



भारत सरकार  
Government of India



Issue Date: 15/04/2013



తాంగిరాల వెంకట రంగా లక్ష్మి  
Thangirala Venkata Rangas Lakshmi  
పుట్టిన తేదీ / DOB: 16/05/1989  
♀ / Female



9445 8981 2158

मेरा आधार, मेरी पहचान

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ोदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

| स्वास्थ्य जांच लाभार्थी के विवरण                            |                            |
|---|----------------------------|
| नाम   | T V RANGA LAKSHMI          |
| जन्म की तारीख   | 26-08-1989                 |
| कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख | 05-01-2024                 |
| बुकिंग संदर्भ सं.   | 23M165536100081294S        |
| पत्नी/पति के विवरण  |                            |
| कर्मचारी का नाम   | MR. REDDY T CHINA ANJANEYA |
| कर्मचारी की क.कू.संख्या                                     | 165536                     |
| कर्मचारी का पद  | BRANCH OPERATIONS          |
| कर्मचारी के कार्य का स्थान                                  | KUSHALNAGAR                |
| कर्मचारी के जन्म की तारीख                                   | 10-05-1985                 |

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 29-12-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ोदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

| PARTICULARS OF HEALTH CHECK UP BENEFICIARY          |                            |
|---|----------------------------|
| NAME  | T V RANGA LAKSHMI          |
| DATE OF BIRTH                                       | 26-08-1989                 |
| PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE | 05-01-2024                 |
| BOOKING REFERENCE NO.                               | 23M165536100081294S        |
| SPOUSE DETAILS                                      |                            |
| EMPLOYEE NAME                                       | MR. REDDY T CHINA ANJANEYA |
| EMPLOYEE EC NO.                                     | 165536                     |
| EMPLOYEE DESIGNATION                                | BRANCH OPERATIONS          |
| EMPLOYEE PLACE OF WORK                              | KUSHALNAGAR                |
| EMPLOYEE BIRTHDATE                                  | 10-05-1985                 |

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **29-12-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

### SUGGESTIVE LIST OF MEDICAL TESTS

| FOR MALE                            | FOR FEMALE  |
|-------------------------------------|---|
| CBC                                 | CBC   |
| ESR                                 | ESR   |
| Blood Group & RH Factor             | Blood Group & RH Factor   |
| Blood and Urine Sugar Fasting       | Blood and Urine Sugar Fasting                                   |
| Blood and Urine Sugar PP            | Blood and Urine Sugar PP  |
| Stool Routine                       | Stool Routine   |
| <b>Lipid Profile</b>                | <b>Lipid Profile</b>  |
| Total Cholesterol                   | Total Cholesterol   |
| HDL                                 | HDL   |
| LDL                                 | LDL   |
| VLDL                                | VLDL  |
| Triglycerides                       | Triglycerides   |
| HDL / LDL ratio                     | HDL / LDL ratio   |
| <b>Liver Profile</b>                | <b>Liver Profile</b>  |
| AST                                 | AST   |
| ALT                                 | ALT   |
| GGT                                 | GGT   |
| Bilirubin (total, direct, indirect) | Bilirubin (total, direct, indirect)                             |
| ALP                                 | ALP   |
| Proteins (T, Albumin, Globulin)     | Proteins (T, Albumin, Globulin)                                 |
| <b>Kidney Profile</b>               | <b>Kidney Profile</b>   |
| Serum creatinine                    | Serum creatinine  |
| Blood Urea Nitrogen                 | Blood Urea Nitrogen   |
| Uric Acid                           | Uric Acid   |
| HBA1C                               | HBA1C   |
| Routine urine analysis              | Routine urine analysis  |
| USG Whole Abdomen                   | USG Whole Abdomen   |
| <b>General Tests</b>                | <b>General Tests</b>  |
| X Ray Chest                         | X Ray Chest   |
| ECG                                 | ECG   |
| 2D/3D ECHO / TMT                    | 2D/3D ECHO / TMT  |
| Stress Test                         | Thyroid Profile (T3, T4, TSH)                                   |
| PSA Male (above 40 years)           | Mammography (above 40 years)<br>and Pap Smear (above 30 years). |
| Thyroid Profile (T3, T4, TSH)       | Dental Check-up consultation                                    |
| Dental Check-up consultation        | Physician Consultation  |
| Physician Consultation              | Eye Check-up consultation                                       |
| Eye Check-up consultation           | Skin/ENT consultation   |
| Skin/ENT consultation               | Gynaec Consultation   |

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Thangila Venkata Ranga Lakshmi on 10-2-24

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 checked="" 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.<br/>Review after _____ recommended</li> </ul>  | <input type="checkbox"/>            |
| <ul style="list-style-type: none"> <li>• Unfit</li> </ul>  | <input type="checkbox"/>            |

Dr. J.R. Smith  
 Medical Officer Dr. ROHITH.H.K  
 The Apollo Clinic, Mysore.

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

**Apollo Clinic**  
 # 23, 1st Floor,  
 Kalidasa Road, Mysore - 02  
 Ph : 0821-4006040/41

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

**APOLLO CLINICS NETWORK KARNATAKA**

**Bangalore** (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



Date : 10-02-2024  
MR NO : CMYS.0000059540  
Name : Mrs. THANGIRALA VENKATA RAI  
Age/ Gender : 34 Y / Female

Department : GENERAL  
Doctor :  
Registration No : N Pravan KUMAR  
Qualification : MS (ENT)

Consultation Timing: 08:12

|              |               |        |                |
|--------------|---------------|--------|----------------|
| Height : 160 | Weight : 55.6 | BMI :  | Waist Circum : |
| Temp :       | Pulse :       | Resp : | B.P : 120/80   |

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Come for malarial blood smear

Ears - bilateral TM @

Nose - nasal mucus @

oral cavity in conjunctiva - @

neck @

As required

Follow up date :

*pk*  
Doctor Signature

**Apollo Clinic**  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0822-4005473/44

Date : 10-02-2024 Department : GENERAL Dietetics  
 MR NO : CMYS.0000059540 Doctor : Madhura . B. P  
 Name : Mrs. THANGIRALA VENKATA RAI Registration No :  
 Age/ Gender : 34 Y / Female Qualification : M.Sc Nutrition & Dietetics  
 PhD\*

Consultation Timing: 08:12

IBW - 56kg

|              |               |                            |                |
|--------------|---------------|----------------------------|----------------|
| Height : 160 | Weight : 55.6 | BMI : 21.09/m <sup>2</sup> | Waist Circum : |
| Temp :       | Pulse :       | Resp :                     | B.P : 120/80   |

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

ICD-10 - Hypothyroid.  
 => Advised balanced diet with fiber rich foods.  
 => Avoid cruciferous vegetables like cabbage, cauliflower, broccoli, spinach, soy and its products.  
 => Drink 12-14 big glasses of water/day.  
 => Regular physical exercise is important.

Follow up date :

  
 Doctor Signature 10/2/2024  
**Apollo Clinic**  
 # 23, 1st Floor,  
 Kalidasa Road, Mysore - 02  
 Ph : 0821-4906040/41

Date : 10-02-2024  
MR NO : CMYS.0000059540  
Name : Mrs. THANGIRALA VENKATA RAI  
Age/ Gender : 34 Y / Female

Department : GENERAL  
Doctor : ROHITH. H. K  
Registration No :  
Qualification :

Consultation Timing: 08:12

|              |               |        |                |
|--------------|---------------|--------|----------------|
| Height : 160 | Weight : 55.6 | BMI :  | Waist Circum : |
| Temp :       | Pulse :       | Resp : | B.P : 120/80   |

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Pt. come for Annual Health check-up  
No fresh complaints  
K1c1o Hypothyroid on Rx - 3 years - 25-mg  
Nok1o DM, HTN.



Follow up date :

Doctor Signature

**Apollo Clinic**  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41



|                                     |                         |
|-------------------------------------|-------------------------|
| Patient's Name : Mrs. Ranga Lakshmi | Age & Sex;34Yrs /Female |
| Date : 10.02.2024                   | UHID No:59540           |

## 2D ECHOCARDIOGRAPHY STUDY

### Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 66 %
- No clots. No pericardial effusion

### Findings

|                  |         |
|------------------|---------|
| Left Ventricle:  | No RWMA |
| Right Ventricle  | Normal  |
| Left Atrium      | Normal  |
| Right Atrium     | Normal  |
| Aorta            | Normal  |
| Pulmonary Artery | Normal  |
| IAS              | Intact  |
| IVS              | Intact  |
| Valves           | Normal  |
| Pericardium      | Normal  |
| Doppler          | Normal  |

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#### Apollo Health and Lifestyle Limited

CIN: URS1107G2000PLE1158191

Regd Office: 1-10-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph. No: (040) 4646 7777 Fax No: 4646 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

#### APOLLO CLINICS NETWORK BARNATARAKA

Bangalore: Baruvanahagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |

Koramangala | Sarajpur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

|                                     |                          |
|-------------------------------------|--------------------------|
| Patient's Name : Mrs. Ranga Lakshmi | Age & Sex; 34Yrs /Female |
| Date : 10.02.2024                   | UHID No: 59540           |

Measurements

AO : 2.1 cm  
 LA : 2.0 cm

RV : 2.1 cm  
 LVIDd : 4.02 cm  
 LVIDs : 2.57 cm  
 IVSd : 0.83 cm  
 IVSs : 0.98 cm  
 PWd : 0.83 cm  
 PWs : 1.14 cm  
 EF : 66.0 %  
 FS : 36.0 %

Doppler

|             |           |                |                |
|-------------|-----------|----------------|----------------|
| MV          | TV        | AV             | PV             |
| E 0.63 m/s  | E --- m/s | V max 1.20 m/s | V max 0.85 m/s |
| A: 0.50 m/s | A --- m/s |                |                |
| MR Nil      | TR Nil    | AR Nil         | PR Nil         |

**Dr. GURU PRASAD. B. V, MBBS, PGDCC**  
**CONSULTANT – NON-INVASIVE CARDIOLOGY**

**Apollo Health and Lifestyle Limited**

ICPN: UMS110TG2000PLC115819

Regd Office: 110-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
 Ph. No: (040) 4048 7777 Fax No: 4004 7744 | Email ID: enquiry@apolloh.com | www.apolloh.com

**APOLLO CLINICS NETWORK KARNATAKA**

Bangalore: Saravanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |  
 Kolar: Mangala | Sarjapur Road | Mysore: (VV Mohalla)

Online appointments: www.apolloclinics.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Informed Consent/Declaration For Test Exclusion

Patient Name: T.V Ranganalathi Age: 34y

UHID Number: 59540

Please tick and sign the relevant part

I certify that I will skip LBC pap smear + gyn. Test from my own.

No refund is provided for the above excluded test and i have been informed about the same.

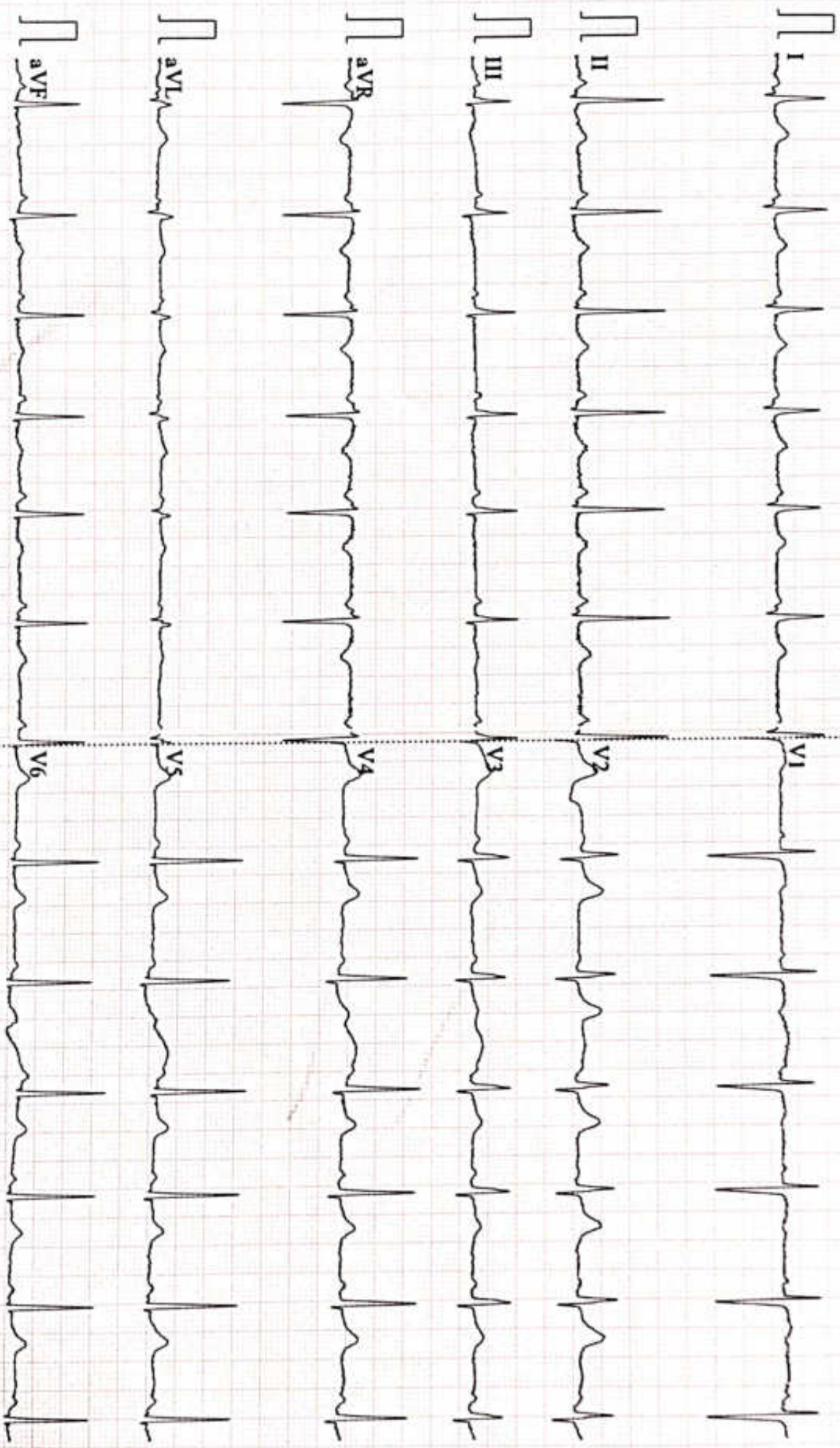
Patient signature T.V Ranganalakshmi Date 10/2/2024

Witness signature: [Signature] Date: 10/2/2024



Unconfirmed Report.

**Apollo Clinic**  
# 23, 1st Floor,  
Kallidasa Road, Mysore - 0;  
Ph : 0821-4006040/41





Name: Mrs. THANGIRALA VENKATA RANGA LAKSHMI  
Age/Gender: 34 Y/F  
Address: MYSORE  
Location: MYSORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: MYSORE\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. JYOTHISHREE P V

MR No: CMYS.0000059540  
Visit ID: CMYSOPV122178  
Visit Date: 10-02-2024 08:12  
Discharge Date:  
Referred By: SELF

## HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

### Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

## SYSTEMIC REVIEW

### \*\*Weight

--->: Stable,

Number of kgs: 69.3,

## HT-HISTORY

### Past Medical History

PAST MEDICAL HISTORY: Nil Significant,

\*\*Cancer: nil,

## PHYSICAL EXAMINATION

## SYSTEMIC EXAMINATION

## IMPRESSION

## RECOMMENDATION

### Fitness Report

Fitness.: YES,

Fitness: fit,

## DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

## Doctor's Signature



|                            |   |                    |                    |
|----------------------------|---|--------------------|--------------------|
| <b>Patient Name</b>        | : Mrs. THANGIRALA VENKATA RANGA LAKSHMI | <b>Age/Gender</b>  | : 34 Y/F           |
| <b>UHID/MR No.</b>         | : CMYS.0000059540                       | <b>OP Visit No</b> | : CMYSOPV122178    |
| <b>Sample Collected on</b> | :                                       | <b>Reported on</b> | : 12-02-2024 11:21 |
| <b>LRN#</b>                | : RAD2231314                            | <b>Specimen</b>    | :                  |
| <b>Ref Doctor</b>          | : SELF                                  |                    |                    |
| <b>Emp/Auth/TPA ID</b>     | : 944589812158                          |                    |                    |

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

**GALL BLADDER:** It is well distended and normal. No calculi seen.

**SPLEEN:** It is normal in size, outline and echopattern. No e/o focal lesions.

**PANCREAS:** It is normal.

**RIGHT KIDNEY:** It measures 106x40mm with parenchymal thickness of 14 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 89x44 mm with parenchymal thickness of 13 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**URINARY BLADDER:** It is well distended. The UB wall is normal. No calculi seen.

**UTERUS:** It is anteverted and measures 75x41x60 mm with ET=11 mm. It is normal in size, outline and echotexture. No mass lesion.

**Rt. OVARY:** It measures 19x28 mm. It is normal. No mass lesion seen.

**Lt. OVARY:** It measures 31x29 mm. It is normal. No mass lesion seen.

**RIF:** No evidence of focal collection or mass lesion seen. Appendix is not visualized.

**OTHERS:** No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

**IMPRESSION: NORMAL STUDY.**

Pradeep Kumar C N, DNB  
Consultant Radiologist.



**Dr. PRADEEP KUMAR C N**  
**MBBS DNB( RADIOLOGY)**  
Radiology



|                            |   |                    |                    |
|----------------------------|---|--------------------|--------------------|
| <b>Patient Name</b>        | : Mrs. THANGIRALA VENKATA RANGA LAKSHMI | <b>Age/Gender</b>  | : 34 Y/F           |
| <b>UHID/MR No.</b>         | : CMYS.0000059540                       | <b>OP Visit No</b> | : CMYSOPV122178    |
| <b>Sample Collected on</b> | :                                       | <b>Reported on</b> | : 10-02-2024 15:23 |
| <b>LRN#</b>                | : RAD2231314                            | <b>Specimen</b>    | :                  |
| <b>Ref Doctor</b>          | : SELF                                  |                    |                    |
| <b>Emp/Auth/TPA ID</b>     | : 944589812158                          |                    |                    |

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**


**PATIENT SKIP THE CHEST X RAY .**

|                 |                                       |              |                               |
|-----------------|---------------------------------------|--------------|-------------------------------|
| Patient Name    | : Mrs.THANGIRALA VENKATA RANGA LAKSHM | Collected    | : 10/Feb/2024 08:14AM         |
| Age/Gender      | : 34 Y 7 M 24 D/F                     | Received     | : 10/Feb/2024 10:35AM         |
| UHID/MR No      | : CMYS.0000059540                     | Reported     | : 10/Feb/2024 01:44PM         |
| Visit ID        | : CMYSOPV122178                       | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 944589812158                        |              |                               |

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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

SIN No:BED240032737





|  |  |
|--|--|
| Patient Name : Mrs.THANGIRALA VENKATA RANGA LAKSHM | Collected : 10/Feb/2024 08:14AM            |
| Age/Gender : 34 Y 7 M 24 D/F                       | Received : 10/Feb/2024 10:35AM             |
| UHID/MR No : CMYS.0000059540                       | Reported : 10/Feb/2024 01:44PM             |
| Visit ID : CMYSOPV122178                           | Status : Final Report                      |
| Ref Doctor : Dr.SELF                               | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 944589812158                     |  |

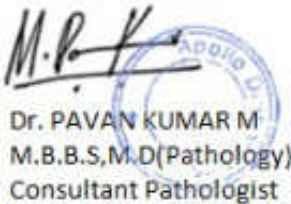
DEPARTMENT OF HAEMATOLOGY

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

| Test Name                                  | Result       | Unit                    | Bio. Ref. Range | Method                         |
|--|--------------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>         |              |                         |                 |                                |
| HAEMOGLOBIN                                | 14.3         | g/dL                    | 12-15           | Spectrophotometer              |
| PCV  | 44.00        | %                       | 36-46           | Electronic pulse & Calculation |
| RBC COUNT                                  | <b>4.94</b>  | Million/cu.mm           | 3.8-4.8         | Electrical Impedance           |
| MCV  | 89           | fL                      | 83-101          | Calculated                     |
| MCH  | 28.9         | pg                      | 27-32           | Calculated                     |
| MCHC                                       | 32.5         | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                      | <b>14.1</b>  | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                | 4,800        | cells/cu.mm             | 4000-10000      | Electrical Impedance           |
| <b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b> |              |                         |                 |                                |
| NEUTROPHILS                                | 72.1         | %                       | 40-80           | Electrical Impedance           |
| LYMPHOCYTES                                | 22.2         | %                       | 20-40           | Electrical Impedance           |
| EOSINOPHILS                                | 2.1          | %                       | 1-6             | Electrical Impedance           |
| MONOCYTES                                  | 3.4          | %                       | 2-10            | Electrical Impedance           |
| BASOPHILS                                  | 0.2          | %                       | <1-2            | Electrical Impedance           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>            |              |                         |                 |                                |
| NEUTROPHILS                                | 3460.8       | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                | 1065.6       | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                | 100.8        | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                  | <b>163.2</b> | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                  | 9.6          | Cells/cu.mm             | 0-100           | Calculated                     |
| PLATELET COUNT                             | 256000       | cells/cu.mm             | 150000-410000   | Electrical impedance           |
| ERYTHROCYTE SEDIMENTATION RATE (ESR)       | 12           | mm at the end of 1 hour | 0-20            | Modified Westergren            |
| <b>PERIPHERAL SMEAR</b>                    |              |                         |                 |                                |

R.B.C: Majority are normocytic normochromic.

W.B.C: Are normal in number,morphology and distribution.



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SIN No:BED240032737





|                 |                                       |              |                               |
|-----------------|---------------------------------------|--------------|-------------------------------|
| Patient Name    | : Mrs.THANGIRALA VENKATA RANGA LAKSHM | Collected    | : 10/Feb/2024 08:14AM         |
| Age/Gender      | : 34 Y 7 M 24 D/F                     | Received     | : 10/Feb/2024 10:35AM         |
| UHID/MR No      | : CMYS.0000059540                     | Reported     | : 10/Feb/2024 01:44PM         |
| Visit ID        | : CMYSOPV122178                       | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 944589812158                        |              |                               |

**DEPARTMENT OF HAEMATOLOGY**

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

Platelets: Adequate and are seen in singles and clumps.  
Hemoparasites: Not seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



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|                 |                                       |              |                               |
|-----------------|---------------------------------------|--------------|-------------------------------|
| Patient Name    | : Mrs.THANGIRALA VENKATA RANGA LAKSHM | Collected    | : 10/Feb/2024 08:14AM         |
| Age/Gender      | : 34 Y 7 M 24 D/F                     | Received     | : 10/Feb/2024 10:35AM         |
| UHID/MR No      | : CMYS.0000059540                     | Reported     | : 10/Feb/2024 01:00PM         |
| Visit ID        | : CMYSOPV122178                       | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 944589812158                        |              |                               |

**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   |
|---|----------|------|-----------------|--|
| <b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b> |          |      |                 |  |
| BLOOD GROUP TYPE  | B        |      |                 | Forward & Reverse Grouping with Slide/Tube Aggluti       |
| Rh TYPE   | POSITIVE |      |                 | Forward & Reverse Grouping with Slide/Tube Agglutination |



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|  |  |
|--|--|
| Patient Name : Mrs.THANGIRALA VENKATA RANGA LAKSHM | Collected : 10/Feb/2024 08:14AM            |
| Age/Gender : 34 Y 7 M 24 D/F                       | Received : 10/Feb/2024 10:27AM             |
| UHID/MR No : CMYS.0000059540                       | Reported : 10/Feb/2024 11:17AM             |
| Visit ID : CMYSOPV122178                           | 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 - 2D ECHO - PAN INDIA - FY2324

| Test Name                     | Result | Unit  | Bio. Ref. Range | Method   |
|-------------------------------|--------|-------|-----------------|----------|
| GLUCOSE, FASTING , NAF PLASMA | 95     | mg/dl | 74-106          | GOD, POD |

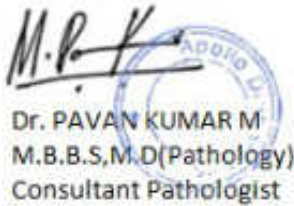
Comment:

As per American Diabetes Guidelines, 2023

| Fasting Glucose Values in mg/dL | Interpretation |
|---------------------------------|----------------|
| 70-100 mg/dL                    | Normal         |
| 100-125 mg/dL                   | Prediabetes    |
| ≥126 mg/dL                      | Diabetes       |
| <70 mg/dL                       | Hypoglycemia   |

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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|  |  |
|--|--|
| Patient Name : Mrs.THANGIRALA VENKATA RANGA LAKSHM | Collected : 10/Feb/2024 08:14AM            |
| Age/Gender : 34 Y 7 M 24 D/F                       | Received : 10/Feb/2024 01:58PM             |
| UHID/MR No : CMYS.0000059540                       | Reported : 10/Feb/2024 02:40PM             |
| Visit ID : CMYSOPV122178                           | Status : Final Report                      |
| Ref Doctor : Dr.SELF                               | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 944589812158                     |  |

**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   |
|---|--------|-------|-----------------|----------|
| <b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b> | 76     | mg/dl | 70-140          | GOD, POD |

Result is rechecked. Kindly correlate clinically

**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.

| Test Name   | Result | Unit  | Bio. Ref. Range | Method     |
|---|--------|-------|-----------------|------------|
| <b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b> |        |       |                 |            |
| HBA1C, GLYCATED HEMOGLOBIN                            | 4.7    | %     |                 | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                       | 88     | 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.



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|                 |                                       |              |                               |
|-----------------|---------------------------------------|--------------|-------------------------------|
| Patient Name    | : Mrs.THANGIRALA VENKATA RANGA LAKSHM | Collected    | : 10/Feb/2024 08:14AM         |
| Age/Gender      | : 34 Y 7 M 24 D/F                     | Received     | : 10/Feb/2024 01:58PM         |
| UHID/MR No      | : CMYS.0000059540                     | Reported     | : 10/Feb/2024 02:40PM         |
| Visit ID        | : CMYSOPV122178                       | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 944589812158                        |              |                               |

**DEPARTMENT OF BIOCHEMISTRY**

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

- 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 glyceimic 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.THANGIRALA VENKATA RANGA LAKSHM | Collected : 10/Feb/2024 08:14AM            |
| Age/Gender : 34 Y 7 M 24 D/F                       | Received : 10/Feb/2024 11:08AM             |
| UHID/MR No : CMYS.0000059540                       | Reported : 10/Feb/2024 01:42PM             |
| Visit ID : CMYSOPV122178                           | 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 - 2D ECHO - PAN INDIA - FY2324**

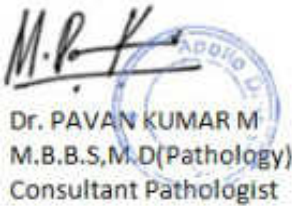
| Test Name                    | Result    | Unit  | Bio. Ref. Range | Method       |
|------------------------------|-----------|-------|-----------------|--------------|
| <b>LIPID PROFILE , SERUM</b> |           |       |                 |              |
| TOTAL CHOLESTEROL            | 127       | mg/dl | 0-200           | CHOD         |
| TRIGLYCERIDES                | 53        | mg/dl | 0-150           | GPO, Trinder |
| HDL CHOLESTEROL              | <b>67</b> | mg/dL | 40-60           | CHOD         |
| NON-HDL CHOLESTEROL          | 60        | mg/dL | <130            | Calculated   |
| LDL CHOLESTEROL              | 49.45     | mg/dL | <100            | Calculated   |
| VLDL CHOLESTEROL             | 10.53     | mg/dL | <30             | Calculated   |
| CHOL / HDL RATIO             | 1.89      |       | 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<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>Above Optimal 130-159 | 160-189         | 190-219   | >220      |

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



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|                 |                                       |              |                               |
|-----------------|---------------------------------------|--------------|-------------------------------|
| Patient Name    | : Mrs.THANGIRALA VENKATA RANGA LAKSHM | Collected    | : 10/Feb/2024 08:14AM         |
| Age/Gender      | : 34 Y 7 M 24 D/F                     | Received     | : 10/Feb/2024 11:08AM         |
| UHID/MR No      | : CMYS.0000059540                     | Reported     | : 10/Feb/2024 01:42PM         |
| Visit ID        | : CMYSOPV122178                       | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 944589812158                        |              |                               |

**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                     |
|--|-------------|-------|-----------------|----------------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |             |       |                 |                            |
| BILIRUBIN, TOTAL                         | 0.98        | mg/dl | 0-1.2           | NBD                        |
| BILIRUBIN CONJUGATED (DIRECT)            | <b>0.25</b> | mg/dl | 0-0.2           | Diazotized sulfanilic acid |
| BILIRUBIN (INDIRECT)                     | 0.73        | mg/dL | 0.0-1.1         | Dual Wavelength            |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 17          | U/l   | 0-45            | IFCC                       |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 19.0        | U/l   | 0-31            | IFCC                       |
| ALKALINE PHOSPHATASE                     | 69.00       | U/l   | 42-98           | IFCC (AMP buffer)          |
| PROTEIN, TOTAL                           | 8.30        | g/dl  | 6.4-8.3         | Biuret                     |
| ALBUMIN                                  | 4.84        | g/dl  | 3.5-5.2         | Bromcresol Green           |
| GLOBULIN                                 | 3.46        | g/dL  | 2.0-3.5         | Calculated                 |
| A/G RATIO                                | 1.4         |       | 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.
- 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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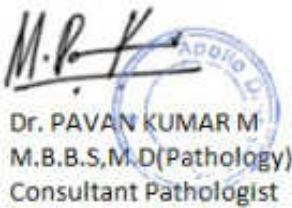


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|--|--|
| Patient Name : Mrs.THANGIRALA VENKATA RANGA LAKSHM | Collected : 10/Feb/2024 08:14AM            |
| Age/Gender : 34 Y 7 M 24 D/F                       | Received : 10/Feb/2024 11:08AM             |
| UHID/MR No : CMYS.0000059540                       | Reported : 10/Feb/2024 02:02PM             |
| Visit ID : CMYSOPV122178                           | Status : Final Report                      |
| Ref Doctor : Dr.SELF                               | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 944589812158                     |  |

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                 |
|---|--------|--------|-----------------|------------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |        |        |                 |                        |
| CREATININE  | 0.59   | mg/dL  | 0.51-1.04       | Enzymatic colorimetric |
| UREA  | 17.03  | mg/dl  | 13-43           | Urease, UV             |
| BLOOD UREA NITROGEN   | 8.0    | mg/dl  | 6-20            | Urease, UV             |
| URIC ACID   | 5.00   | mg/dL  | 2.6-6           | Uricase                |
| CALCIUM   | 9.90   | mg/dl  | 8.6-10.3        | Arsenazo III           |
| PHOSPHORUS, INORGANIC                                       | 3.19   | mg/dl  | 2.7-4.5         | Molybdate              |
| SODIUM  | 141    | mmol/L | 135-145         | Direct ISE             |
| POTASSIUM   | 4.6    | mmol/L | 3.5-5.1         | Direct ISE             |
| CHLORIDE  | 103    | mmol/L | 98 - 107        | Direct ISE             |



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SIN No:SE04624315




|  |  |
|--|--|
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| Age/Gender : 34 Y 7 M 24 D/F                       | Received : 10/Feb/2024 11:08AM             |
| UHID/MR No : CMYS.0000059540                       | Reported : 10/Feb/2024 01:21PM             |
| Visit ID : CMYSOPV122178                           | Status : Final Report                      |
| Ref Doctor : Dr.SELF                               | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 944589812158                     |  |

**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 |
|--|--------|------|-----------------|--------|
| <b>GAMMA GLUTAMYL<br/>TRANSPEPTIDASE (GGT) , SERUM</b> | 23.00  | U/l  | 0-38            | IFCC   |



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|  |  |
|--|--|
| Patient Name : Mrs.THANGIRALA VENKATA RANGA LAKSHM | Collected : 10/Feb/2024 08:14AM            |
| Age/Gender : 34 Y 7 M 24 D/F                       | Received : 10/Feb/2024 10:46AM             |
| UHID/MR No : CMYS.0000059540                       | Reported : 10/Feb/2024 01:42PM             |
| Visit ID : CMYSOPV122178                           | Status : Final Report                      |
| Ref Doctor : Dr.SELF                               | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 944589812158                     |  |

**DEPARTMENT OF IMMUNOLOGY**

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

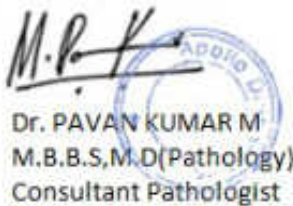
| Test Name  | Result | Unit   | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |        |                 |        |
| TRI-iodothyronine (T3, TOTAL)                      | 1.15   | ng/mL  | 0.64-1.52       | CMIA   |
| THYROXINE (T4, TOTAL)                              | 9.59   | µg/dL  | 4.87-11.72      | CMIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 3.690  | µIU/mL | 0.35-4.94       | CMIA   |

**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   |

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   |
| 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  |



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|                 |                                       |              |                               |
|-----------------|---------------------------------------|--------------|-------------------------------|
| Patient Name    | : Mrs.THANGIRALA VENKATA RANGA LAKSHM | Collected    | : 10/Feb/2024 08:14AM         |
| Age/Gender      | : 34 Y 7 M 24 D/F                     | Received     | : 10/Feb/2024 10:46AM         |
| UHID/MR No      | : CMYS.0000059540                     | Reported     | : 10/Feb/2024 01:42PM         |
| Visit ID        | : CMYSOPV122178                       | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 944589812158                        |              |                               |

**DEPARTMENT OF IMMUNOLOGY**

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

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

SIN No:SPL24021447

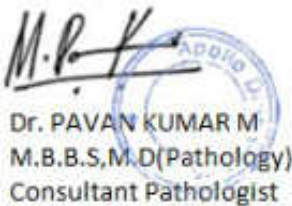


|                 |                                       |              |                               |
|-----------------|---------------------------------------|--------------|-------------------------------|
| Patient Name    | : Mrs.THANGIRALA VENKATA RANGA LAKSHM | Collected    | : 10/Feb/2024 08:14AM         |
| Age/Gender      | : 34 Y 7 M 24 D/F                     | Received     | : 10/Feb/2024 01:13PM         |
| UHID/MR No      | : CMYS.0000059540                     | Reported     | : 10/Feb/2024 02:43PM         |
| Visit ID        | : CMYSOPV122178                       | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 944589812158                        |              |                               |

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                     |
|--|-------------|------|------------------|----------------------------|
| <b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>      |             |      |                  |                            |
| <b>PHYSICAL EXAMINATION</b>                          |             |      |                  |                            |
| COLOUR   | PALE YELLOW |      | PALE YELLOW      | Visual                     |
| TRANSPARENCY   | CLEAR       |      | CLEAR            | Visual                     |
| pH   | 6.5         |      | 5-7.5            | Bromothymol Blue           |
| SP. GRAVITY  | 1.020       |      | 1.002-1.030      | Dipstick                   |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |      |                  |                            |
| 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      |      | NORMAL           | EHRlich                    |
| BLOOD  | NEGATIVE    |      | NEGATIVE         | Dipstick                   |
| NITRITE  | NEGATIVE    |      | NEGATIVE         | Dipstick                   |
| LEUCOCYTE ESTERASE                                   | NEGATIVE    |      | NEGATIVE         | PYRROLE HYDROLYSIS         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |      |                  |                            |
| PUS CELLS  | 4 - 5       | /hpf | 0-5              | Microscopy                 |
| EPITHELIAL CELLS                                     | 3 - 4       | /hpf | <10              | MICROSCOPY                 |
| RBC  | NIL         | /hpf | 0-2              | MICROSCOPY                 |
| CASTS  | NIL         |      | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS   | ABSENT      |      | ABSENT           | MICROSCOPY                 |



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Consultant Pathologist

SIN No:UR2278763



|  |  |
|--|--|
| Patient Name : Mrs.THANGIRALA VENKATA RANGA LAKSHM | Collected : 10/Feb/2024 08:14AM            |
| Age/Gender : 34 Y 7 M 24 D/F                       | Received : 10/Feb/2024 12:00PM             |
| UHID/MR No : CMYS.0000059540                       | Reported : 10/Feb/2024 12:43PM             |
| Visit ID : CMYSOPV122178                           | Status : Final Report                      |
| Ref Doctor : Dr.SELF                               | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 944589812158                     |  |

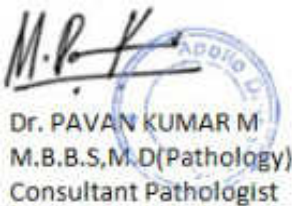
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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



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