


Name : Mrs. Udayachandrika Address : Bangalore Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 45 Y Sex : F	UHID :CINR.0000162348  OP Number :CINROPV218108 Bill No :CINR-OCR-93620 Date : 05.02.2024 08:53
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	HbA1c, GLYCATED HEMOGLOBIN	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
✓6	ENT CONSULTATION - 7	
7	FITNESS BY GENERAL PHYSICIAN	
8	GYNAECOLOGY CONSULTATION - 3	
9	DIET CONSULTATION	
10	COMPLETE URINE EXAMINATION	
✓11	PERIPHERAL SMEAR	
12	EKG	
13	BLOOD GROUP ABO AND RH FACTOR	
14	LIPID PROFILE	
15	BODY MASS INDEX (BMI)	
16	LBC PAP TEST- PAPSURE - 3	
17	OPHTHAL BY GENERAL PHYSICIAN	
18	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓19	ULTRASOUND - WHOLE ABDOMEN - 9 after 1P.m	
20	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
21	DENTAL CONSULTATION - 1	

22. Wellness - 0

22. Audiometry - 5

Date : 05-02-2024
MR NO : CINR.0000162348

Department : GENERAL
Doctor :

Name : Mrs. Udayachandrika

Registration No :

Age/ Gender : 45 Y / Female

Qualification :

Consultation Timing: 08:53

Height : 153cm	Weight : 60.3kg	BMI : 25.76 kg/m ²	Waist Circum : 85cm
Temp : 98.6°f	Pulse : 88b/m	Resp : 18b/m	B.P : 120/80 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

HR -

Married life 17 years.

~~Pre~~ Postmenopausal 2 years (date 20.11.2021)

Now h/o Postmenopausal Bleeding

On : 15/01/2024 for 3 days

⊖ flow.

P₂ A₂

Both LSCS

LCB : 10 years

PS. Cx Normal
Os closed

PAP smear
Done

X Review with reports
Hysteroscopy D+C
for Postmenopausal
Bleeding

Follow up date:

Doctor Signature

05-02-2024

Mrs. Udayachandrika

45 yr / F

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Arcopani - A.Hc.

Ears: NA

Nose: NA

Throat: NA

Follow up date:

Dr. RAVINDRANATH KUDVA
M.B.B.S., D.L.O.  Doctor Signature

E.N.T. SURGEON

KMC REG. No. 18554

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Website : www.apolloclinic.com

Apollo Clinic, Indiranagar

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

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OPHTHAL PRESCRIPTION

PATIENT NAME: *msr velayachandrika* DATE: *5/2/24*

UHID NO: *162308*

AGE: *45*

OPTOMETRIST NAME: Ms.Swathi

GENDER: *F*

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	<i>5.00</i>	<i>1.00</i>	<i>121</i>		<i>5.00</i>	<i>1.25</i>	<i>171</i>	
Add	<i>1.00</i>				<i>1.00</i>			

PD - RE: *31.5* LE: *31.8*

Colour Vision: *normal (361)*

Remarks: *fractured cataract*

Mrs udayachandrika
ID: 162348

10.08.1978
45 Years
Female

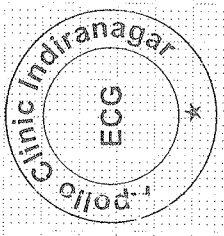
05.02.2024 10:18:49
APOLLO CLINIC
INDIRANAGAR
BANGALORE

QRS 66 ms
QT/QTcBaz 418 / 451 ms
PR: 124 ms
P: 92 ms
RR/PP 862 / 857 ms
P/ORS/T 71 / 51 / 40 degrees

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

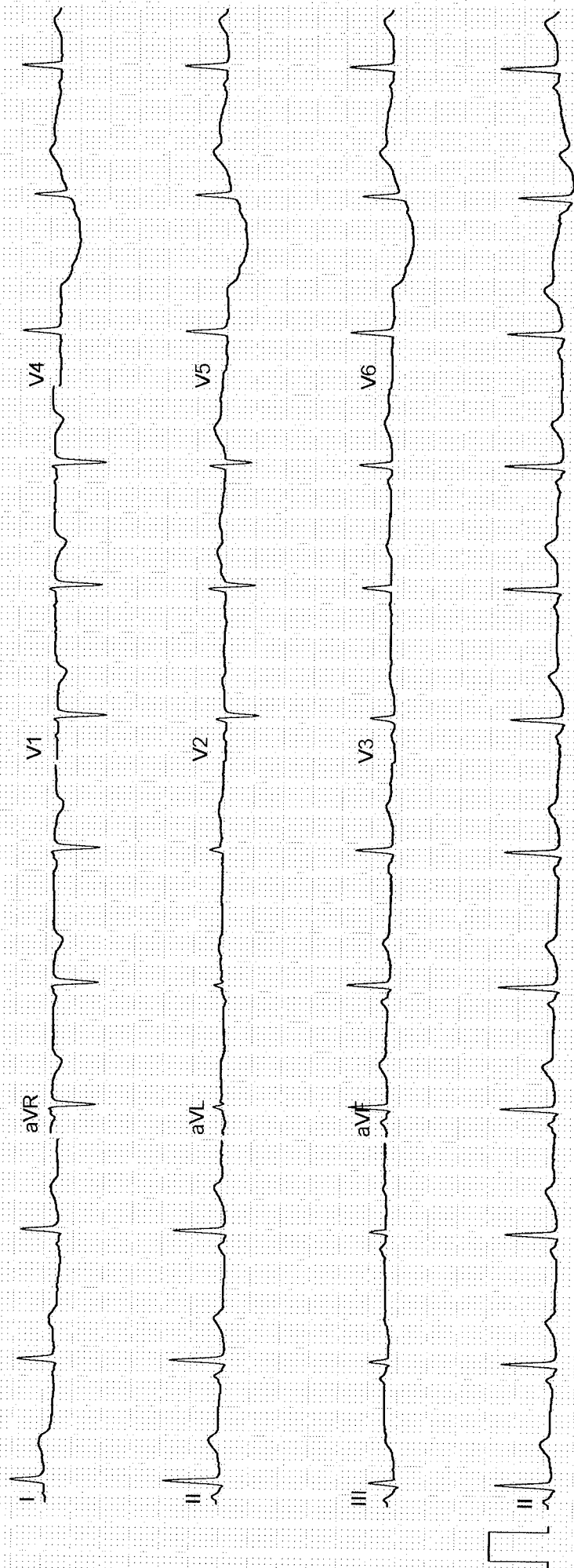
70 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



[Handwritten signature]

[Handwritten signature]
DR. SUDHAKARAO
MBBS, MD (Medical), FRCR (S),
FICP (S), FICP (C), FICP (A),
FICP (G), FICP (H),
FICP (I), FICP (M),
FICP (N), FICP (O),
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FICP (ZW), FICP (ZX),
FICP (ZY), FICP (ZZ)



Nagaraju B

From: Mediwheel <wellness@mediwheel.in>
Sent: 02 February 2024 17:53
To: Nagaraju B
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Request(UBOIES3419), Beneficiary Code-93520

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है। कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचे (केवल प्रेषक का नाम ही नहीं)। प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोले और पहचाने की दी गई सामग्री सुरक्षित है अथवा नहीं। संदिग्ध मेल के संबंध में, कृपया [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](#) पर रिपोर्ट करें

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011-41195959

Dear NAGARAJU B,

We have received your booking request for the following health checkup, please upload HRM Letter as soon as possible.

Upload HRM Letter

Booking Date : 02-02-2024

User Package Name : MediWheel Full Body Health Checkup Male 40 To 50 For Self and Spouse

Hospital Package Name : Mediwheel Full Body Standard Plus

Health Check Code : PKG10000361

Name of Diagnostic/Hospital : Apollo Clinic - Indiranagar

Address of Diagnostic/Hospital- : 2012,1st floor, Above vision express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038

Appointment Date : 05-02-2024

Preferred Time : 8:30am

Member Information

Booked Member Name	Age	Gender
NAGARAJU B	47 year	Male
Udayachandrika	45 year	Female

Patient Name	: Mrs. Udayachandrika	Age/Gender	: 45 Y/F
UHID/MR No.	: CINR.0000162348	OP Visit No	: CINROPV218108
Sample Collected on	:	Reported on	: 05-02-2024 13:50
LRN#	: RAD2226325	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9886150625		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

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

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


UTERUS: Retroverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 3.5 mm.

OVARIES: Both ovaries appearing normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mrs.UDAYACHANDRIKA	Collected : 05/Feb/2024 09:11AM
Age/Gender : 45 Y 5 M 26 D/F	Received : 05/Feb/2024 11:18AM
UHID/MR No : CINR.0000162348	Reported : 05/Feb/2024 01:15PM
Visit ID : CINROPV218108	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886150625	

DEPARTMENT OF HAEMATOLOGY

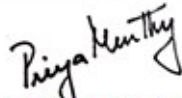
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13	g/dL	12-15	Spectrophotometer
PCV	38.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.54	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.3	%	40-80	Electrical Impedance
LYMPHOCYTES	40.1	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	5.2	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3283.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2566.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	217.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	332.8	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	259000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN



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SIN No: BED240028067

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Patient Name : Mrs.UDAYACHANDRIKA
Age/Gender : 45 Y 5 M 26 D/F
UHID/MR No : CINR.0000162348
Visit ID : CINROPV218108
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9886150625

Collected : 05/Feb/2024 09:11AM
Received : 05/Feb/2024 11:18AM
Reported : 05/Feb/2024 01:15PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

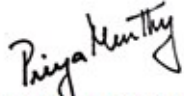
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 2 of 13



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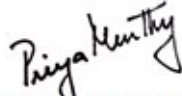
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	HEXOKINASE

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.

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

Comment:

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

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



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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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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Patient Name : Mrs.UDAYACHANDRIKA	Collected : 05/Feb/2024 09:11AM
Age/Gender : 45 Y 5 M 26 D/F	Received : 05/Feb/2024 11:29AM
UHID/MR No : CINR.0000162348	Reported : 05/Feb/2024 12:22PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	196	mg/dL	<200	CHO-POD
TRIGLYCERIDES	102	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	142	mg/dL	<130	Calculated
LDL CHOLESTEROL	121.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.63		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

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



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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.67	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	63.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.66	g/dL	6.6-8.3	Biuret
ALBUMIN	4.27	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.39	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.68	mg/dL	0.51-0.95	Jaffe's, Method
UREA	17.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.05	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.19	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)



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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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APOLLO CLINICS NETWORK

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Karnataka- 560034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.UDAYACHANDRIKA	Collected : 05/Feb/2024 09:11 AM
Age/Gender : 45 Y 5 M 26 D/F	Received : 05/Feb/2024 11:29 AM
UHID/MR No : CINR.0000162348	Reported : 05/Feb/2024 12:08 PM
Visit ID : CINROPV218108	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886150625	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	33.00	U/L	<38	IFCC



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

SIN No:SE04619480



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Karnataka - 560034

 **1860 500 7788**
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Patient Name : Mrs.UDAYACHANDRIKA	Collected : 05/Feb/2024 09:11AM
Age/Gender : 45 Y 5 M 26 D/F	Received : 05/Feb/2024 11:28AM
UHID/MR No : CINR.0000162348	Reported : 05/Feb/2024 12:14PM
Visit ID : CINROPV218108	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886150625	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.8	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.20	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.670	µIU/mL	0.34-5.60	CLIA

Comment:

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

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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

SIN No:SPL24018550



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APOLLO CLINICS NETWORK

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Karnataka - 560034

 **1860 500 7788**
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Patient Name : Mrs.UDAYACHANDRIKA	Collected : 05/Feb/2024 09:11 AM
Age/Gender : 45 Y 5 M 26 D/F	Received : 05/Feb/2024 11:28 AM
UHID/MR No : CINR.0000162348	Reported : 05/Feb/2024 12:14 PM
Visit ID : CINROPV218108	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886150625	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



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

SIN No:SPL24018550



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Patient Name : Mrs.UDAYACHANDRIKA	Collected : 05/Feb/2024 09:11AM
Age/Gender : 45 Y 5 M 26 D/F	Received : 05/Feb/2024 01:25PM
UHID/MR No : CINR.0000162348	Reported : 05/Feb/2024 03:01PM
Visit ID : CINROPV218108	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886150625	

DEPARTMENT OF CLINICAL PATHOLOGY

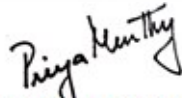
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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

Page 12 of 13



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



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



SIN No: UR2275451

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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Karnataka- 560034

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Patient Name : Mrs.UDAYACHANDRIKA	Collected : 05/Feb/2024 02:24PM
Age/Gender : 45 Y 5 M 26 D/F	Received : 06/Feb/2024 12:57PM
UHID/MR No : CINR.0000162348	Reported : 07/Feb/2024 11:42AM
Visit ID : CINROPV218108	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886150625	

DEPARTMENT OF CYTOLOGY

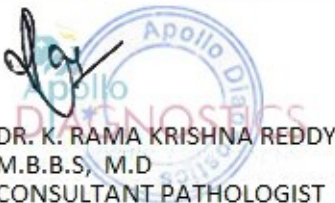
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	2289/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:CS073912

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

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