

Patient Name : Mrs.BHAVANI LEELA IRUGANTI	Collected : 28/Oct/2023 11:16AM
Age/Gender : 34 Y 9 M 9 D/F	Received : 28/Oct/2023 02:42PM
UHID/MR No : CASR.0000183461	Reported : 28/Oct/2023 05:10PM
Visit ID : CASROPV215027	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 179562d	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	12.2	g/dL	12-15	Spectrophotometer
PCV	35.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.45	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	80.5	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,550	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	73.8	%	40-80	Electrical Impedance
LYMPHOCYTES	19	%	20-40	Electrical Impedance
EOSINOPHILS	3	%	1-6	Electrical Impedance
MONOCYTES	4	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	5571.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1434.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	226.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	302	Cells/cu.mm	200-1000	Calculated
BASOPHILS	15.1	Cells/cu.mm	0-100	Calculated

PLATELET COUNT	321000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC  
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



SIN No:BED230264333

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

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

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



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324**

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<b>GLUCOSE, FASTING , NAF PLASMA</b>	82	mg/dL	70-100	GOD - POD
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**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	87	mg/dL	70-140	HEXOKINASE
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**Comment:**

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

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

<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	5.4	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	108	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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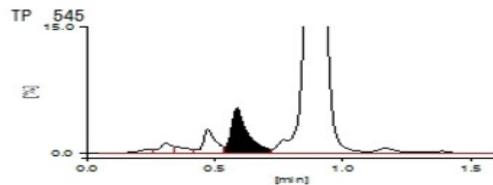
Chromatogram Report

HLC723G8 V5.28.1 2023-10-28 15:52:29  
 ID EDT230098512  
 Sample No. 10280159 SL 0008 - 07  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
ATA	0.3	0.24	5.30
A1B	0.7	0.31	11.16
F	0.5	0.39	7.97
LA1C+	1.7	0.47	26.62
SA1C	5.4	0.59	66.11
AO	93.0	0.88	1452.87
H-V0			
H-V1			
H-V2			

Total Area 1570.03

**HbA1c 5.4 %** **IFCC 36 mmol/mol**  
 HbA1 6.5 % HbF 0.5 %



SIN No:PLF02047110,PLP1382475,EDT230098512

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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	169	mg/dL	<200	CHO-POD
TRIGLYCERIDES	78	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	120	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>104.4</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.45		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient 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.



SIN No:SE04524235

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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.54	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	71.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.92	g/dL	6.6-8.3	Biuret
ALBUMIN	3.93	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.99	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		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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BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
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PROTEIN, TOTAL	6.92	g/dL	6.6-8.3	Biuret
ALBUMIN	3.93	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.99	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	12.00	U/L	<38	IFCC

**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:

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SIN No:SE04524235

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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Address:  
A-12, # 1-S-71/A/12b, Rishab Heights, Rukminipuri Housing Colony,  
A S Rao Nagar, Hyderabad, Telangana, India - 500062



**APOLLO CLINICS NETWORK**

**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)

Patient Name : Mrs.BHAVANI LEELA IRUGANTI	Collected : 28/Oct/2023 11:16AM
Age/Gender : 34 Y 9 M 9 D/F	Received : 28/Oct/2023 03:21PM
UHID/MR No : CASR.0000183461	Reported : 28/Oct/2023 06:05PM
Visit ID : CASROPV215027	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 179562d	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.63	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	26.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.32	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.26	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.66	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)



SIN No:SE04524235

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Patient Name : Mrs.BHAVANI LEELA IRUGANTI	Collected : 28/Oct/2023 11:16AM
Age/Gender : 34 Y 9 M 9 D/F	Received : 28/Oct/2023 03:21PM
UHID/MR No : CASR.0000183461	Reported : 28/Oct/2023 05:18PM
Visit ID : CASROPV215027	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 179562d	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	71.00	U/L	30-120	IFCC



SIN No:SE04524235

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Patient Name : Mrs.BHAVANI LEELA IRUGANTI	Collected : 28/Oct/2023 11:16AM
Age/Gender : 34 Y 9 M 9 D/F	Received : 28/Oct/2023 03:27PM
UHID/MR No : CASR.0000183461	Reported : 28/Oct/2023 04:38PM
Visit ID : CASROPV215027	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 179562d	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	1.5	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	13.07	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.835	µIU/mL	0.38-5.33	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



SIN No:SPL23153283

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

Patient Name : Mrs.BHAVANI LEELA IRUGANTI	Collected : 28/Oct/2023 11:16AM
Age/Gender : 34 Y 9 M 9 D/F	Received : 28/Oct/2023 03:27PM
UHID/MR No : CASR.0000183461	Reported : 28/Oct/2023 06:38PM
Visit ID : CASROPV215027	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 179562d	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>VITAMIN D (25 - OH VITAMIN D) , SERUM</b>	<b>7.59</b>	ng/mL	30 -100	CLIA
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**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

**Increased levels:**

- Vitamin D intoxication.

<b>VITAMIN B12 , SERUM</b>	<b>104</b>	pg/mL	107.2-653.3	CLIA
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**Comment:**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
  - The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum.
- Patients taking vitamin B12 supplementation may have misleading results.

Patient Name : Mrs.BHAVANI LEELA IRUGANTI	Collected : 28/Oct/2023 11:16AM
Age/Gender : 34 Y 9 M 9 D/F	Received : 28/Oct/2023 03:27PM
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.



SIN No:SPL23153283

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Patient Name : Mrs.BHAVANI LEELA IRUGANTI	Collected : 28/Oct/2023 11:16AM
Age/Gender : 34 Y 9 M 9 D/F	Received : 28/Oct/2023 03:19PM
UHID/MR No : CASR.0000183461	Reported : 28/Oct/2023 05:04PM
Visit ID : CASROPV215027	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 179562d	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324**

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

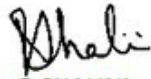
\*\*\* End Of Report \*\*\*

Result/s to Follow:

COMPLETE URINE EXAMINATION (CUE), PERIPHERAL SMEAR



Dr.RAJESH BATTINA  
PhD.(Biochemistry)  
Consultant Biochemist



Dr.R.SHALINI  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr.E.Maruthi Prasad  
Msc,PhD(Biochemistry)  
Consultant Biochemist



Dr.KASULA SIDDARTHA  
M.B.B.S,DNB(Pathology)  
Consultant Pathologist



SIN No:UF009693

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

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CONSENT FORM

MR/MRS/MISS Bhavani leela Trigent AM NOT INTRESTED TO GIVE THE STOOL/URINE, pap.

SAMPLE IN THE GIVEN HEALTH CHECK PACKAGE

UHID: 183461.

CORPORATE NAME:

SIGNATURE:

DATE: 28/10/23.

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination of  
Bhavani Leela Inuganti on ..... 30/10/23 .....

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

	<u>Tick</u>
<ul style="list-style-type: none"> <li>Medically Fit</li> </ul>	✓
<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 candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after .....</p>	
<ul style="list-style-type: none"> <li>Currently Unfit.</li> </ul> <p>Review after.....recommended.</p>	
<ul style="list-style-type: none"> <li>Unfit</li> </ul>	



**Dr. VIVEK BELDE**  
MBBS, DFM(UK)  
Regd. No. 24141  
CONSULTANT PHYSICIAN

**Dr. Vivek Belde**  
Reg No :24141  
Consultant physician  
Apollo Clinic  
A S Rao Nagar

Patient Name : Mrs. BHAVANI LEEA IRUGANTI Age : 34 Y/F  
UHID : CASR.0000183461 OP Visit No : CASROPV215027  
Conducted By: : Dr. MRINAL . Conducted Date : 30-10-2023 12:53  
Referred By : SELF

---

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed) 2.2 CM  
LA (es) 2.8 CM  
LVID (ed) 4.2 CM  
LVID (es) 2.4 CM  
IVS (Ed) 1.0 CM  
LVPW (Ed) 1.0 CM  
EF 67 %  
%FD 33 %

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

MITRAL -E: 0.7 m/sec A: 0.6 m/sec

PJV- 0.8 m/sec

AJV- 1.1 m/sec

Patient Name : Mrs. BHAVANI LEEA IRUGANTI Age : 34 Y/F  
UHID : CASR.0000183461 OP Visit No : CASROPV215027  
Conducted By: : Dr. MRINAL . Conducted Date : 30-10-2023 12:53  
Referred By : SELF

---

**IMPRESSION;**

NORMAL CHAMBERS.

NO RWMA.

GOOD LV FUNCTION.

NO MR/ AR.

TRIVIAL TR/ NO PAH.

NO LA /LV CLOTS.

NO PERICARDIAL EFFUSION.

Dr. MRINAL .

**Patient Name** : Mrs. BHAVANI LEELA IRUGANTI

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

**UHID/MR No.** : CASR.0000183461

**OP Visit No** : CASROPV215027

**Sample Collected on** :

**Reported on** : 29-10-2023 12:07

**LRN#** : RAD2136404

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 179562d

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

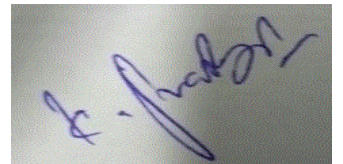
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. PRAVEEN BABU KAJA**  
Radiology

<b>Patient Name</b>	: Mrs. BHAVANI LEELA IRUGANTI	<b>Age/Gender</b>	: 34 Y/F
<b>UHID/MR No.</b>	: CASR.0000183461	<b>OP Visit No</b>	: CASROPV215027
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 29-10-2023 10:48
<b>LRN#</b>	: RAD2136404	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 179562d		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size with increased echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

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

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Right kidney:96x41 mm**                      **Left kidney:104x41**

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality.

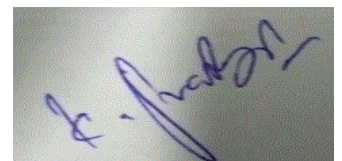
**Uterus:55x41x46 mm** appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures **7 mm**

**Right ovary:19x20 mm**                      **Left ovary:21x22 mm**

Both ovaries appear normal in size, shape and echotexture. No evidence of any adnexal pathology noted.

### **IMPRESSION:-Mild Fatty Liver.**

Suggested clinical correlation and further evaluation **CT / MRI** if necessary.



**Dr. PRAVEEN BABU KAJA**  
Radiology



# Apollo Clinic

## PHYSICAL EXAMINATION FORM

Apollo Clinic  
Physician: Chaitanya D.

Date 28/10/23

UHID 183461

Name Mrs. Bhavani Leela Jaggudi Age 34y1f

Height  Cms

Weight  Kgs

Chest Measurement  (in)cm  (out)cm

Waist  cm

HIP

Pulse  Bt/Min

BMI

kgs/cm<sup>2</sup>

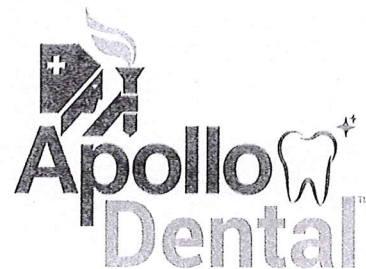
BP  mm/Hg

SPO2

%

Apollo Clinic, A.S. Rao Nagar.

# ORAL EXAMINATION FORM



Date: 28/10/2023

Patient ID: \_\_\_\_\_ MHC

Patient Name: Bhavani Lella Age: 34 Sex: Male  Female

Chief Complaint: General checkup

Medical History :

Drug Allergy :

Medication currently taken by the Guest :

Initial Screenign Findings :

Dental Caries :

Missing Teeth :

Impacted Teeth :

Attrition / Abrasion :

Bleeding : +ve

Pockets / Recession :

Calculus / Stains : ++  
++

Mobility :

Restored Teeth :

Non - restorable Teeth for extraction /  
Root Stumps :

Malocclusion :

Others :

Advice :- ① Advised oral prophylaxis & follow up

Doctor Name & Signature: Dr. Mounika



# POWER PRESCRIPTION

NAME: *Bhavani Lela*

GENDER: M/F

DATE: *28/10/23*

AGE: *33*

UHID:

## RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	<i>6/6</i>
NEAR	-	-	-	<i>N6</i>

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	<i>6/6</i>
NEAR	-	-	-	<i>N6</i>

COLOUR VISION : *Normal*

DIAGNOSIS :

OTHER FINDINGS :

INSTRUCTIONS :

*[Signature]*  
SIGNATURE

# PFT Report

Apollo Clinic, Asrao Nagar, Hyderabad



**BHAVANI, LEELA**

**ID: 183461**    **Age: 34 (27-Oct-89)**

Gender	Female	Height	155 cm	Asthma	No
Ethnicity	Asian	Weight	73 kg	BMI	30.4
Smoker	No			COPD	--

## FVC (ex only)

**Your FEV1 / Predicted: 94%**

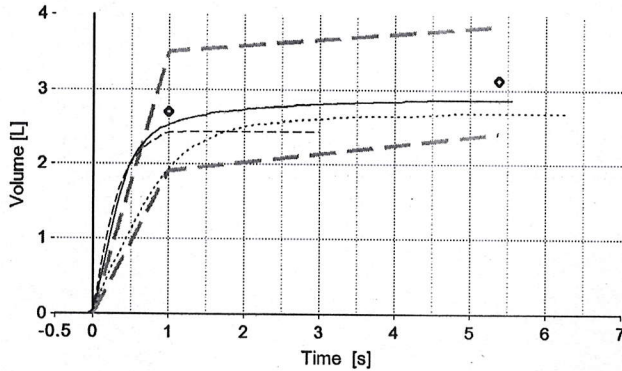
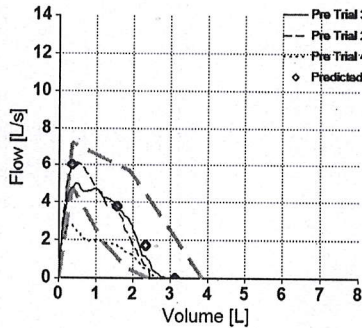
Test Date	28-Oct-23 3:31:56 PM	Interpretation	GOLD(2003)/Hardie	Value Selection	Best Value
Post Time		Predicted	Knudson, 1983 * 1.00	BTPS (IN/EX)	1.00/1.02

Parameter	Pre						
	Pred	LLN	Best	Trial 3	Trial 2	Trial 4	%Pred
FVC [L]	3.13	2.40	2.86	2.86	2.44	2.69	92
FEV1 [L]	2.70	1.90	2.53	2.53	2.42	1.94	94
FEV1/FVC	0.865	0.743	0.883	0.883	0.992	0.722*	102
FEF25-75 [L/s]	3.20	1.43	3.49	3.49	3.93	1.68	109
PEF [L/s]	6.01	-	6.13	4.98	6.13	2.83	102
FET [s]	-	-	5.4	5.4	2.7	5.0	-

\* Indicates value outside normal range or significant post change.

Session Quality    Pre    C (FEV1 Var=0.11L (4.4%); FVC Var=0.18L (6.2%))

System Interpretation    Pre    Normal Spirometry



## Apollo Health and Lifestyle Limited

ndd Medidnted with AS Envy One Connect (5402340637000074) / F550, W1103790100, Nallakunta, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apolloh.com

APOLLO CLINICS NETWORK TELANGANA & AP  
**Hyderabad** (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)  
**Vizag** (Seethamma Peta)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name	: Mrs. BHAVANI LEEA IRUGANTI	Age	: 34 Y/F
UHID	: CASR.0000183461	OP Visit No	: CASROPV215027
Reported By:	: Dr. MRINAL .	Conducted Date	: 29-10-2023 08:43
Referred By	: SELF		

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### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 77 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen .

#### **Impression:**

NORMAL RESTING ECG.

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

Dr. MRINAL .

భారత ప్రభుత్వం  
भारत सरकार

आधार

భారత ప్రభుత్వం  
Unique Identification Authority of India  
Government of India

నమోదు సంఖ్య / Enrollment No. : 1111/12311/04295

09/11/2012

To  
Iruganti Bhavani Leela  
ఇరుగంటి భవాని లీల  
D/O Iruganti Laxmi Narayana Sarma  
24-143/18/S1  
VISHNUPURI COLONY  
NEAR POCHAMMA TEMPLE  
MALKAJGIRI  
SECUNDERABAD  
Malkajgiri, Hyderabad  
Andhra Pradesh - 500047



UF444147439IN

44414743



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**4093 1023 6483**

ఆధార్ - సామాన్యుని హక్కు



భారత ప్రభుత్వం  
GOVERNMENT OF INDIA

ఇరుగంటి భవాని లీల  
Iruganti Bhavani Leela



సాక్షిని పంపిణీ సంవత్సరం / Year of Birth: 1989  
స్త్రీ / Female

**4093 1023 6483**



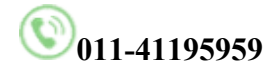
## Asraonagar Apolloclinic

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**From:** Jayanthi Aditya Abhiram <abhi.jayanthi18@gmail.com>  
**Sent:** 28 October 2023 10:45  
**To:** Asraonagar Apolloclinic  
**Subject:** Fwd: Health Check up Booking Confirmed Request(bobS49225),Package Code-PKG10000317, Beneficiary Code-76284

----- Forwarded message -----

**From:** Mediwheel <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>  
**Date:** Fri, Oct 27, 2023, 4:46 PM  
**Subject:** Health Check up Booking Confirmed Request(bobS49225),Package Code-PKG10000317, Beneficiary Code-76284  
**To:** <[abhi.jayanthi18@gmail.com](mailto:abhi.jayanthi18@gmail.com)>  
**Cc:** <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>



**[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)**

Dear **BHAVANI LEELA IRUGANTI** ,

Please find the confirmation for following request.

**Booking Date** :26-10-2023

**Package Name** :Arcofemi MediWheel Full Body Health Annual Plus Check  
Female 2D ECHO (Metro)

**Name of Diagnostic/Hospital** :Apollo Clinic - A.S Rao Nagar

**Address of Diagnostic/Hospital** :Apollo Clinic, A-12, 1-9-71/A/12/B, Rishab heights, above  
vodafone store, beside KFC, A S Rao Nagar -500062

**Contact Details** :(040) 48522317/6309034666

**City** :Hyderabad

**State** :Telangana

**Pincode** :500062

**Appointment Date** :28-10-2023

**Confirmation Status** :Confirmed

**Preferred Time** :8:00am-9:00am

**Comment** :APPOINTMENT TIME 9:00AM

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).

4. Please bring all your medical prescriptions and previous health medical records with you.

5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.

2. It is advisable not to undergo any Health Check during menstrual cycle.

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

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