCE  
NORMAL BP AND HR RESPONSE  
NO ANGINA/ NO ARRHYTHMIAS  
NO SIGNIFICANT ST-T CHANGES DURING THE STUDY  
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s  
10.0 mm/mV  
100hz

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00 98bpm BP: 110/70	6:22 161bpm BP: 110/70	7:03 167bpm BP: 110/70	3:14 111bpm BP: 110/70

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00 98bpm BP: 110/70	6:22 161bpm BP: 110/70	7:03 167bpm BP: 110/70	3:14 111bpm BP: 110/70



Technician:

End Approaching ORANGE MEDICAL CENTER MARATHAHALLI

Unconfirmed

MAC55 009C

Lead  
STY(mm)  
Slope(mV/s)

SUNEETHA M  
ID: 000326733

34years  
168cm

69kg

Female

BRUCE  
Max HR: 167bpm 89% of max predicted 186bpm  
Max BP: 110/70  
Maximum workload: 8.6METS  
Reason for Termination: Patient fatigue  
Comments: GOOD EFFORT TOLERANCE  
NORMAL BP AND HR RESPONSE  
NO ANGINA/ NO ARRHYTHMIAS  
NO SIGNIFICANT ST CHANGES DURING THE STUDY  
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Total Exercise time: 7:03  
25.0 mm/s  
10.0 mm/mV  
100hz

Referred by: ARCOFEMI  
Test Ind: SCREENING FOR IHD

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:54	***	***	1.0	89	110/70	98
	STANDING	0:01	***	***	1.0	90	110/70	99
	HYPERVENT	0:20	0.0	0.0	1.0	98	110/70	108
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	129	110/70	142
	STAGE 2	3:00	2.5	12.0	7.0	154	110/70	169
	STAGE 3	1:03	3.4	14.0	8.6	167	110/70	184
RECOVERY	Post	3:14	***	***	1.0	111	110/70	122

Technician:

Unconfirmed

End Approaching Change Medical Center MARCHAHHALL  
Arrow CE

SUNETHA M  
ID: 000326733  
23-Sep-2023  
11:20:28

111bpm  
BP: 110/70

ST @ 10mm/mV  
80ms postJ

RECOVERY  
Post  
3:00

BRUCE  
\*\*\*mph  
\*\*\*/%

Lead  
ST(mm)  
Slope(mV/s)

\*I  
0.2  
0.1

\*aVR  
-0.3  
-1.2

\*V1  
-0.1  
-0.7

\*V4  
0.8  
1.3

\*II  
0.4  
1.6

\*aVL  
0.5  
-0.3

\*V2  
0.0  
-0.5

\*V5  
0.3  
1.2

\*III  
-0.1  
0.6

\*aVF  
0.3  
1.4

\*V3  
0.7  
1.4

\*V6  
-0.2  
-0.7



Raw Rhythm

\* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV Change Chart HR 46  
End Approaching Change Chart  
Arrow CE

SUNEETHA M  
ID: 000326733  
23-Sep-2023  
11:18:28

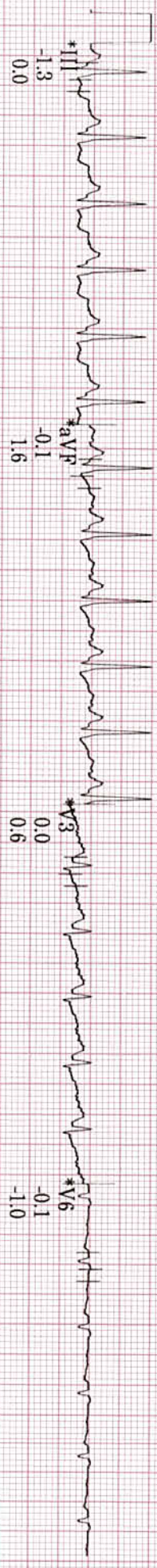
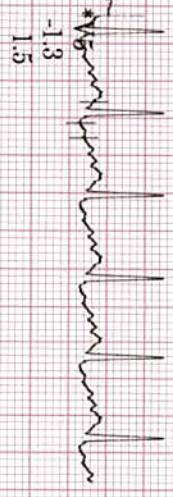
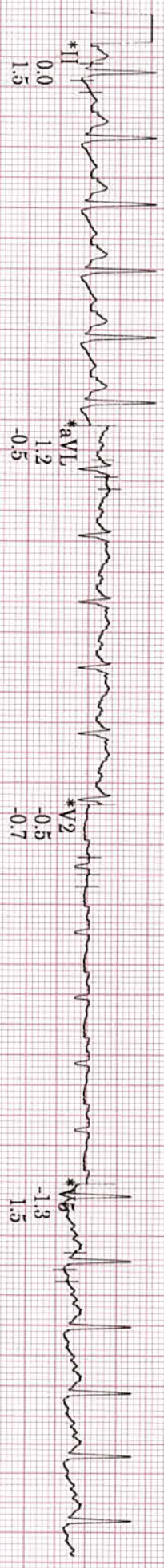
137bpm  
BP: 110/70

ST @ 10mm/mV  
80ms postJ

RECOVERY  
Post  
1:00

BRUCE  
\*\* \*mph  
\*\* \*\*%

Lead  
ST(mm)  
Slope(mV/s)



20 Hz  
25.9 mm/s  
Approximating Change  
Delta HR 46  
Arrow CE  
End Approaching Change Chart  
MAC 5.000  
Computer Synthesized Rhythm



SUNEETHA M  
ID: 000326733  
23-Sep-2023  
11:17:29

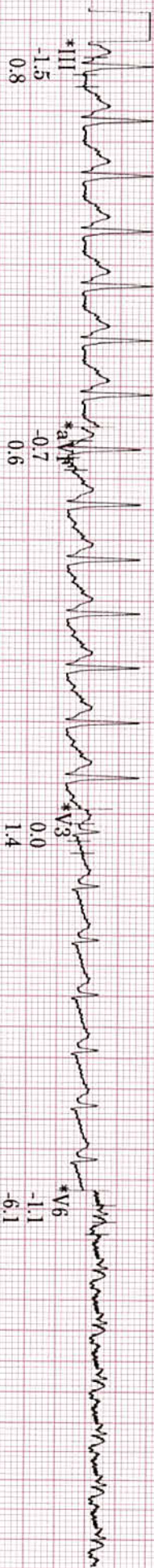
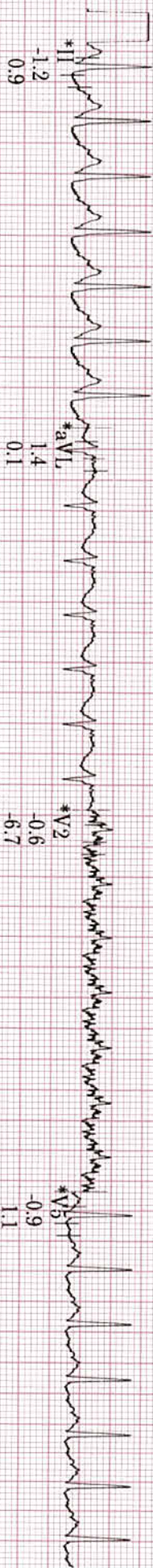
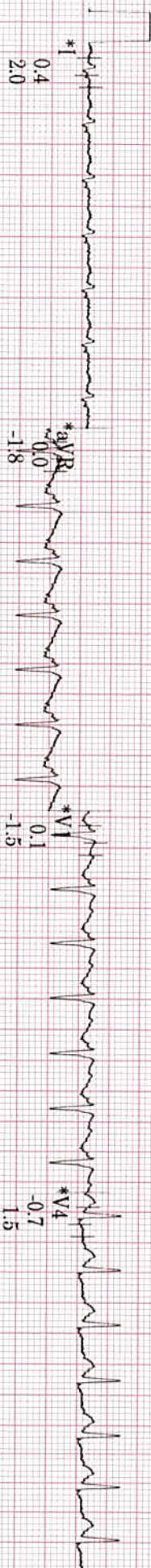
167bpm  
BP: 110/70

ST @ 10mm/mV  
80ms postJ

EXERCISE  
STAGE 3  
7:03

BRUCE  
3.4mph  
14.0%

Lead  
ST(mm)  
Slope(mV/s)



20 Hz  
End Approaching Change  
Arrow CE

SUNEETHA M  
ID: 000326733  
23-Sep-2023  
11:16:15

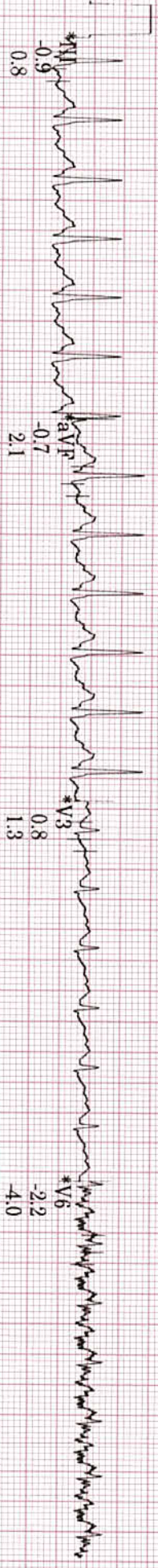
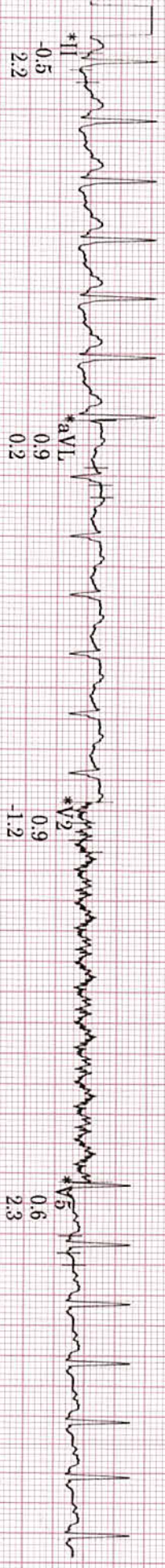
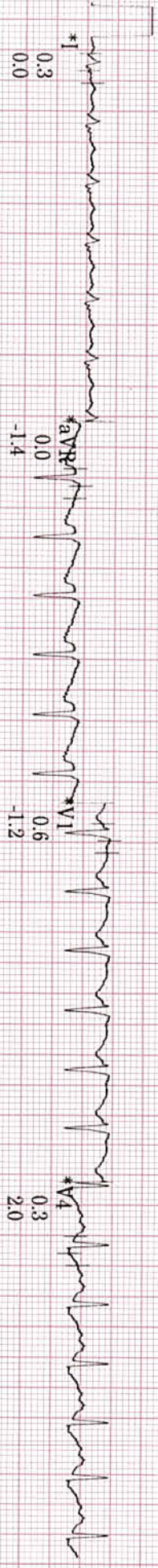
154bpm  
BP: 110/70

EXERCISE  
STAGE 2  
5:30

BRUCE  
2.5mph  
12.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

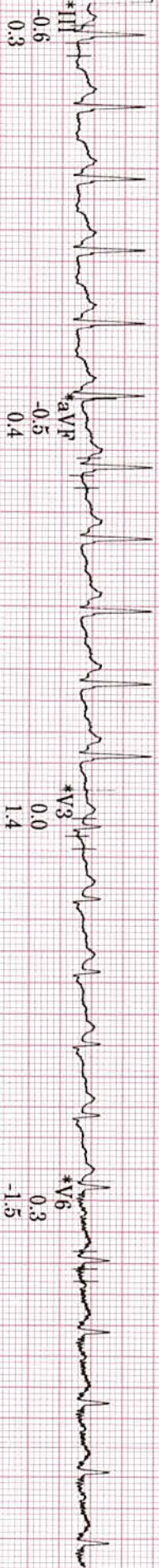
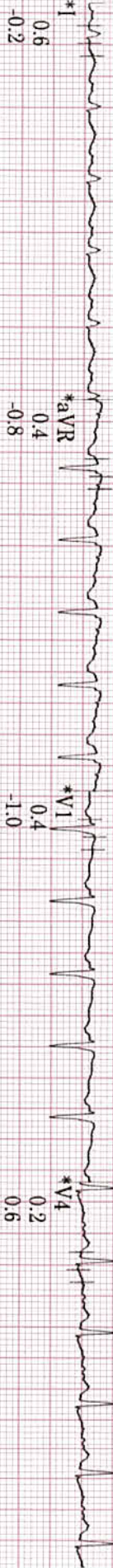
20 Hz  
End Approaching Change  
HR 46  
Arrow  
CE  
End Approaching Change

SUNETHA M  
ID: 000326733  
23-Sep-2023  
11:13:31

EXERCISE  
130bpm  
STAGE 2  
BP: 110/70  
3:06  
ST @ 10mm/mV  
80ms postJ

BRUCE  
2.5mph  
12.0%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

20 Hz  
27.0 mm/s  
pr 10.0 mm/s  
V Change  
HR 46

End Approaching  
V Change Chart

ARROW

CE

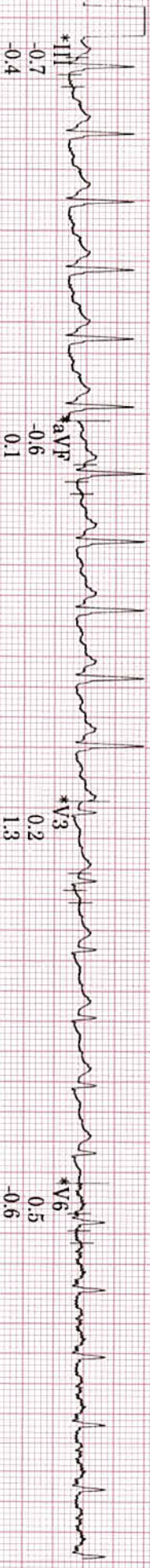
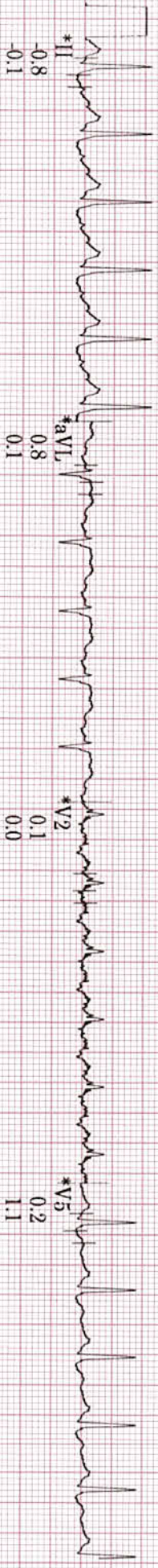
SUNEETHA M  
ID: 000326733  
23-Sep-2023  
11:13:15

EXERCISE  
STAGE 1  
134bpm  
BP: 110/70  
2:51

BRUCE  
1.7mph  
10.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

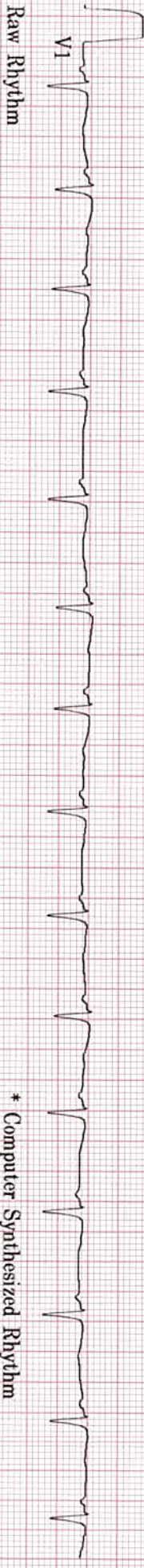
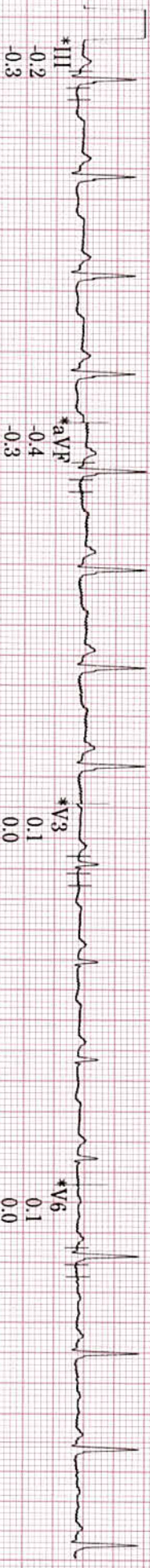
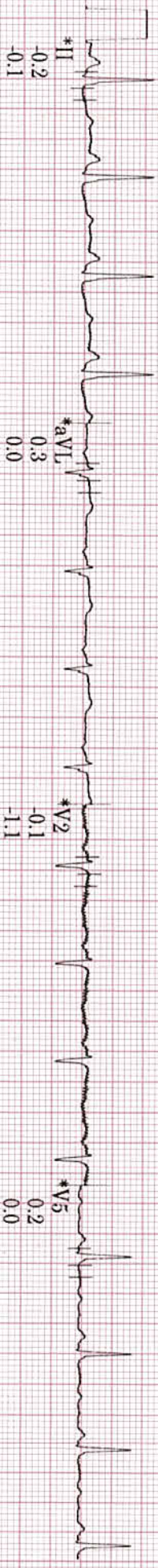
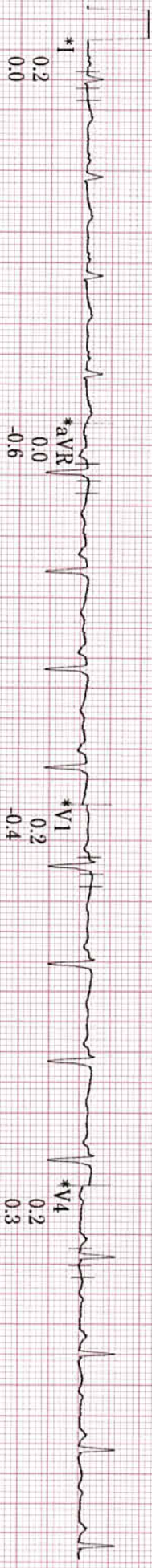
SUNEETHA M  
ID: 000326733  
23-Sep-2023  
11:10:20

PRETEST  
93bpm  
BP: 110/70  
HYPERVENT

BRUCE  
\*\*\*mph  
\*\*\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



\* Computer Synthesized Rhythm

SUNEETHA M  
ID: 000326733  
23-Sep-2023  
11:10:03

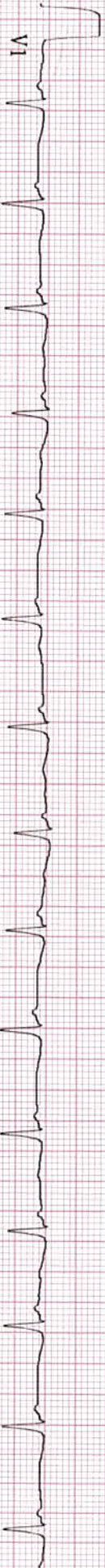
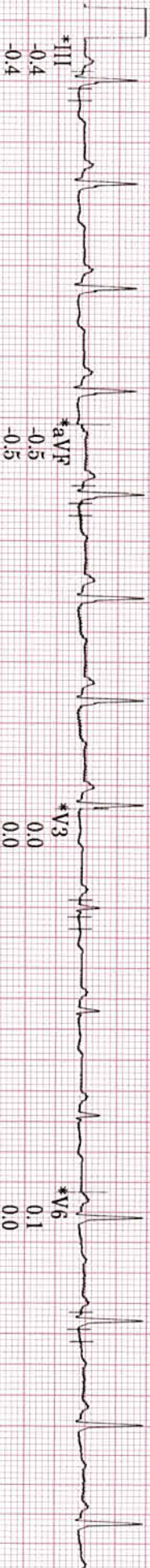
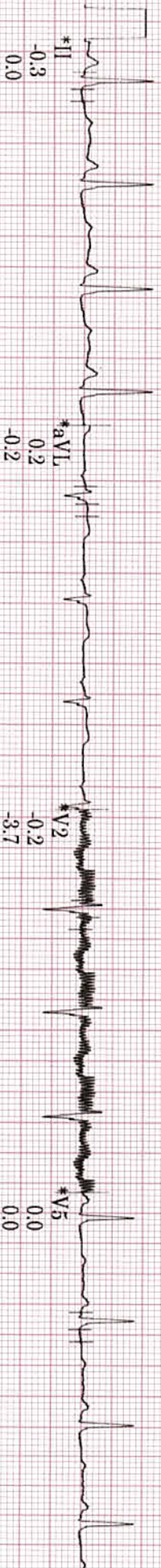
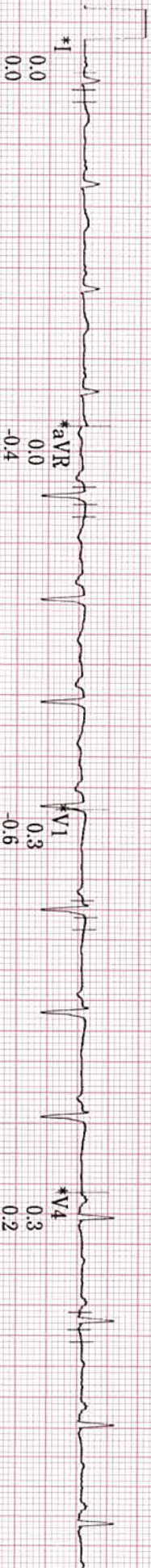
89bpm  
BP: 110/70

PRETEST  
SUPINE  
0:54

BRUCE  
\*\*mph  
\*\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

25.0mm/s  
25.0mm/s  
Change  
Change Chart

Area W CE

34 years  
Female  
168cm 69kg

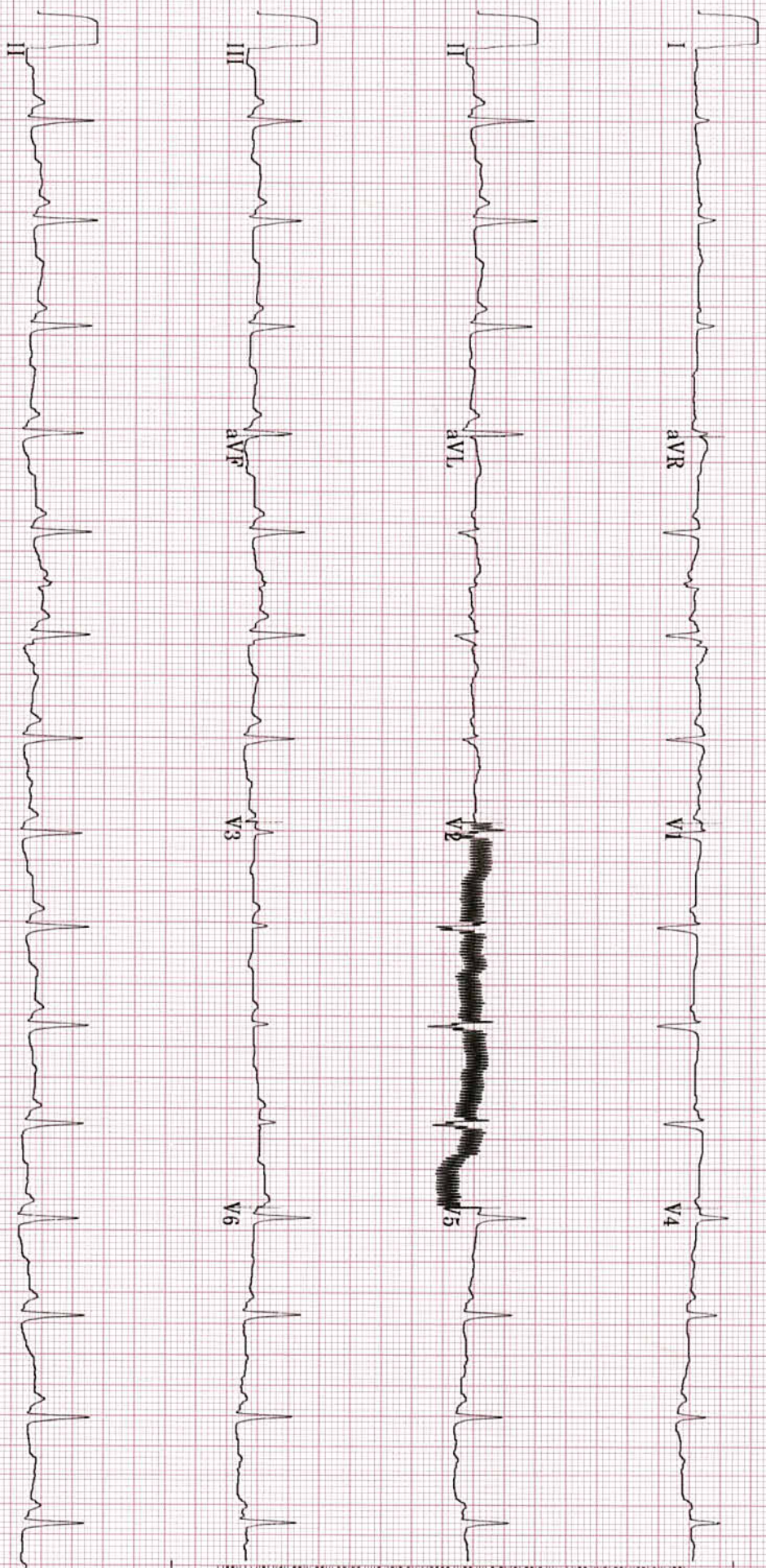
Vent. Rate 92 bpm  
PR interval 130 ms  
QRS duration 72 ms  
QT/QTc 364/450 ms  
P-R-T axes 79 75 35

\*\*\* Poor data quality, interpretation may be adversely affected  
Normal sinus rhythm  
Right atrial enlargement  
Nonspecific ST and T wave abnormality  
Abnormal ECG

Technician:  
Test ind: SCREENING FOR IHD

Referred by: ARCORFEMI

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm 1d

MAC55 009C

ARROW CE



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Suneetha Mikkamalla on 23/09/23

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. ....</p> <p>2. ....</p> <p>3. ....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>


  
 Dr. \_\_\_\_\_  
 Medical Officer

*This certificate is not meant for medico-legal purposes*



Date : 23-09-2023

Department : GENERAL

MR NO : CMAR.0000326733

Doctor :

Name : Mrs. SUNEETHA MUKKAMALLA

Registration No :

Age/ Gender : 34 Y / Female

Qualification :

Consultation Timing: 08:37

Height : 168 cm	Weight : 69 kg	BMI :	Waist Circum :
Temp :	Pulse : 74 / min	Resp :	B.P : 110/70

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

ENT

ENT - Unusually NA

21

Follow up date:

Doctor Signature

Female

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

23.09.2023 9:39:21  
APOLLO MEDICAL CENTRE  
KUNDALAHALLI  
BANGALORE

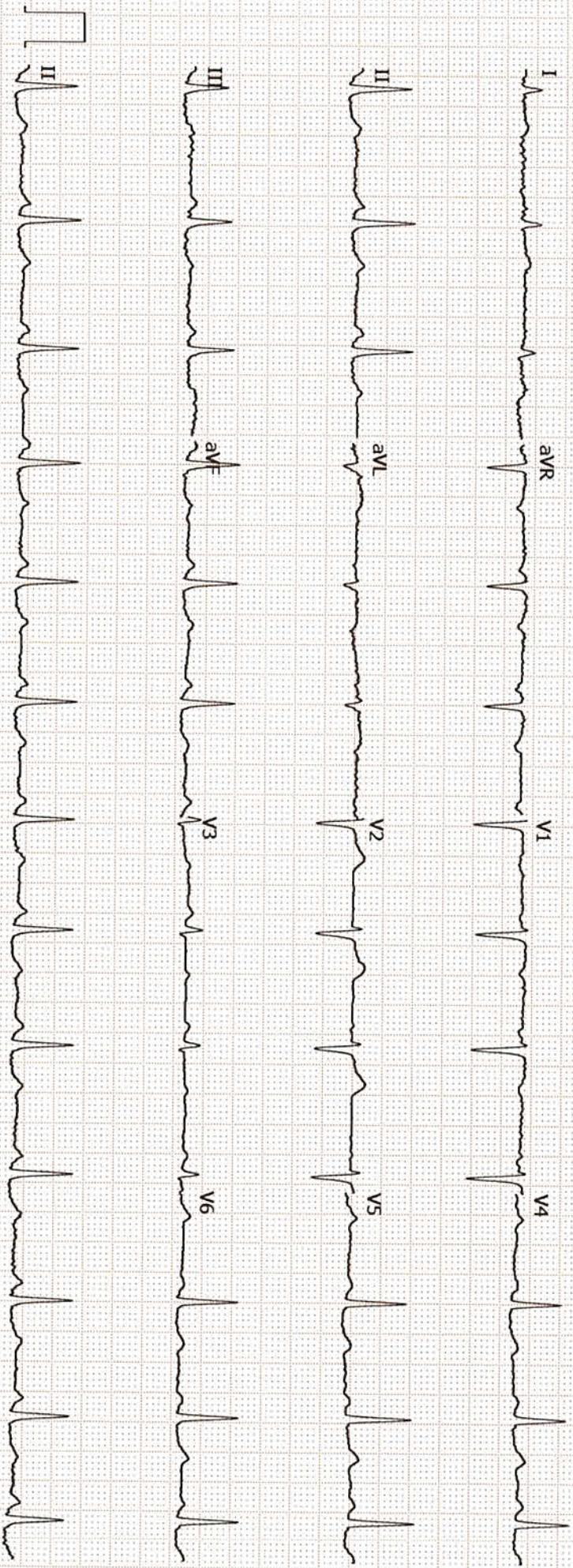
Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

75 bpm  
-- / -- mmHg

QRS : 76 ms  
QT / QTcbaz : 386 / 431 ms  
PR : 130 ms  
P : 92 ms  
RR / pp : 798 / 800 ms  
P / QRS / T : 77 / 76 / 45 degrees

Normal sinus rhythm with sinus arrhythmia  
Normal ECG



**DEPARTMENT OF OPHTHALMOLOGY**

Employee Name: <u>Ms. Suneetha</u>	Date: <u>23/09/23</u>
Employee No: <u>nekkamalla</u>	Sex: <u>F</u>
Age: <u>34y</u>	Systemic illness:

Examination	RE	LE
Anterior Segment	<del>Normal/Abnormal</del>	<del>Normal/Abnormal</del>
Vision Distance	<u>6/6</u>	<u>6/6</u>
Near vision	<u>no</u>	<u>no</u>
Colour (Ishihara)	<del>Normal/Abnormal</del>	<del>Normal/Abnormal</del>
Refractive Error	<del>Present/Absent</del>	<del>Present/Absent</del>
New Glass power	<u>-0.25 D - 6/6</u>	<u>-0.25 D - 6/6</u>
Add Power	<u>-</u>	<u>-</u>
Glass If any	To Continue / Change	To Continue / Change
IOP (mm of Hg)	<del>Normal/Abnormal</del>	<del>Normal/Abnormal</del>
Posterior Segment	<del>Normal/Abnormal</del>	<del>Normal/Abnormal</del>
Impression	<del>Normal/Refractive Error/Presbyopic BE/Others</del>	

Advice/Comments

  
Signature of Consultant & Optometrist

Patient Name : Mrs. SUNEETHA MUKKAMALLA  
UHID : CMAR.0000326733  
Reported on : 23-09-2023 15:10  
Adm/Consult Doctor :

Age : 34 Y F  
OP Visit No : CMAROPV722079  
Printed on : 24-09-2023 11:11  
Ref Doctor : SELF

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:23-09-2023 15:10

---End of the Report---



**Dr. NAVEEN KUMAR K**  
**MBBS, DMRD Radiology, (DNB)**  
Radiology

Patient Name	: Mrs. SUNEETHA MUKKAMALLA	Age	: 34 Y F
UHID	: CMAR.0000326733	OP Visit No	: CMAROPV722079
Reported on	: 23-09-2023 11:28	Printed on	: 23-09-2023 11:30
Adm/Consult Doctor	:	Ref Doctor	: SELF

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## DEPARTMENT OF RADIOLOGY

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### 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:** Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

**SPLEEN:** Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Head and body appears normal. Rest obscured by bowel gas.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.6cm and parenchymal thickness measures 1.4cm.

Left kidney measures 9.8cm and parenchymal thickness measures 1.4cm.

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**UTERUS:** retroverted appears normal in size, measuring 9.7x5.9x5.0cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 8.3mm.

**OVARIES:** Both ovaries appear normal in size and echopattern.

Right ovary measures 3.2x2.1cm.

Left ovary measures 3.3x1.9cm.

No free fluid is seen.

Visualized bowel loops appears normal.

Patient Name : Mrs. SUNEETHA MUKKAMALLA Age : 34 Y F  
UHID : CMAR.0000326733 OP Visit No : CMAROPV722079  
Reported on : 23-09-2023 11:28 Printed on : 23-09-2023 11:30  
Adm/Consult Doctor : Ref Doctor : SELF

**IMPRESSION:**

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

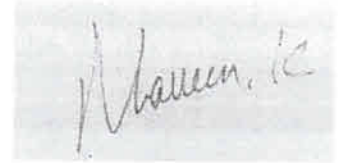
Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.

Printed on: 23-09-2023 11:28

---End of the Report---



**Dr. NAVEEN KUMAR K**  
MBBS, DMRD Radiology, (DNB)  
Radiology

**Patient Name** : Mrs. SUNEETHA MUKKAMALLA

**Age/Gender** : 34 Y/F

**UHID/MR No.** : CMAR.0000326733

**OP Visit No** : CMAROPV722079

**Sample Collected on** :

**Reported on** : 23-09-2023 16:52

**LRN#** : RAD2106300

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 8919471722

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

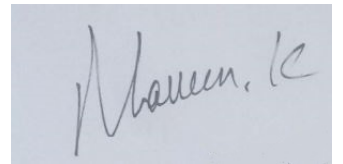
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. NAVEEN KUMAR K**  
**MBBS, DMRD Radiology, (DNB)**  
Radiology

<b>Patient Name</b>	: Mrs. SUNEETHA MUKKAMALLA	<b>Age/Gender</b>	: 34 Y/F
<b>UHID/MR No.</b>	: CMAR.0000326733	<b>OP Visit No</b>	: CMAROPV722079
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 23-09-2023 11:30
<b>LRN#</b>	: RAD2106300	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 8919471722		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

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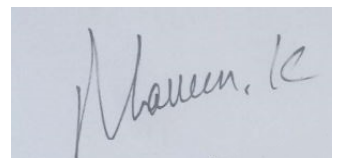
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**Dr. NAVEEN KUMAR K**





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**Age/Gender** : 34 Y/F

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