





Patient Name	: Mrs.MALATHI S	Collected	: 13/May/2023 07:54AM
Age/Gender	: 56 Y 1 M 9 D/F	Received	: 13/May/2023 12:18PM
UHID/MR No	: DTNA.000000747	Reported	: 13/May/2023 03:01PM
Visit ID	: CANNOPV353950	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DIA1000426DIA1115		

#### DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA         METHODOLOGY       : Microscopic.         RBC MORPHOLOGY       : Predominantly normocytic normochromic RBC's noted.
RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY : Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS : Adequate in number.
PARASITES : No haemoparasites seen.
IMPRESSION : Normocytic normochromic blood picture.
NOTE/ COMMENT : Please correlate clinically.

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SIN No:BED230113210

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APOLLO CLINICS NETWORK







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#### DEPARTMENT OF HAEMATOLOGY

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

HAEMOGLOBIN	12.4	g/dL	12-15	Spectrophotometer
PCV	37.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.65	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	81.1	fL	83-101	Calculated
MCH	26.6	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,500	cells/cu.mm	4000-10000	Electrical Impedanc
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	59.4	%	40-80	Electrical Impedance
LYMPHOCYTES	30.5	%	20-40	Electrical Impedanc
EOSINOPHILS	2.0	%	1-6	Electrical Impedanc
MONOCYTES	7.3	%	2-10	Electrical Impedanc
BASOPHILS	0.8	%	<1-2	Electrical Impedanc
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3267	Cells/cu.mm	2000-7000	Electrical Impedanc
LYMPHOCYTES	1677.5	Cells/cu.mm	1000-3000	Electrical Impedanc
EOSINOPHILS	110	Cells/cu.mm	20-500	Electrical Impedanc
MONOCYTES	401.5	Cells/cu.mm	200-1000	Electrical Impedanc
BASOPHILS	44	Cells/cu.mm	0-100	Electrical Impedanc
PLATELET COUNT	268000	cells/cu.mm	150000-410000	Electrical impedenc
ERYTHROCYTE SEDIMENTATION RATE (ESR)	34	mm at the end of 1 hour	0-20	Modified Westergre
PERIPHERAL SMEAR				
AETHODOLOGY : Microscopi	с.			
RBC MORPHOLOGY : Predominantl	y normocytic nor	nochromic RBC's no	ted.	
VBC MORPHOLOGY : Normal in nu	umber, morpholog	gy and distribution. N	lo abnormal cells seen	1.
PLATELETS : Adequate in	number.			

PARASITES

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: No haemoparasites seen.

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DIA - FY232
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APOLLO CLINICS NETWORK







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UHID/MR No	: DTNA.000000747	Reported	: 13/May/2023 04:57PM	
Age/Gender	: 56 Y 1 M 9 D/F	Received	: 13/May/2023 12:18PM	
Patient Name	: Mrs.MALATHI S	Collected	: 13/May/2023 07:54AM	

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

#### BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	0	Microplate Hemagglutination
Rh TYPE	Positive	Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.

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Patient Name	: Mrs.MALATHI S		Collected	: 13/May/2023 07:54AM	
Age/Gender	: 56 Y 1 M 9 D/F	Received		: 13/May/2023 12:16PM	
UHID/MR No	: DTNA.000000747	Reported : 13/May/2023 01:33PM			
Visit ID	: CANNOPV353950		Status : Final Report		
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHC	ARE LIMITED
Emp/Auth/TPA ID	: DIA1000426DIA1115				
		DEPARTMENT OF	BIOCHEMISTR	Y	
ARCOFEMI - ME	DIWHEEL - FULL BODY A	NNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO	- PAN INDIA - FY2324
Те	Test Name Result			Bio. Ref. Range	Method
GLUCOSE, FAST	ING , NAF PLASMA	93	mg/dL	70-100	HEXOKINASE
12					
Comment:					
As per America	n Diabetes Guidelines				
Fasting Glucose	e Values in mg/d L	Interpretation	1		
<100 mg/dL Normal					
100-125 mg/dL Prediabetes					
≥126 mg/dL		Diabetes			

GLUCOSE, POST PRANDIAL (PP), 2	102	mg/dL	70-140	HEXOKINASE	
HOURS , NAF PLASMA					

#### **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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		DEPARTMENT C	F BIOCHEMISTR	Y	
ARCOFEMI - MED	NWHEEL - FULL BODY A	NNUAL PLUS CH	IECK ADVANCED	- FEMALE - 2D ECHO	- PAN INDIA - FY232
Te	st Name	Result	Unit	Bio. Ref. Range	Method
	ED HEMOGLOBIN ,	6.2	%		HPLC
		131	ma/dl		Calculated
WHOLE BLOOD-ED	ESTIMATED AVERAGE GLUCOSE (eAG),		mg/dL		Calculated
<b>Comment:</b> Reference Range <i>a</i>	as per American Diabetes A	ssociation (ADA)	:		
<b>REFERENCE G</b>	*		HBA1C IN %		
NON DIABETIC	ADULTS >18 YEARS		<5.7		
AT RISK (PRED	IABETES)		5.7 - 6.4		
DIAGNOSING DIABETES			≥6.5		
DIABETICS					
DIADETICS					
	NT CONTROL		6 – 7		
· EXCELLE	NT CONTROL GOOD CONTROL		6 – 7 7 – 8		
EXCELLE     FAIR TO C					

Note: Dietary preparation or fasting is not required.

- 1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control



SIN No:PLF01971049,PLP1329626,EDT230045688

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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 | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (W 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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#### DEPARTMENT OF BIOCHEMISTRY

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

# LIPID PROFILE, SERUM

TOTAL CHOLESTEROL	202	mg/dL	<200	CHO-POD
TRIGLYCERIDES	112	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	55	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	147	mg/dL	<130	Calculated
LDL CHOLESTEROL	124.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.67		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	$\geq$ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	$\geq$ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	$\geq 60$			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



SIN No:SE04370549

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APOLLO CLINICS NETWORK

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### DEPARTMENT OF BIOCHEMISTRY

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

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	85.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated

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#### DEPARTMENT OF BIOCHEMISTRY

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

RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SERU	JM		
CREATININE	0.95	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	19.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.20	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)

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GAMMA GLUTAMYL TRANSPEPTIDASE	14.00	U/L	<38	IFCC
(GGT), SERUM				

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Patient Name	: Mrs.MALATHI S	Collected	: 13/May/2023 07:54AM	

#### DEPARTMENT OF IMMUNOLOGY

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

## THYROID PROFILE TOTAL (T3, T4, TSH), SERUM

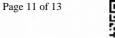
TRI-IODOTHYRONINE (T3, TOTAL)	1.18	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.63	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	0.599	µIU/mL	0.34-5.60	CLIA

## **Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hypothyroidism,TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active. Note:

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



1860

500

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7788

#### SIN No:SPL23072641

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# DEPARTMENT OF CLINICAL PATHOLOGY

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324 Unit Result Bio. Ref. Range

Test Name
-----------

Method
--------

COMPLETE URINE EXAMINATION (CUE)	, URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLOUDY		CLEAR	Visual
рН	7.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF
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	POSITIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUN	T AND MICROSCOPY			
PUS CELLS	PLENTY	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-6	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2111705

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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







Patient Name	: Mrs.MALATHI S		Collected	: 13/May/2023 07:54AM	
Age/Gender	: 56 Y 1 M 9 D/F		Received	: 13/May/2023 12:21PM	
UHID/MR No	: DTNA.000000747		Reported	: 13/May/2023 01:05PM	
Visit ID	: CANNOPV353950		Status	: Final Report	
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHC	ARE LIMITED
Emp/Auth/TPA ID	: DIA1000426DIA1115				
	D	EPARTMENT OF CL	INICAL PATHOL	.OGY	
ARCOFEMI - ME	DIWHEEL - FULL BODY	ANNUAL PLUS CHE	ECK ADVANCED	- FEMALE - 2D ECHO	- PAN INDIA - FY2324
Т	est Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE	E(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
185					
URINE GLUCOSE		NEGATIVE		NEGATIVE	Dipstick

Result/s to Follow: LBC PAP TEST (PAPSURE)

DR. MARQUESS RAJ M.D (PATH), D.N.B (PATH) **Consultant Pathologist** 

**DR. R.SRIVATSAN** 

M.D.(Biochemistry)

Dr THILAGA M.B.B.S, M.D(Pathology)

**Consultant Pathologist** 

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

Page 13 of 13



SIN No:UPP014626,UF008449

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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

Patient Name UHID Conducted By: Referred By	: Mrs. MALATHI S : DTNA.0000000747 : Dr. RAKESH P GOPAL : SELF	Age OP Visit No Conducted Date	: 56 Y/F : CANNOPV353950 : 15-05-2023 12:15	
	2D-ECHO WITH COLOUR I	DOPPLER		
Dimensions:				
Ao (ed)	2.6 CM			
LA (es)	2.9 CM			
RVID( ed)	<b>1.2 CM</b>			
LVID (ed)	4.0 CM			
LVID (es)	2.4 CM			
IVS (Ed)	0.6/0.8 CM			
LVPW (Ed)	0.7/1.1 CM			
EF	65.00%			
%Fs	35.00%			
MITRAL VALV	VE: NORMAL			
AML	NORMAL			
PML	NORMAL			
AORTIC VALV	E NORMAL			
TRICUSPID VA	ALVE NORMAL			
RIGHT VENTE	RICLE NORMAL			

Patient Name	: Mrs. MALATHI S	Age	: 56 Y/F
UHID	: DTNA.000000747	OP Visit No	: CANNOPV353950
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 15-05-2023 12:15
Referred By	: SELF		

# INTER ATRIAL SEPTUM INTACT

# INTER VENTRICULAR SEPTUM INTACT

AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL

PERICARDIUM NORMAL

# **LEFT VENTRICLE:**

# NO REGIONAL WALL MOTION ABNORMALITY

# NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

# **COLOUR AND DOPPLER STUDIES**

E/A-E: 0.7m/sec A: 0.9m/sec

# VELOCITY ACROSS THE PULMONIC VALVE 0.8m/sec

# VELOCITY ACROSS THE AV 1.3m/sec

TR VELOCITY 0.7m/sec

Patient Name	: Mrs. MALATHI S	Age	: 56 Y/F
UHID	: DTNA.000000747	OP Visit No	: CANNOPV353950
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 15-05-2023 12:15
Referred By	: SELF		

# IMPRESSION

NORMAL CHAMBER DIMENSION NO REGIONAL WALL MOTION ABNORMALITY NORMAL LV SYSTOLIC FUNCTION ( EF 65 %) GRADE I DIASTOLIC DYSFUNCTION STRUCTURALLY VALVES ARE NORMAL TRIVIAL MITRAL REGURGITATION TRIVIAL TRICUSPID REGURGITATION NO PAH / CLOT / PE

Rakesh Gopal

Dr. RAKESH P GOPAL

Patient Name	: Mrs. MALATHI S	Age	: 56 Y/F
UHID	: DTNA.000000747	OP Visit No	: CANNOPV353950
Conducted By:	:	Conducted Date	:
Referred By	: SELF		
Patient Name	: Mrs. MALATHI S	Age	: 56 Y/F
UHID	: DTNA.000000747	OP Visit No	: CANNOPV353950
Conducted By	:	Conducted Dat	e :
Referred By	: SELF		



Patient Name	: Mrs. MALATHI S	Age/Gender	: 56 Y/F
UHID/MR No.	: DTNA.0000000747	OP Visit No	: CANNOPV353950
Sample Collected on	:	Reported on	: 13-05-2023 19:31
LRN#	: RAD1997155	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: DIA1000426DIA1115		

## DEPARTMENT OF RADIOLOGY

#### SONO MAMOGRAPHY - SCREENING

CH<br/>Family H/O Breast cancer: Left breast itching on and off<br/>: NoHistory of breast surgery: NoPrevious Mammogram: 2019 (Tiny cyst in Left breast )

# Report

MAMMOGRAM Both sides Views Cranio caudal /oblique mediolateral Special views (if any) - No

**Type of Breast** Parenchyma - Scattered fibroglandular density ACR category : B

Asymmetry: No

# MASS/ OPACITY

No mass / opacity noted in both breasts.

# CALCIFICATION

No Calcification of suspicious Morphology/Distribution noted in both breasts.

# ASSOCIATED FEATURES ( BOTH BREAST )

Architectural Distortion	: Absent
IM Lymphnodes	: Absent
Solitary dilated ducts	:Absent



Patient Name	: Mrs. MALATHI S		Age/Gender	: 56 Y/F
Skin lesions		: Absent		
Skin and nipp	le retraction	:Absent		
Skin/subcutan	eous/	:Absent		
trabecular thi	ckening			

AXILLAE : Bilateral axillary Lymph node seen ( insignificant )

ULTRASOUND SCREENING

**TISSUE COMPOSITION :** heterogenous background echotexture.

# MASS/ CYST

No solid / cystic lesions noted in both breasts.

# Associated features ( Both breasts )

Architectural Distortion	: Absent
Duct changes	: Absent
Skin changes	: Absent
Edema	: Absent

Both Axillae: No evidence of significant axillary lymph node seen.

# **IMPRESSION**:

\*NO SIGNIFICANT ABNORMALITY DETECTED. - BIRADS -I

# **SUGGESTION:**

Regular Mammogram screening

Though mammography is the single best method of screening breast cancer, it does not detect all breast cancers. The false negative rate of mammography is approximately 10 % It is important for you to do breast self - examination on a continuing basis .If lump is felt, consult your Doctor. NB:BIRADS Categories.

I. Normal.

II. Benign finding.

III. Probably benign to be followed up after 6 months.



Patient Name : Mrs. MALATHI S

Age/Gender

: 56 Y/F

IV. Indeterminate lesion further evaluation necessary.

V. Highly suggestive of malignancy

VI. Proven malignancy.

BIRADS is an Imaging based classification. This has to be further correlated clinically and with other investigations including histopathological findings where ever warranted. Disclaimer :Please note that this report is a radiological professional opinion. It has to be correlated clinically and interpreted along with other investigations for comprehensive Health care management.

Dr. PRAVEENA SHEKAR T MBBS, DMRD, FAGE Radiology



Patient Name	: Mrs. MALATHI S	Age/Gender	: 56 Y/F
UHID/MR No.	: DTNA.000000747	<b>OP</b> Visit No	: CANNOPV353950
Sample Collected on	:	Reported on	: 13-05-2023 16:10
LRN#	: RAD1997155	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: DIA1000426DIA1115		

## DEPARTMENT OF RADIOLOGY

## ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology. Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 8.8 cms.

Portal and splenic veins appear normal. No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory. There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 9.9 x 3.9 cms.

Left kidney measures 11.0 x 4.1 cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus is absent ( Consistent with H/o surgery) Both ovaries not visualized (? atrophic) No mass lesion seen in the pelvis. Bladder is normal in contour.



Patient Name : M

: Mrs. MALATHI S

Age/Gender

: 56 Y/F

**IMPRESSION:** 

\* POST HYSTERECTOMY STATUS.

Dr. PRAVEENA SHEKAR T MBBS, DMRD, FAGE Radiology



Patient Name	: Mrs. MALATHI S	Age/Gender	: 56 Y/F
UHID/MR No.	: DTNA.000000747	OP Visit No	: CANNOPV353950
Sample Collected on	:	Reported on	: 13-05-2023 12:21
LRN#	: RAD1997155	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: DIA1000426DIA1115		
,			

# DEPARTMENT OF RADIOLOGY

## X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION: \*NO SIGNIFICANT ABNORMALITY DETECTED.

> Dr. PRAVEENA SHEKAR T MBBS, DMRD, FAGE Radiology

Fw: Health Check up Booking Confirmed Request(bobE39052),Package Code-PKG10000313, Beneficiary Code-2686

MALATHI SUBRAMANIAN < malathi1967@yahoo.co.in>

Sat 5/13/2023 7:38 AM

To: Annanagar Apolloclinic <annanagar@apolloclinic.com>

#### Sent from Yahoo Mail on Android

----- Forwarded message -----From: "Customer Care :Mediwheel : New Delhi" <customercare@mediwheel.in> To: "malathi1967@yahoo.co.in" <malathi1967@yahoo.co.in> Cc: Sent: Fri, 12 May 2023 at 7:14 pm Subject: Health Check up Booking Confirmed Request(bobE39052),Package Code-PKG10000313, Beneficiary Code-2686

	011-41195959 Email:wellness@mediwheel.in
Dear Team Medi	
We have received	d the confirmation for Health Check up from .
Beneficiary Name	: MRS. S MALATHI
Beneficiary Cod	<b>e</b> : 2686
Member Relation	n: Employee
Provider Name	: Apollo Medical centre - Anna Nagar
Provider Code	: DIA1000426DIA1115
Address	:30, F- Block, 2nd Avenue, Anna Nagar East - 600012
City	: Chennai
State	: Tamil Nadu
Pincode	: 600012
Email	:
Contact Details	: 7358392880 // 7305702537
Package Name	Arcofemi MediWheel Full Body Annual Plus Check Advanced Female 2D ECHO (Metro)
Comment	: APPOINTMENT TIME 8:30AM
Booking Date	: 11-05-2023
Appointment Date	: 13-05-2023

#### 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.

Please follow up with the Provider- Apollo Medical centre - Anna Nagar for flawless services.

© 2021-2022, Arcofemi Healthcare Limited.



5. Malath

DINA. 747 OCR- 92113





ENT Check up

Malathi s

56 F

13 5 23

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

General Examination / Allergies History

No complaints

DSL

Follow up date:

OF

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

In case of emergency, Please call 1066 or come directly to emergency room of the hospital Apollo Health and Lifestyle Limited To book an appointment **1860 500 7788** 





Mrs. Malathi

56 F

# 13/05/23

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

General Examination / Allergies History

Adv. Extraction I Scaling

Follow up date:

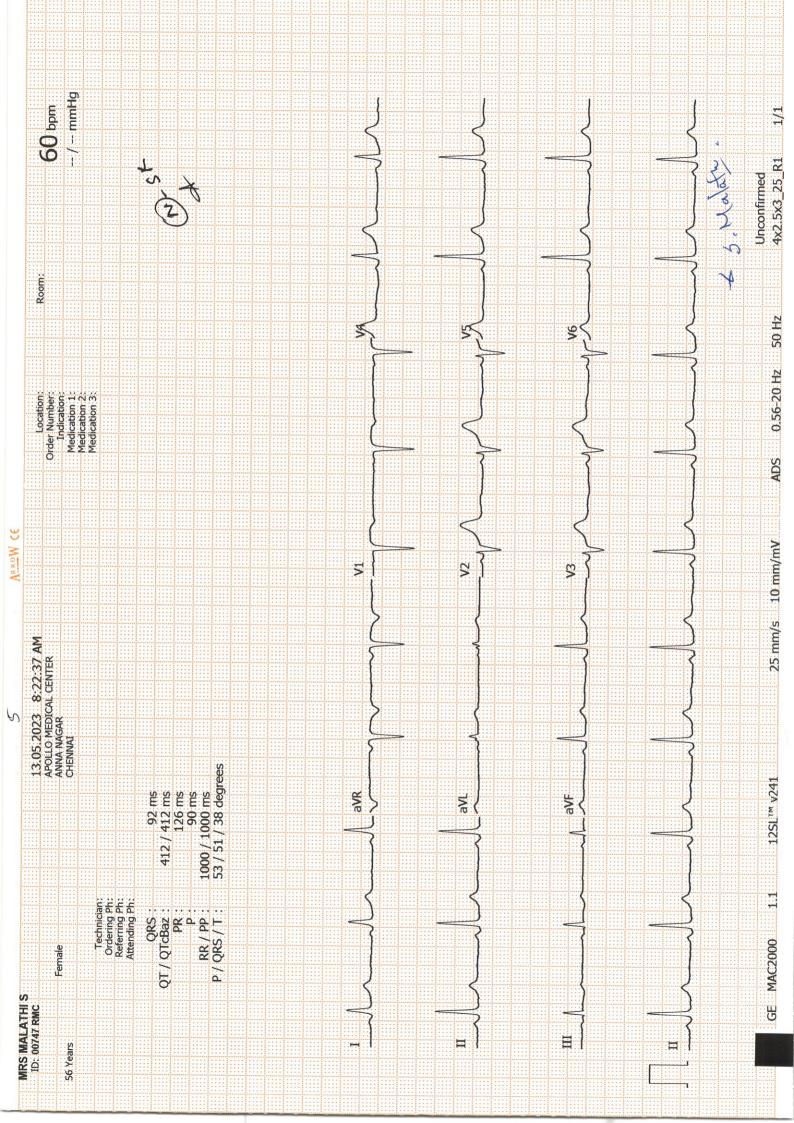
**Doctor Signature & Stamp** 

FSMMULt

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

		Expertise. Closer to y
Name: Mr Malathy Occupation: Age: 57 Sex: Male Female Address: Ph:	Copies to::	Reg. No.: 747
REPORT	ON OPHTHALMIC EXAMINATIO	N
History:	gha 35mp pax 5mt	LATTO 150
Present Complaint:	M	
ON EXAMINATION:	RE	LE
Ocular Movements :	fine	full
Interior Segment :	$\sim$	$\sim$
ntra-Ocular-Pressure :		
/isual Acuity: D.V. :	P	110
Vithout Glass :	66	6/6
Vith Glass :	-	No
I.V. :	NB	No tuu
/isual Fields :		V
iundus :		a Aa
mpression :		from 10-05
Advice :	ov Normal	

		10
intments:	1	
Sildennie.com	1	



				-
Referred By	: SELF			
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 13-05-2023 16:51	
UHID	: DTNA.000000747	OP Visit No	: CANNOPV353950	
Patient Name	: Mrs. MALATHI S	Age	: 56 Y/F	

# ECG REPORT

**Observation :-**

1. Normal Sinus Rhythm.

2. Heart rate is 60 beats per minutes.

Impression:

NORMAL RESTING ECG.

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

Dr. ARULNITHI AYYANATHAN

Patient Name	: Mrs. MALATHI S	Age	: 56 Y/F
UHID	: DTNA.000000747	OP Visit No	: CANNOPV353950
Conducted By:	:	Conducted Date	:
Referred By	: SELF		
Patient Name	: Mrs. MALATHI S	Age	: 56 Y/F
UHID	: DTNA.000000747	OP Visit No	: CANNOPV353950
Conducted By	:	Conducted Dat	e :
Referred By	: SELF		