



Patient Name : Mrs.PALLAVI SRIVASTAVA

 Age/Gender
 : 29 Y 7 M 14 D/F

 UHID/MR No
 : CINR.0000157565

 Visit ID
 : CINROPV207307

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9566044820 Collected : 07/Oct/2023 08:49AM
Received : 07/Oct/2023 10:43AM
Reported : 07/Oct/2023 04:07PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY	/ HEALTH ANNUAL	DI LIS CHECK -	FEMALE - 2D ECHO - E	DAN INDIA - EV2324
ANGOI EIVII - IVIEDIVVIIELE - I OLE BOD	I IILALIII ANNOAL	LOS CITECIO	I LIMALL - 2D LCITO - I	AN INDIA - 1 12324
Toot Name	Popult	Unit	Die Def Benge	Mothod
Test Name	Result	Onit	Bio. Ref. Range	Method

HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.6	g/dL	12-15	Spectrophotometer
PCV	37.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.6	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	81.8	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,710	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (E	DLC)			
NEUTROPHILS	52.2	%	40-80	Electrical Impedance
LYMPHOCYTES	36.8	%	20-40	Electrical Impedance
EOSINOPHILS	3.6	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4546.62	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3205.28	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	313.56	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	618.41	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	26.13	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	294000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	33	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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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

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Kindly correlate clinically.

Page 2 of 12

SIN No:BED230244995

NABL renewal accreditation under process

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DEPARTMENT OF HAEMATOLOGY

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

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

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SIN No:BED230244995

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Collected

: 07/Oct/2023 11:34AM

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: 07/Oct/2023 02:52PM

Reported Status : 07/Oct/2023 03:24PM

Status : Final Report
Sponsor Name : ARCOFEMI F

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

GLUCOSE, FASTING, NAF PLASMA	87	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines, 2023

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

Note:

1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2	90	mg/dL	70-140	HEXOKINASE
HOURS , SODIUM FLUORIDE PLASMA (2				
HR)				

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.

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SIN No:PLF02037501,PLP1375735 NABL renewal accreditation under process





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Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9566044820 Collected : 07/Oct/2023 08:49AM
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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

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.5	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	111	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.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- 5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - B: Homozygous Hemoglobinopathy.
 - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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SIN No:EDT230092399

NABL renewal accreditation under process





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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	131	mg/dL	<200	CHO-POD
TRIGLYCERIDES	56	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	55	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	76	mg/dL	<130	Calculated
LDL CHOLESTEROL	64.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.38		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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SIN No:SE04504499

NABL renewal accreditation under process

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

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK







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: 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	0.38	mg/dL	0.3-1.2	DPD		
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD		
BILIRUBIN (INDIRECT)	0.29	mg/dL	0.0-1.1	Dual Wavelength		
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35	U/L	<35	IFCC		
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.0	U/L	<35	IFCC		
ALKALINE PHOSPHATASE	78.00	U/L	30-120	IFCC		
PROTEIN, TOTAL	6.84	g/dL	6.6-8.3	Biuret		
ALBUMIN	4.25	g/dL	3.5-5.2	BROMO CRESOL GREEN		
GLOBULIN	2.59	g/dL	2.0-3.5	Calculated		
A/G RATIO	1.64		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, Wilsons'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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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM						
CREATININE	0.64	mg/dL	0.72 – 1.18	JAFFE 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	4.76	mg/dL	2.6-6.0	Uricase PAP		
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III		
PHOSPHORUS, INORGANIC	3.39	mg/dL	2.5-4.5	Phosphomolybdate Complex		
SODIUM	135	mmol/L	136–146	ISE (Indirect)		
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)		
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)		

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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
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GAMMA GLUTAMYL TRANSPEPTIDASE	13.00	U/L	<38	IFCC	
(GGT) , SERUM					

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Reported : 07/Oct/2023 01:24PM

: Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

Status

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, T4, TSH), SERUM							
TRI-IODOTHYRONINE (T3, TOTAL) 1.01 ng/mL 0.7-2.04 CLIA							
THYROXINE (T4, TOTAL) 9.26 μg/dL 5.48-14.28 CLIA							
THYROID STIMULATING HORMONE (TSH)	2.306	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

- 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	Т3	Т4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	IN .	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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SIN No:SPL23143224

NABL renewal accreditation under process





Patient Name : Mrs.PALLAVI SRIVASTAVA

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: Dr.SELF Ref Doctor Emp/Auth/TPA ID : 9566044820 Collected : 07/Oct/2023 08:49AM Received : 07/Oct/2023 03:23PM

Reported : 07/Oct/2023 04:51PM

: Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

Status

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

COMPLETE URINE EXAMINATION (C	UE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	OUNT 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

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SIN No:UR2197930

NABL renewal accreditation under process

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: 07/Oct/2023 03:23PM

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Status

: 07/Oct/2023 06:06PM : 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
ANOOF EIGHT INLEDITYTIELE TOLL BOOT TILALITT ANNOALT LOS OFFICIN TILMALE TEN LOTTO	1 1 1 2 3 2 7

Test Name Result Unit Bio. Ref. Range Method

URINE GLUCOSE(POST PRANDIAL)

NEGATIVE

URINE GLUCOSE(FASTING)

NEGATIVE

NEGATIVE NEGATIVE Dipstick Dipstick

*** End Of Report ***

Result/s to Follow:

PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)

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

CONSULTANT BIOCHEMIST

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

Consultant Pathologist

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

Page 12 of 12



SIN No:UPP015575,UF009568 NABL renewal accreditation under process



Name : Mrs. Pallavi Srivastava

Age: 29 Y

Sex: F

Address: bangalore

Plan

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:CINR.0000157565

OP Number: CINROPV207307

Bill No :CINR-OCR-89633 **Date :** 07.10.2023 08:42

	2.10.202	
Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECH	O - PAN INDIA - FY2324
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANFERASE (GGT)	
3	MEAIC GLYCATED HEMOGLOBIN	
4	21 ЕСНО — Ч	
	LIVER FUNCTION TEST (LFT)	
1	X-RAY CHEST PA 1 O	
تپ 📗	CLUÇOSE, FASTING	
	HEMOGRAM + PERIPHERAL SMEAR	
8	ENT CONSULTATION $\leftarrow 2$,	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION - > /	
12	DIET CONSULTATION	
_13	COMPLETE URINE EXAMINATION	
	URINE GLUCOSE(POST PRANDIAL)	
<u>ک</u> لر	PERIPHERAL SMEAR	
K	ECG	
17	LOOD GROUP ABO AND RH FACTOR	
1,8	LIPID PROFILE	
10	BODY-MASS INDEX (BMI)	
20	LBC PAP TEST- PAPSURE 43 10.36 10.40	
121	OPTHAL BY GENERAL PHYSICIAN	
_22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
-23	ULTRASOUND - WHOLE ABDOMEN	
_24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
, 25	DENTAL CONSULTATION	
26	CLUÇOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	





Date

: 07-10-2023

Department

: GENERAL

MR NO

CINR.0000157565

Doctor

Name

Mrs. Pallavi Srivastava

Registration No

Qualification

Age/ Gender

29 Y / Female

Consultation Timing: 08:41

Height: \(\hat{\chi} \chi_{\chi} \chi_{\chi} \chi_{\chi}

Weight: 75.05 k

BMI:

-Waist Circum : 💜 🛚

Temp: 96

Pulse:

Resp: 18 bm -

General Examination / Allergies

History

Clinical Diagnosis & Management Plan

HPV vaccial Nivamai

PA-SOPMAD PS-CX healtry Pap done.

Follow up date:

Doctor Signature

BOOK YOUR APPOINTMENT TODAY!

Whatsapp Number: 970 100 3333

Toll Number : 1860 500 7788

Website : www.apolloclinic.com



07-10-2023

Mrs Pallari

29 m /f.

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Arcopini. Alte.

Ears: My

Nosi: ME

Throat: MAS

Ther

Follow up date:

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

E BOOK SOUR OF EQUIMENT TODAY!

OPTHAL PRESCRIPTION

PATIENT NAME: nips. Pallew? Svivastavy DATE: 7/10/	23
--	----

UHID NO:

AGE: 29

OPTOMETRIST NAME: Ms Swathi V M

GENDER:

95660 W4820

This is to certify that I have examined

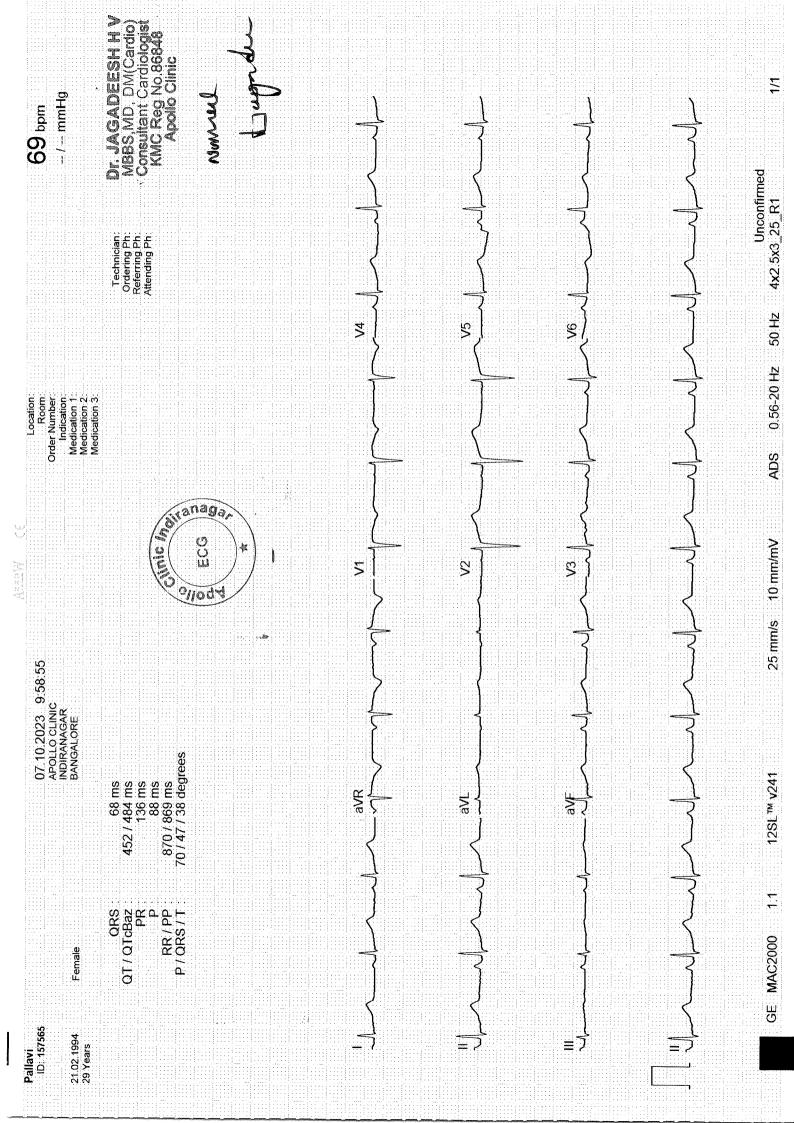
years and findings of his/her eye examination are as follows,

	RIGHT EYE		LEFT EYE					
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	-67-50			and the second s	030			
Add			Manager and Assistance					

PD-RE: 3/ LE: 3/
Colour Vision: 20~mail

Remarks:

Apollo clinic Indiranagar







NAME: MRS PALLAVI S

AGE/SEX: 29Y/F

OP NUMBER: 157565

Ref By: SELF

DATE: 07-10-2023

M mode and doppler measurements:

CM	СМ	M/sec	
AO:2.0	IVS(D): 1.1	MV: E Vel: 0.8	A Vel : 0.6
LA: 2.8	LVIDD(D): 3.9	AV Peak: 1.5	4
	LVPW(D): 1.1	PV Peak: 1.1	•
The second secon	IVS(S): 1.1	•	·
The state of the s	LVID(S): 2.5		
	LVPW(S): 1.3		
and the second s	LVEF: 65%		
	TAPSE: 2.1		į.
occrinting final			

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
VS:	Normal





Pericardium:	
r cheardight:	Normai
IVC:	
	Normal
Others	

IMPRESSION:

Normal cardiac chambers

No Regional wall motion abnormality

No MR/AR/TR

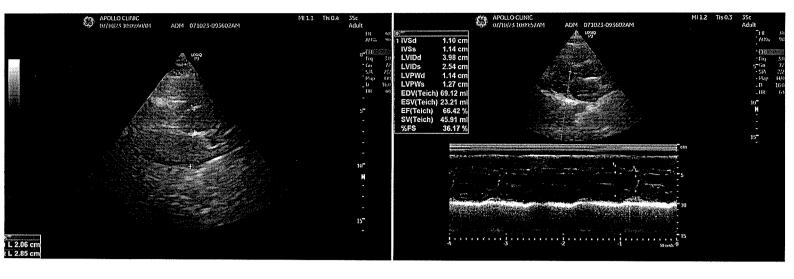
No clot/vegetation/pericardial effusion

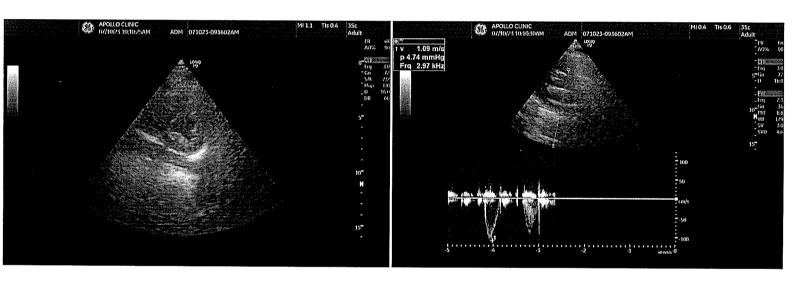
Grade I LV diastolic dysfunction

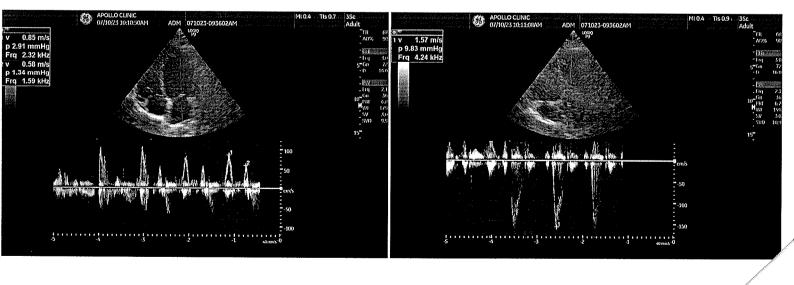
Normal LV systolic function - LVEF= 65%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST







Dear Pallavi Srivastava,

Namaste Team.

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **INDIRANAGAR clinic** on **2023-10-07** at **08:55-09:00**.

Cilline Oil 2020	to 07 at 00.55-05.00,
Payment Mode	Credit
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]

[&]quot;In view of corona virus precautionary measures, you are requested to take a mandatory check for symptoms & self-declaration at centre. Please cooperate. Thank you."

NOTE: We are not providing the breakfast in view of corona virus. And that customers on their own should carry their breakfast.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

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.

आयकर विभाग INCOME TAX DEPARTMENT



भारत सरकार GOVT. OF INDIA

PALLAVI SRIVASTAVA

KUMAR SRIVASTAVA NARAD

21/02/1994 Permanent Account Number EFVPS7963N

Pallun Stiketur



Signature



: 29 Y/F **Patient Name** : Mrs. Pallavi Srivastava Age/Gender

UHID/MR No.

: CINR.0000157565

Sample Collected on

: RAD2119167

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF

: 9566044820

OP Visit No

: CINROPV207307

Reported on

: 07-10-2023 15:50

Specimen

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. DHANALAKSHMI B MBBS, DMRD

Radiology



Patient Name : Mrs. Pallavi Srivastava Age/Gender : 29 Y/F

 UHID/MR No.
 : CINR.0000157565
 OP Visit No
 : CINROPV207307

 Sample Collected on
 : 07-10-2023 14:59

Ref Doctor : SELF

Emp/Auth/TPA ID : 9566044820

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.

Right kidney measures 9.1x5.0 cm.

Left kidney measures 9.5x4.2 cm.

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

UTERUS: Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 8 mm.

OVARIES: Both ovaries appear normal in size and echopattern.

IMPRESSION:

- POD FLUID SEEN MEASURING 10mm.
- FOR CLINICAL CORRELATION.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY