



Patient Name	: Mrs.C V HARITHA VARMA	Collected	: 26/Aug/2023 08:20AM
Age/Gender	: 34 Y 6 M 1 D/F	Received	: 26/Aug/2023 10:06AM
UHID/MR No	: CMYS.0000057756	Reported	: 26/Aug/2023 12:21PM
Visit ID	: CMYSOPV116964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 684012541085		

#### DEPARTMENT OF HAEMATOLOGY

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

## PERIPHERAL SMEAR, WHOLE BLOOD EDTA

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#### SIN No:BED230203529

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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Naliakunta | 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)





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

HAEMOGLOBIN	9.4	g/dL	12-15	Spectrophotometer
PCV	30.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.27	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	71	fL	83-101	Calculated
MCH	22.1	pg	27-32	Calculated
MCHC	31	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (	DLC)			
NEUTROPHILS	50.8	%	40-80	Electrical Impedance
LYMPHOCYTES	34.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	10.9	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3251.2	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2208	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	217.6	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	697.6	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	25.6	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	344000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	24	mm at the end of 1 hour	0-20	Modified Westergren

R.B.C: Show anisopoikilocytosis. Majority are microcytic hypochromic. Also seen are few pencil shaped cells and tear drop cells. W.B.C: Are normal in number with normal morphology and distribution .

Platelets: normal in number and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA.

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Note : Suggested clinical correlation

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

F					
	Test Name	Result	Unit	Bio. Ref. Range	

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

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

GLUCOSE, FASTING , NAF PLASMA	98	mg/dL	70-100	GOD - POD

**Comment:** 

As per American Diabetes Guidelines

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	122	mg/dL	70-140	GOD - POD	
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.

Ref: Marks medical biochemistry and clinical approach

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SIN No:PLF02018739,PLP1362627

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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	5.6	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	114	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.

HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by 1. Diabetes Association guidelines 2023. American

2. 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 3. Disease. Clinical Correlation is advised in interpretation of low Values. Kidney

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect decrease erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C alternative methods (Fructosamine) estimation is recommended for **Glycemic Control** 

A: HbF >25%

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B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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SIN No:EDT230078432

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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	67	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	73	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	104	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.42		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

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Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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SIN No:SE04462825

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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal ) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Belcronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Xundalahalli | Koramangala | Sarijapur Road) Mysore (VV Mohalla) Tamilinadu: 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)





	DEPAR	TMENT OF BIOCHEMISTR	Y
Emp/Auth/TPA ID	: 684012541085		
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Visit ID	: CMYSOPV116964	Status	: Final Report
UHID/MR No	: CMYS.0000057756	Reported	: 26/Aug/2023 12:21PM
Age/Gender	: 34 Y 6 M 1 D/F	Received	: 26/Aug/2023 10:06AM
Patient Name	: Mrs.C V HARITHA VARMA	Collected	: 26/Aug/2023 08:20AM

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2				
Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	80.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.19		0.9-2.0	Calculated

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SIN No:SE04462825

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**Test Name** 



Method

DEPARTMENT OF BIOCHEMISTRY ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324			
Emp/Auth/TPA ID	: 684012541085		
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Visit ID	: CMYSOPV116964	Status	: Final Report
UHID/MR No	: CMYS.0000057756	Reported	: 26/Aug/2023 12:21PM
Age/Gender	: 34 Y 6 M 1 D/F	Received	: 26/Aug/2023 10:06AM
Patient Name	: Mrs.C V HARITHA VARMA	Collected	: 26/Aug/2023 08:20AM

Unit

Bio. Ref. Range

Result

RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	UM		
CREATININE	0.60	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	16.10	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.50	mg/dL	2.5-6.2	Uricase
CALCIUM	8.80	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98 - 107	Direct ISE

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Visit ID	: CMYSOPV116964		Status	: Final Report	
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCA	RE LIMITED
Emp/Auth/TPA ID	: 684012541085				
		DEPARTMENT OF	BIOCHEMISTR	Y	
ARCOFEMI - M	EDIWHEEL - FULL BOD	( HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name Result			Unit	Bio. Ref. Range	Method

GAMMA GLUTAMYL TRANSPEPTIDASE	19.00	U/L	12-43	Glyclyclycine
(GGT), SERUM				Nitoranalide

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Visit ID Ref Doctor	: CMYSOPV116964 : Dr.SELF	Status Sponsor Name	: Final Report : ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID	: 684012541085			
DEPARTMENT OF IMMUNOLOGY				

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

THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	0.78	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.46	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.524	µIU/mL	0.34-5.60	CLIA

## **Comment:**

Note:

APOLLO CLINICS NETWORK

Kor progrant tomalos	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	Т3	T4	FT4	Conditions
High	Low	Low	LOW .	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis

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Patient Name	: Mrs.C V HARITHA VARMA	Collected	: 26/Aug/2023 08:20AM
Age/Gender	: 34 Y 6 M 1 D/F	Received	: 27/Aug/2023 01:26AM
UHID/MR No	: CMYS.0000057756	Reported	: 27/Aug/2023 02:34AM
Visit ID	: CMYSOPV116964	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 684012541085		

### DEPARTMENT OF IMMUNOLOGY

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

High	Ν	Ν	Ν	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	Ν	Ν	Ν	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	Ν	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	Ν	Ν	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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SIN No:SPL23121338

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	DEPARTMENT OF CLINICAL PATHOLOGY			
Emp/Auth/TPA ID	: 684012541085			
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Visit ID	: CMYSOPV116964	Status	: Final Report	
UHID/MR No	: CMYS.0000057756	Reported	: 26/Aug/2023 08:54PM	
Age/Gender	: 34 Y 6 M 1 D/F	Received	: 26/Aug/2023 01:55PM	
Patient Name	: Mrs.C V HARITHA VARMA	Collected	: 26/Aug/2023 08:20AM	

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

COMPLETE URINE EXAMINATION (CUE	E), URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE	- 14 - 14	NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRLICH
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOU	NT AND MICROSCOPY			
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

## **Comment:**

1.Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods. 2.The samples are assessed for integrity and adequacy before processing.

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SIN No:UR2172601

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Patient Name: Mrs.C V HARITHA VARMACollected: 26/Aug/2023 08:20AMAge/Gender: 34 Y 6 M 1 D/FReceived: 26/Aug/2023 01:30PMUHID/MR No: CMYS.0000057756Reported: 26/Aug/2023 01:47PMVisit ID: CMYSOPV116964Status: Final ReportRef Doctor: Dr.SELFSponsor Name: ARCOFEMI HEALTHCARE LIMITEDEmp/Auth/TPA ID: 684012541085	DEPARTMENT OF CLINICAL PATHOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Age/Gender         : 34 Y 6 M 1 D/F         Received         : 26/Aug/2023 01:30PM           UHID/MR No         : CMYS.0000057756         Reported         : 26/Aug/2023 01:47PM           Visit ID         : CMYSOPV116964         Status         : Final Report	Emp/Auth/TPA ID	: 684012541085			
Age/Gender         : 34 Y 6 M 1 D/F         Received         : 26/Aug/2023 01:30PM           UHID/MR No         : CMYS.0000057756         Reported         : 26/Aug/2023 01:47PM	Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Age/Gender         : 34 Y 6 M 1 D/F         Received         : 26/Aug/2023 01:30PM	Visit ID	: CMYSOPV116964	Status	: Final Report	
	UHID/MR No	: CMYS.0000057756	Reported	: 26/Aug/2023 01:47PM	
Patient Name : Mrs.C V HARITHA VARMA Collected : 26/Aug/2023 08:20AM	Age/Gender	: 34 Y 6 M 1 D/F	Received	: 26/Aug/2023 01:30PM	
	Patient Name	: Mrs.C V HARITHA VARMA	Collected	: 26/Aug/2023 08:20AM	

		I LOO ONLON		
Test Name	Result	Unit	Bio. Ref. Range	Method

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

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SIN No:UPP015385,UF009338

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Patient Name	: Mrs.C V HARITHA VARMA	Collected	: 26/Aug/2023 11:47AM
Age/Gender	: 34 Y 6 M 1 D/F	Received	: 27/Aug/2023 12:11PM
UHID/MR No	: CMYS.0000057756	Reported	: 28/Aug/2023 03:57PM
Visit ID	: CMYSOPV116964	Status	: Final Report
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Emp/Auth/TPA ID	: 684012541085		

## DEPARTMENT OF CYTOLOGY

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

	CYTOLOGY NO.	14386/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
Π	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy.
II	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

Dr.Anita Shobha Flynn M.B.B.S MD(Pathology) **Consultant Pathologist** 

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

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

DR.SHIVARAJA SHETTY M.B.B.S.M.D(Biochemistry M.B.B.S,MD(Pathology) CONSULTANT BIOCHEMIST Consultant Pathologist

Dr.Anita Shobha Flynn

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## DEPARTMENT OF CYTOLOGY

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

Dr.Reshma Stanly M.B.B.S, DNB(Pathology) **Consultant Pathologist** 

Page 18 of 18



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500 www.apolloclinic.com

7788

SIN No:CS067052 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 APOLLO CLINICS NETWORK

GSTIN: 29AADCA0733E1Z3 Address: 22, 23, 24, 25/101/3, Sree Rama Layout, BNR Complex, OPP.RBI Layout, JP Nagar, 7th Phase, Bengaluru, Karnataka

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal ) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Belcronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennal | 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)





# CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of	C.V.	Haritra varma	on	2618	12025
01	·		U11		

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

• Med	ically Fit	
• Fit w	vith restrictions/recommendations	
Tho	ugh following restrictions have been revealed, in ediments to the job.	n my opinion, these are not
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How	vever the employee should follow the advice/me municated to him/her.	dication that has been
Rev	iew after	
• Cur	rently Unfit. iew after	recommended
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Date , MR NO	26-08-2023 CMYS.0000057756	Department Doctor	: GENERAL Dr Meethe Bays 'k
Name	: Mrs. C V HARITHA VARMA	Registration No	:
Age/ Gender	: 34 Y / Female	Qualification	1

Height: 153 Temp:	Weight: 54 Pulse:	Resp :	B.P:	00 70
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General Examinat Allergies History

alore - ble HIT mueosa - Engested and enlig - arts. tute URE ). T. Monticope A or ( X D). 2) T. Coljest roo 1 - 01 X 3 dy Follow up date :

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

Date : 26-08-2023 MR NO : CMYS.0000057 Name : Mrs. C V HARIT Age/ Gender : 34 Y / Fema	THA VARMA	Department : GENERAL Dirtifice Doctor : Madhung. B.P Registration No : Qualification : M.Sc Klufwittion & Dietaling PhD#
Consultation Timing: 08:16		$\frac{3}{8} \frac{1}{8} \frac{1}{8} \frac{1}{10} \frac{1}$
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Date	26-08-2023	Department	: GENERAL
MR NO	: CMYS.0000057756	Doctor	:
Name	Mrs. C V HARITHA VARMA	Registration No	:
. tanto		Qualification	*

Age/ Gender : 34 Y / Female

Consultation Timing: 08:16

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Date	: 26-08-2023	Department	: GENERAL
MR NO	CMYS.0000057756	Doctor	:
Name	: Mrs. C V HARITHA VARMA	Registration No	:
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Age/ Gender	: 34 Y / Female		

Waist Circum : BMI: Weight : SHIN Height : 53 100/20 **B.P**: Resp: Pulse : Temp: Myrs. PalaEP, FTNDS Clinical Diagnosis & Management Plan ML-General Examinat my > regular yells. Allergies History Jubertomar PHA NS. stoudays) sodays. 2H > hypertension +. Imp -> Bdaysback. poneasts (n) . san- Billight. 1-0-1× Adv: JAB. PAUSE MF ovaries (?). 3 days (6 ( dimne seriods) >Bleiding unnelle US. 5) GAB. DRYLO D BF- 1-0-0 (galits) 4127.2 1-0-02 - emply stomath -(30) - TAB. ORIFYR XT ali B 30Am. HAMFAR MP @ 20He - 19B. Bandyalun Aposh lo Clinic 0.5-45Hz AC50 25mm/s 10mm/m Doctor Signature 02 Follow up date : Kalidasa Ro Ph: 0821-4006040/41 46.1. 7

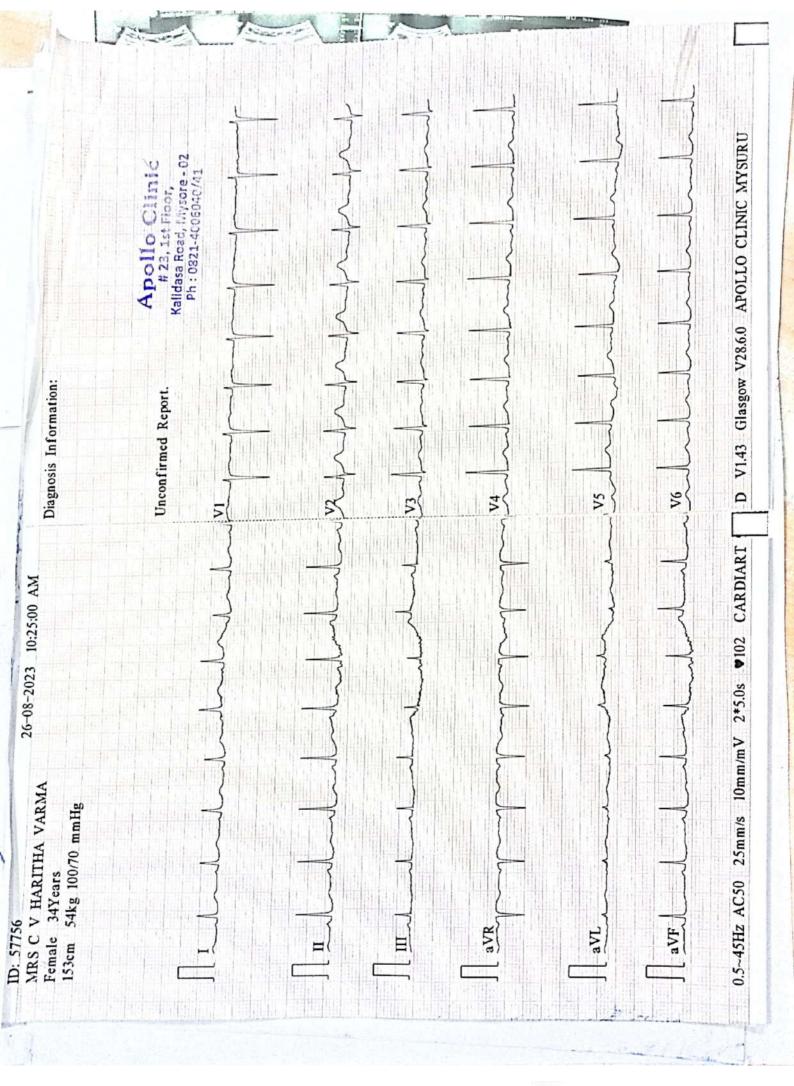
D <sub>ate</sub> MR NO	: 26-08-2023 : CMYS.0000057756	Depart <mark>ment</mark> Doctor	: GENERAL Dental : Dl. Jyokhishre.
Name	: Mrs. C V HARITHA VARMA	Registration No	:
Age/ Gender	: 34 Y / Female	Qualification	÷

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		Follow	up date :		Doctor Signature 02 84:0821-4006040/41

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Date	: 26-08-2023	Department	: GENERAL
MRNO	: CMYS.0000057756	Doctor	•
Name	: Mrs. C V HARITHA VARMA	Registration No	:
		Qualification	:
Age/ Gender	: 34 Y / Female		

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	Follow up date	:	Doctor S	ignature
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Patient Name	: Mrs. C V HARITHA VARMA		
UHID	: CMYS.0000057756	Age	: 34 Y 1
Reported on	: 26-08-2023 15:45	OP Visit No	CMVSOPV116964
Adm/Consult Doctor		Printed on	: 26-08-2023 15:45
		Ref Doctor	SELF

# DEPARTMENT OF RADIOLOGY

## X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and eardiophrenic angles are clear.

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

## IMPRESSION :NORMAL STUDY.

Printed on:26-08-2023 15:45

---End of the Report---

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

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Patient Name: Mrs C V Haritha Varma	Date :26.08.2023	Referring Doctor: Dr .Self
Age / Sex: 34rs/Female	UHID No :57756	Location : OP
ULTRASONOGRA	PHY- ABDOMEN &	PELVIS

LIVER: It is normal in size and in echotexture. No focal lesions seen. IIIBR 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.

<u>RIGHT KIDNEY:</u> It measures 9.3x3.2 cm with parenchymal thickness of 1.0 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 8.4x3.4 cm with parenchymal thickness of 1.0 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

L'RINARY BLADDER: It is well distended. The UB wall is normal. No calculi seen.

UTERUS: It is enlarged anteverted and measures 11.2x4.2x6.2cm with ET=8.2 mm. It is normal in echotexture. No mass lesion.

Rt. OVARY: It measures 4x1.8 cm. It is normal. No mass lesion seen.

Lt. OVARY: It measures 3.2x1.2cm. It is normal. No mass lesion seen.

<u>OTHERS</u>: 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:

AHLDLY ENLARGED UTERUS.

Dr. Chetan H. DNB Consultant Radiologist.

Apolio Health and Lifestyle Limited ICN - URST10702000PLC1158161 Regil Office 1:10:00:62, Ashoka Raghupathi Chambers 5th Floor Begumpet Hederabad Telangana - 500:016 Ph. No:04014364 7777, Fax Nu: 4004 7744 (EnuitiD: enguirgrapolichilicom - www.apoliohilicom APOLIO CLINICS NETWORK KARNATAKA Bangalore (Basavanagudi (Bellandur: Electronic City (Fraser Town (HSR Layout) Indira Nagar (JP Nagar | Kundatahalli ) Konamangala (Serjapur Road: Mysory (VV Mohalla) Online appointments: www.apolio.clinic.com



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Patient's Name : Ms . C V Harithavarma	Age & Sex: 34Yrs / Female
Date : 26.08.2023	UHID No : 57756

## 2D ECHOCARDIOGRAPHY STUDY

## Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 67 %
- No clots. No pericardial effusion

# Yachycandia noted during study.

## 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				

#### Apollo Health and Lifestyle Limited

CPN UB5110TG2000PLC115819 Ringid Office: 1-10-60-62, Ashoka Raghupathi Chambers, Stn Floor Begumpet, Hyderabad, Telanguna - 500-016 PhNo 040 4904 2222 Fas No 4904 2244 [Email ID enquity-apoliphicom] www.apoliphicom APOLLO CLINICS NETWORK KARNATAKA

Bangalore (basavanagudi | Bellandur | Electronic City | Fraver Town , HSR Layout | India Nagar | JP Nagar | Kundalahalli | Stramanipala i Sarjapur Roadi Mysore (VV Mohalla)

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Patient Name	: Mrs. C V HARITHA VARMA	Age/Gender	: 34 Y/F
UHID/MR No.	: CMYS.0000057756	<b>OP</b> Visit No	: CMYSOPV116964
Sample Collected on	:	Reported on	: 26-08-2023 15:45
LRN#	: RAD2082372	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: 684012541085		

## DEPARTMENT OF RADIOLOGY

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**IMPRESSION :NORMAL STUDY.** 

Pradul -

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



Patient Name	: Mrs. C V HARITHA VARMA	Age/Gender	: 34 Y/F
UHID/MR No.	: CMYS.0000057756	OP Visit No	: CMYSOPV116964
Sample Collected on	:	<b>Reported on</b>	: 26-08-2023 12:49
LRN#	: RAD2082372	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: 684012541085		

## DEPARTMENT OF RADIOLOGY

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

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

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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**:

• MILDLY ENLARGED UTERUS.

Chetan H, DNB Consultant Radiologist.

> Dr. CHETAN HOLEPPAGOL MBBS, DNB(RADIO DIAGNOSIS) Radiology



Patient Name

: Mrs. C V HARITHA VARMA

Age/Gender

: 34 Y/F

Name: Mrs. C V HARITHA VARMA Age/Gender: 34 Y/F VIRAJPETE Address: Location: MYSORE, KARNATAKA Doctor: GENERAL Department: Rate Plan: MYSORE\_06042023 Sponsor: ARCOFEMI HEALTHCARE LIMITED Consulting Doctor: Dr. SABAH JAVED

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CMYS.0000057756 CMYSOPV116964 26-08-2023 08:16

SELF

## HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

#### **Chief Complaints**

COMPLAINTS:::: For Annual Health Checkup,

#### SYSTEMIC REVIEW

#### \*\*Weight

--->: Stable,

Number of kgs: 70,

#### **HT-HISTORY**

#### **Past Medical History**

PAST MEDICAL HISTORY: Nil Significant,

\*\*Cancer: NILL,

#### PHYSICAL EXAMINATION

#### SYSTEMIC EXAMINATION

IMPRESSION

#### IMPRESSION

Finding Category : within normal limits,

#### ECG

: NORMAL,

#### RECOMMENDATION

#### 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** 

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Name Age/Gender Contact No Address U IIID Corporate Name	Mrs. C.V.HART 34 Y F 34 Y F 3919703197645 VIRAJPETE CMYS.0000057 3 ARCOFEMI III	756		<b>3ill Of Su</b> FD	ıpply	Bill No Bill Reg I Referred Center Emp No		26.08 / SELF Myson	-OC R-21151 1023 08-16 2 541085			
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Received with thanks: Zero Rupees only

Authorized Signature (Nikhitha R)

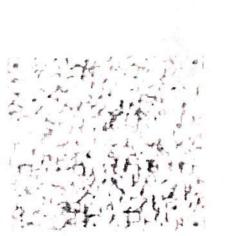
You can download your report from "www.apolloclinic.com" Enter user name as CMYSOPV116964 and password as 95374

die.

Please log on to AskApollo.com for booking Appointments

Apolio Health and Lifestyle Limited (CIN\_URSTRTG2000FCT15819) Reput Office #21.612-8 (1555-65 Deep and Lines - 2017);; Antess







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C V Haritha Varma

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## 30 PM

# Fwd: Health Check up Booking Confirmed Request(bobS44127), Package Code-PKG10000319, Beneficiary Code-80133

Mahesh Varma <maheshvarma212@gmail.com> Fri 8/25/2023 3:29 PM

To:Kakotuparambu, Puttur Region <VJKAKO@bankofbaroda.com>

You don't often get email from maheshvarma212@gmail.com. Learn why this is important

ान: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर कि TION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK O

------ Forwarded message ------From: **Mediwheel** <<u>wellness@mediwheel.in</u>> Date: Wed, 16 Aug 2023, 15:50 Subject: Health Check up Booking Confirmed Request(bobS44127),Package Code-PKG10000319, Beneficiary Code-80133 To: <<u>maheshvarma212@gmail.com</u>> Cc: <<u>customercare@mediwheel.in</u>>

## 011-41195959 Email:wellness@mediwheel.in

## Dear C V HARITHA VARMA,

Please find the confirmation for following request.

Booking Date	: 14-08-2023
Package Name	Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO
Name of Diagnostic/Hospit	al <sup>: Apollo</sup> clinic - Kalidasa Road
Address of Diagnostic/Hospit	al <sup>:</sup> Apollo Clinic, 23, Kalidasa Road, VV Mohalla, Mysore -570002
Contact Details	: 18605007788
City	: Mysore
State	: Karnataka
Pincode	: 570002
Appointment Date	: 26-08-2023
Confirmation Status	: Confirmed
Preferred Time	: 8:00am-8:00am
Comment	: APPOINTMENT TIME 9:00AM
	ndergo Health Check:
1. Please ensure	you are on complete fasting for 10-To-12-Hours prior to check.