





Age/Gender

: 34 Y 6 M 0 D/F

UHID/MR No

: CVIS.0000115778

Visit ID

: CVISOPV109334

Ref Doctor Emp/Auth/TPA ID

: 9490944941

: Dr.SELF

Collected

: 08/Apr/2023 09:19AM

Received : 08/Apr/2023 11:57AM

Reported : 08/Apr/2023 02:36PM Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF HAEMATOLOGY**

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

# PERIPHERAL SMEAR, WHOLE BLOOD-EDTA

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen, no NRBC. No polychromatophilia, No target cells seen. No intracellular hemo-parasite seen.

TLC within normal limits, No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Microcytic hypochromic anemia.

Page 1 of 12









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# **DEPARTMENT OF HAEMATOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BO	DY HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324

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

HAEMOGLOBIN	11.6	g/dL	12-15	Spectrophotometer
PCV	35.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.33	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	81	fL	83-101	Calculated
MCH	26.8	pg	27-32	Calculated
MCHC	30.9	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	57.3	%	40-80	Electrical Impedance
LYMPHOCYTES	31	%	20-40	Electrical Impedance
EOSINOPHILS	5.9	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5672.7	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3069	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	584.1	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	564.3	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	9.9	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	331000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-20	Modified Westergre
ERIPHERAL SMEAR				

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: Dr.SELF : 9490944941

**Test Name** 

Collected

: 08/Apr/2023 09:19AM

Received

: 08/Apr/2023 11:57AM

Reported

Status

: 08/Apr/2023 03:06PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY** ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 Result Unit Method Bio. Ref. Range

BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD-EDTA	
BLOOD GROUP TYPE	0	Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	NEGATIVE	Forward & Reverse Grouping with Slide/Tube Agglutination

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Age/Gender

: 34 Y 6 M 0 D/F

UHID/MR No Visit ID

: CVIS.0000115778 : CVISOPV109334

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9490944941 Collected : 08/Apr/2023 09:20AM

Received : 08/Apr/2023 11:57AM Reported : 08/Apr/2023 02:36PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

ARCOFEMI - MEDIWHEEL - FULL BODY	HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING, NAF PLASMA	102	mg/dL	70-100	GOD - POD	

#### **Comment:**

# As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation	
<100 mg/dL	Normal	
100-125 mg/dL	Prediabetes	
≥126 mg/dL	Diabetes	P.

GLUCOSE, POST PRANDIAL (PP), 2	113	mg/dL	70-140	GOD - POD
HOURS , NAF PLASMA				

#### **Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each

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







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#### **DEPARTMENT OF BIOCHEMISTRY**

Status

	Unit	Rio Pof Pango	Method

HBA1C, GLYCATED HEMOGLOBIN,	5.5	%	HPLC
WHOLE BLOOD-EDTA			
ESTIMATED AVERAGE GLUCOSE (eAG),	111	mg/dL	Calculated
WHOLE BLOOD-EDTA			

# **Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- 1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control

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Age/Gender : 34 Y 6 M 0 D/F UHID/MR No : CVIS.0000115778 Visit ID : CVISOPV109334

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9490944941 Collected : 08/Apr/2023 09:20AM

Received : 08/Apr/2023 11:41AM Reported : 08/Apr/2023 01:37PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

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	162	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	74	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	35	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	127	mg/dL	<130	Calculated
LDL CHOLESTEROL	112.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.63		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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

# 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	0.40	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	9	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	67.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated

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Age/Gender

: 34 Y 6 M 0 D/F

UHID/MR No

Visit ID

: CVIS.0000115778

Ref Doctor

**ARCOFEMI - M** 

: CVISOPV109334

: Dr.SELF Emp/Auth/TPA ID : 9490944941 Collected : 08/Apr/2023 09:20AM

Received : 08/Apr/2023 11:41AM

Reported : 08/Apr/2023 01:37PM

Status : Final Report : ARCOFEMI HEALTHCARE LIMITED Sponsor Name

			7000000	
DEPARTMENT OF BIOCHEMISTRY				
MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

RENAL PROFILE/RENAL FUNCTION TES	T (RFT/KFT) , SERU	М		
CREATININE	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	17.10	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	2.5-6.2	Uricase
CALCIUM	8.60	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.60	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE

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Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

<b>DEPARTMENT</b>	OF BIOCHEMISTR	Υ
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ARCOFEMI - MEDIWHEEL - FULL BODY	Y HEALTH ANNUAL	PLUS CHECK -	- FEMALE - 2D ECHO -	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

rest Name	Result	Unit	Bio. Rei. Ralige	Method
				•

GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM

13.00

U/L

12-43

Glyclyclycine Nitoranalide

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APOLLO CLINICS NETWORK







Age/Gender : 34 Y 6 M 0 D/F

UHID/MR No : CVIS.0000115778 Visit ID : CVISOPV109334

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9490944941 Collected : 08/Apr/2023 09:20AM

Received : 08/Apr/2023 11:41AM Reported : 08/Apr/2023 02:34PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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, TOTAL T4,	TSH), SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.35	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	71.30	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	2.710	μIU/mL	0.3-4.5	CLIA

#### **Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

APOLLO CLINICS NETWORK

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

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: Dr.SELF Emp/Auth/TPA ID : 9490944941 Collected : 08/Apr/2023 09:20AM

Received : 08/Apr/2023 01:21PM

Reported : 08/Apr/2023 02:47PM Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

# **DEPARTMENT OF CLINICAL PATHOLOGY**

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

COMPLETE URINE EXAMINATION , $\upsilon$	RINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL	*11	NORMAL	EHRLICH
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MO	UNT AND MICROSCOPY			
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Age/Gender

: 34 Y 6 M 0 D/F

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: 08/Apr/2023 09:20AM

Received

: 08/Apr/2023 01:23PM : 08/Apr/2023 03:20PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEDARTMENT	OF CLINICAL	PATHOLOGY
DEPARTMENT	OF GLINICAL	PAIHULUGY

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

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

URINE GLUCOSE(FASTING) **NEGATIVE NEGATIVE** Dipstick

\*\*\* End Of Report \*\*\*

Result/s to Follow:

LBC PAP TEST- PAPSURE

DR. V. SNEHAL M.D (PATH)

Consultant Pathologist



Patient Name : Mrs. SYAMALA CHINNIPILLI Age/Gender : 34 Y/F

UHID/MR No. :

: CVIS.0000115778

OP Visit No Reported on : CVISOPV109334

Sample Collected on

: RAD1971989

Specimen

: 08-04-2023 14:52

Ref Doctor

LRN#

: SELF

Emp/Auth/TPA ID : 9490944941

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. ARUNA PEBBILI**DMRD Radiology

Seura febbili

Radiology



Patient Name : Mrs. SYAMALA CHINNIPILLI Age/Gender : 34 Y/F

UHID/MR No.

: CVIS.0000115778

Sample Collected on :

LRN#

: RAD1971989

**Ref Doctor** : SELF **Emp/Auth/TPA ID** : 9490944941 OP Visit No Reported on : CVISOPV109334 : 08-04-2023 14:48

Specimen :

#### DEPARTMENT OF RADIOLOGY

#### **ULTRASOUND - WHOLE ABDOMEN**

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

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal.

No evidence of periGB collection. No evidence of focal lesion is seen.

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

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification.

No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

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 :  $10.3 \times 4.6 \text{ cm}$ Left kidney :  $10.3 \times 4.6 \text{ cm}$ 

**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.

<u>Uterus</u> appears normal in size. It shows normal shape and echo pattern. It measures 7.7 x 4 x 4.8 cm. Endometrial echo-complex appears normal and measures 11 mm. No intra/extra uterine gestational sac seen.

# **Both ovaries**

Multiple small follicles arranged peripherally with central echogenic stroma noted in both ovaries.

Right ovary: 4 x 2.4 cm (11 cc) Left ovary: 3.9 x 2.6 cm (12 cc)

There is no evidence of ascites/ pleural effusion seen.



: Mrs. SYAMALA CHINNIPILLI

Age/Gender

: 34 Y/F

# **IMPRESSION:-**

\*FATTY INFILTRATION OF LIVER.

\*PCOS ( POLY CYSTIC OVARIES ).

For clinico-lab correlation / follow - up / further work up. This is only a screening test.

Dr. ARUNA PEBBILI
DMRD Radiology

Seura febbili

Radiology

Name: Mrs. SYAMALA CHINNIPILLI

Age/Gender: 34 Y/F Address: VIZAG

Location: VISAKHAPATNAM, ANDHRA PRADESH

Doctor:

Department: LABORATORY

Rate Plan: VISHAKAPATNAM\_03122022 Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. NAMRATHA ARISETTY

# **Doctor's Signature**

MR No: CVIS.0000115778
Visit ID: CVISOPV109334
Visit Date: 08-04-2023 09:12

Discharge Date:

Referred By: SELF

Name: 34 Y/F
Address: VIZAG
VISAKHAPATNAM, ANDHRA PRADESH

Department: LABORATORY
Rate Plan: VISHAKAPATN
Sponsor: ARCOFEMI HE VISHAKAPATNAM\_03122022 ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

# HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

**HT-HISTORY** 

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

**IMPRESSION** 

RECOMMENDATION

**Doctor's Signature** 

MR No: CVIS.0000115778 Visit ID: CVISOPV109334 Visit Date: 08-04-2023 09:12

Discharge Date:

Referred By: SELF Name: Mrs. SYAMALA CHINNIPILLI

Age/Gender: 34 Y/F Address: VIZAG

Location: VISAKHAPATNAM, ANDHRA PRADESH

Doctor:

Department: LABORATORY

Rate Plan: VISHAKAPATNAM\_03122022 Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. N MUKUNDA RAO

# **Doctor's Signature**

MR No: CVIS.0000115778
Visit ID: CVISOPV109334
Visit Date: 08-04-2023 09:12

Discharge Date:

Referred By: SELF

Mrs. SYAMALA CHINNIPILLI

Age/Gender: 34 Y/F
Address: VIZAG
Location: VISAKHAPATNAM, ANDHRA PRADESH

Doctor:

Department: LABORATORY
Rate Plan: VISHAKAPATN
Sponsor: ARCOFEMI HEA VISHAKAPATNAM\_03122022 ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Ms. Y TIRUMALA DEVI

# HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

**HT-HISTORY** 

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

**IMPRESSION** 

RECOMMENDATION

**Doctor's Signature** 

MR No: CVIS.0000115778 Visit ID: CVISOPV109334 Visit Date: 08-04-2023 09:12

Discharge Date:

Referred By: SELF Name: Mrs. SYAMALA CHINNIPILLI

Age/Gender: 34 Y/F Address: VIZAG

Location: VISAKHAPATNAM, ANDHRA PRADESH

Doctor:

Department: LABORATORY

Rate Plan: VISHAKAPATNAM\_03122022 Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. SRINIVAS RAO

# **Doctor's Signature**

MR No: CVIS.0000115778
Visit ID: CVISOPV109334
Visit Date: 08-04-2023 09:12

Discharge Date:

Referred By: SELF

II )afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
08-04-2023 17:20			-	_	172 cms	92 Kgs	%	%	Years	31.1	cms	cms	cms		AHLL07730

II )afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
08-04-2023 17:20			-	_	172 cms	92 Kgs	%	%	Years	31.1	cms	cms	cms		AHLL07730

II )afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
08-04-2023 17:20			-	_	172 cms	92 Kgs	%	%	Years	31.1	cms	cms	cms		AHLL07730

II )afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
08-04-2023 17:20			-	_	172 cms	92 Kgs	%	%	Years	31.1	cms	cms	cms		AHLL07730

II )afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
08-04-2023 17:20			-	_	172 cms	92 Kgs	%	%	Years	31.1	cms	cms	cms		AHLL07730





# **Physical Medical Examination Format**

NAME:- Mrs. Stamala CH	DATE: 8 Apr	23
DESIGNATION:-	AGE:-	
EMP CODE:-	UNIT/DEPARTMENT:-	100
BLOOD GROUP:- 0 - YC	MARTIAL STATUS:-MARRIED/	UNMARRIED
- MEDICAL EX	(AMINATION	
Complaints (if any)	~!!	
Personal /family history		1111-
Past Medical /Occupational History	- N	110.
Sensitivity/Allergy (if any)	- NV	
Heart	NOV	md
Any other Conditions	٧,	· ·
Height:- 172 Weight:- 92	BMI 31,1	Pulse 98
Temp: 38.6 Pulse 78	Resp:- 18 B. m	B.P 100 (70
Remarks  Treatment Recommended (if any):  I Hereby Certify that I have examined Mr/Ms		
/periodical medical examination, I have found / not four	nd any disease, Illness, contaglor	ıs iliness
At	e de la companya de La companya de la co	8 A S
I Certify That Employee Is Medically		
Unfit	Dr. S. VYJAYANTHI	MALA
	Pag No. 10597	Sician





CVIS.0000115778

CVISOPV109334

08-04-2023 09:12

SELF

Name:

Mrs. SYAMALA CHINNIPILLI

Age/Gender:

34 Y/F

Address: Location: VIZAG VISAKHAPATNAM, ANDHRA PRADESH

Doctor:

Department: LABORATORY

Rate Plan:

VISHAKAPATNAM\_03122022

Sponsor:

ARCOFEMI HEALTHCARE LIMITED

# Vitals:

Date	Pulse (Beats/min)		Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	(cms)	Waist & Hip Ratio	User
08-04-2023 17:20	AND COMPANY OF THE REAL PROPERTY.	110/70 mmHg	18 Rate/min		172 cms	92 Kgs	%	%	Years	31.1	cms	cms	cms		AHLL07730

MR No:

Visit ID:

Visit Date:

Discharge Date: Referred By:





41195959 Email:wellness@mediwheel.in

# Dear MR. CHINNIPILLI SRINIVASA RAO,

Please find the confirmation for following request.

**Booking Date** 

:30-03-2023

Package Name

Arcofemi MediWheel Full Body Annual Plus Male Above 50 2D

ECHO:

Name of

Diagnostic/Hospital: Apollo Clinic - Visakhapatnam

Address of

50, Plot 5, Sheethammapeta, Beside BVK college, Dwaraka Nagar,

Diagnostic/Hospital Vishakapatnam,

Contact Details

:(0891) 258 5511 - 12

City

:Visakhapatnam

State

:Andhra Pradesh

Pincode

:530016

Appointment Date :08-04-2023

Confirmation

Status

:Confirmed

**Preferred Time** 

:8:00am-8:30am

Comment

:APPOINTMENT TIME 9:00AM

# Instructions to undergo 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 medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- 3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
- 4. Please bring all your medical prescriptions and previous health medical records with you.
- 5. Kindly inform the health check reception in case 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.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

LLO CLINIC VIZAG	V1.46 Glasgow V28.6.7 APOLLO CLINIC VIZAG	Ir CARDIART 9108 D	0.67~35Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 9108 D	0.67-3
	<u>X6</u>		The state of the s	i a
	X5	\[ \]		
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		aVR 	E20
	<u>v3</u>	7		
	1/2 W W W W W W W W W W W W W W W W W W W			
	Report Confirmed by:	: 0.711/0.636	RV5/SVI	
y is nonspecific	Diagnosis Information: Sinus rhythm Inferior T wave abnormality is nonspecific Borderline ECG	: 78 bpm : 78 bpm : 100 ms : 142 ms : 102 ms : 376/429 ms	ch syamala HR Female 34Years P Req. No. : QRS QT/QTcBz	ch syam Female Req. No
	3)	11-20-13 Annu W	,-70-80 solution: :mr	m:





: Mrs. SYAMALA CHINNIPILLI

Age

: 34 Y F

**UHID** 

: CVIS.0000115778

OP Visit No

: CVISOPV109334

Reported on

: 08-04-2023 14:52

Printed on

: 08-04-2023 15:03

Adm/Consult Doctor

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:08-04-2023 14:52

---End of the Report---

Lunafebbili

Dr. ARUNA PEBBILI

DMRD Radiology

Radiology





: Mrs. SYAMALA CHINNIPILLI

Age

: 34 Y F

UHID

: CVIS.0000115778

OP Visit No

: CVISOPV109334

Reported on

: 08-04-2023 14:46

Printed on

: 08-04-2023 14:48

Adm/Consult Doctor

Ref Doctor

: SELF

# DEPARTMENT OF RADIOLOGY

# **ULTRASOUND - WHOLE ABDOMEN**

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

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

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

<u>Pancreas</u> 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: 10.3 x 4.6 cm Left kidney: 10.3 x 4.6 cm

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

<u>Uterus</u> appears normal in size. It shows normal shape and echo pattern. It measures 7.7 x 4 x 4.8 cm. Endometrial echo-complex appears normal and measures 11 mm. No intra/extra uterine gestational sac seen.

#### **Both ovaries**

Multiple small follicles arranged peripherally with central echogenic stroma noted in both ovaries. Right ovary: 4 x 2.4 cm (11 cc)





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Adm/Consult Doctor

. 00 01 2025 11.

Ref Doctor

: SELF

Left ovary : 3.9 x 2.6 cm (12 cc)

There is no evidence of ascites/ pleural effusion seen.

# IMPRESSION:-

\*FATTY INFILTRATION OF LIVER.

\*PCOS (POLY CYSTIC OVARIES).

For clinico-lab correlation / follow - up / further work up. This is only a screening test.

Printed on:08-04-2023 14:46

---End of the Report---

Acunal ebbih

Dr. ARUNA PEBBILI

DMRD Radiology

Radiology

MEDS WHETL



Mys. Ch. SYAMALA Gender: P Test Done Date: 8/4/23

Years:

OPHTALMOLOGY SCREENING REPORT

VISION

DISTANCE

NEAR VISION-

COLOUR VISION

ANT. SEGMENT:

Conjunctiva

Cornea

Pupil

**FUNDUS** 

IMPRESSION:

Signature

Apollo Health and Lifestyle Limited

ICIN: U85110TN2000PLC(046089) Regd. Office: 19 Bishop Gardens, R.A. Puram, Chennai 600 028, Tamilnadu, India / Email Id: info@apollohi.com







: Mrs.SYAMALA CHINNIPILLI

Age/Gender

: 34 Y 6 M 0 D/F

UHID/MR No

: CVIS.0000115778

Visit ID

: CVISOPV109334

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9490944941 Collected

: 08/Apr/2023 09:19AM

Received

: 08/Apr/2023 11:57AM

Reported

: 08/Apr/2023 02:36PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

# DEPARTMENT OF HAEMATOLOGY

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

# PERIPHERAL SMEAR, WHOLE BLOOD-EDTA

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen, no NRBC. No polychromatophilia, No target cells seen. No intracellular hemo-parasite seen.

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Microcytic hypochromic anemia.

Page 1 of 12









: Mrs.SYAMALA CHINNIPILLI

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# **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

HAEMOGLOBIN	11.6	g/dL	12-15	Spectrophotometer
PCV	35.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.33	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	81	fL	83-101	Calculated
MCH	26.8	pg	27-32	Calculated
MCHC	30.9	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	57.3	%	40-80	Electrical Impedance
LYMPHOCYTES	31	%	20-40	Electrical Impedance
EOSINOPHILS	5.9	%	1-6	Electrical Impedance
MONOCYTES	5.7	. %	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5672.7	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3069	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	584.1	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	564.3	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	9.9	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	331000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-20	Modified Westergre
PERIPHERAL SMEAR				









: Mrs.SYAMALA CHINNIPILLI

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Collected

: 08/Apr/2023 09:19AM

Received

: 08/Apr/2023 11:57AM

Reported

: 08/Apr/2023 03:06PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

	DEPARTMENT OF	HAEMATOLO	GY	
ARCOFEMI - MEDIWHEEL - FULL B	ODY HEALTH ANNUAL	PLUS CHECK	- FEMALE - 2D ECHO - PA	AN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

LOOD GROUP ABO AND RH FAC		- 10 D
BLOOD GROUP TYPE	* O	Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	NEGATIVE	Forward & Reverse Grouping with Slide/Tube Agglutination







: Mrs.SYAMALA CHINNIPILLI

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Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPA	RTMENT	OF B	IOCHEM	IISTRY

ARCOFEMI - MEDIWHEEL - FULL B	ODY HEALTH ANNUAL	PLUS CHECK	- FEMALE - 2D ECHO - PA	AN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING, NAF PLASMA	102	mg/dL	70-100	GOD - POD

#### Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

		- 1 - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1	70.440	COD DOD
GLUCOSE, POST PRANDIAL (PP), 2	113	mg/dL	70-140	GOD - POD
HOURS, NAF PLASMA				

#### Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

Page 4 of 12







: Mrs.SYAMALA CHINNIPILLI

Age/Gender

: 34 Y 6 M 0 D/F

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Bio. Ref. Range

Reported

: 08/Apr/2023 02:36PM

Status

: Final Report

Sponsor Name

Unit

: ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL E	ODY HEALTH ANNUAL	PLUS CHECK	- FEMALE - 2D ECHO - PA	AN INDIA - FY2324
management from the first of the second seco		1	Die Def Denge	Method
Took Name	Pocult	Unit	Bio. Ref. Range	Method

Test Name	Result	Unit	Bio. Ref. Range	Method
	(98)			To 200 20
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (AAG)	111	mg/dL		Calculated

### Comment:

WHOLE BLOOD-EDTA

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS > 18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 - 8
· UNSATISFACTORY CONTROL	. 8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- 1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control

Page 5 of 12









: Mrs.SYAMALA CHINNIPILLI

Age/Gender

: 34 Y 6 M 0 D/F

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Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9490944941 Collected

: 08/Apr/2023 09:20AM

Received

: 08/Apr/2023 11:41AM

Reported

: 08/Apr/2023 01:37PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

# DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BO	DDY HEALTH ANNUAL	PLUS CHECK	- FEMALE - 2D ECHO - PA	N INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

TOTAL CHOLESTEROL	162	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	74	/ mg/dL	<150	Enzymatic
HDL CHOLESTEROL	35	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	127	mg/dL	<130	Calculated
LDL CHOLESTEROL	112.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.63		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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

Page 6 of 12









: Mrs.SYAMALA CHINNIPILLI

Age/Gender

: 34 Y 6 M 0 D/F

UHID/MR No

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Visit ID

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Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9490944941 Collected

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Received

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Reported

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Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF BIOCHEMISTRY

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

Result	Unit	Bio. Ref. Range	Method			
	Result	Result Unit	Result Unit Bio. Ref. Range			

BILIRUBIN, TOTAL	0.40	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	9	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	67.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated

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: Mrs.SYAMALA CHINNIPILLI

Age/Gender

: 34 Y 6 M 0 D/F

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Reported

: 08/Apr/2023 01:37PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

## 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

CREATININE	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	17.10	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	2.5-6.2	Uricase
CALCIUM	8.60	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.60	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE





: Mrs.SYAMALA CHINNIPILLI

Age/Gender UHID/MR No : 34 Y 6 M 0 D/F

Visit ID

: CVIS.0000115778

Ref Doctor

: CVISOPV109334

Emp/Auth/TPA ID

: Dr.SELF : 9490944941 Collected

: 08/Apr/2023 09:20AM

Received

: 08/Apr/2023 11:41AM

Reported

: 08/Apr/2023 01:37PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPART	MENT O	F BIOCH	IEMISTRY
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

Glyclyclycine U/L 12-43 GAMMA GLUTAMYL TRANSPEPTIDASE 13.00 Nitoranalide (GGT), SERUM

Page 9 of 12









: Mrs.SYAMALA CHINNIPILLI

Age/Gender

: 34 Y 6 M 0 D/F

UHID/MR No

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

ID : 9490944941

Collected

: 08/Apr/2023 09:20AM

Received

: 08/Apr/2023 11:41AM

Reported

: 08/Apr/2023 02:34PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY23	324
---	-----

Test Name	Result	Unit	Bio. Ref. Range	Method

HYROID PROFILE (TOTAL T3, TOTAL T4,	TSH), SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.35	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	71.30	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	2.710	μIU/mL	0.3-4.5	CLIA

#### Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

### Note:

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			

Page 10 of 12









: Mrs.SYAMALA CHINNIPILLI

Age/Gender UHID/MR No : 34 Y 6 M 0 D/F

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: CVIS.0000115778 : CVISOPV109334

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 9490944941

Collected

: 08/Apr/2023 09:20AM

Received

: 08/Apr/2023 01:21PM

Reported

: 08/Apr/2023 02:47PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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						

PHYSICAL EXAMINATION	#			
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE	ø	NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRLICH
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY			
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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: Mrs.SYAMALA CHINNIPILLI

Age/Gender

: 34 Y 6 M 0 D/F

UHID/MR No

: CVIS.0000115778

Visit ID

: CVISOPV109334

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9490944941 Collected

: 08/Apr/2023 09:20AM

Received

: 08/Apr/2023 01:23PM

Reported

: 08/Apr/2023 03:20PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

## **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
to the second se			

\*\*\* End Of Report \*\*\*

Result/s to Follow:

LBC PAP TEST- PAPSURE

DR. V. SNEHAL M.D (PATH)

Consultant Pathologist







: Mrs. SYAMALA CHINNIPILLI

UHID Conducted But : CVIS.0000115778

Conducted By: Referred By : Dr. SHASHANKA CHUNDURI

: SELF

Age

OP Visit No Conducted Date : 34 Y/F

: CVISOPV109334

: 08-04-2023 15:40

#### 2D-ECHO WITH COLOUR DOPPLER

Dimensions:

3.0 CM Ao (ed) LA (es) 2.1 CM LVID (ed) 4.3 CM LVID (cs) 3.0 CM IVS (Ed) 0.9 CM LVPW (Ed) 0.8 CM EF 63.00% 33.00% %FD

MITRAL VALVE:

NORMAL

AML NORMAL PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM NORMAL

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES:

PF:0.9 m/sec. MF:E>A. AF:1.0 m/sec.

#### **Apollo Health and Lifestyle Limited**





IMPRESSION:
NORMAL CARDIAC SIZE.
NO RWMA.
GOOD LV SYSTOLIC FUNCTION.
NO PERICARDIAL EFFUSION.
LVEF:63%

Dr. SHASHANKA CHUNDURI





: Mrs. SYAMALA CHINNIPILLI

UHID

: CVIS.0000115778

Reported By: Referred By

: Dr. SHASHANKA CHUNDURI

: SELF

Age

OP Visit No Conducted Date : 34 Y/F

: CVISOPV109334

: 08-04-2023 17:19

## ECG REPORT

## Observation:-

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 78 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 RESTING ECG.

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

Dr. SHASHANKA CHUNDURI



Dr Namratha B M.B.B.S , DGO Consultant Gynaecologist

0/E-GCfar

CMP-1/3/23 Buagh- No le

Tah Sto Z-O is day