

**Test Name** 





Method

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324				
DEPARTMENT OF HAEMATOLOGY				
Emp/Auth/TPA ID	: 9663826525D			
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Visit ID	: CMAROPV673347	Status	: Final Report	
UHID/MR No	: CMAR.0000313614	Reported	: 27/May/2023 07:10PM	
Age/Gender	: 31 Y 8 M 0 D/F	Received	: 27/May/2023 01:26PM	
Patient Name	: Mrs.LAKSHMI PRASANNA	Collected	: 27/May/2023 10:00AM	

Result

Unit

Bio. Ref. Range

			0	
IEMOGRAM, WHOLE BLOOD-EDTA				
HAEMOGLOBIN	13.8	g/dL	12-15	Spectrophotometer
PCV	40.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.67	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,700	cells/cu.mm	4000-10000	Electrical Impedanc
DIFFERENTIAL LEUCOCYTIC COUNT (	DLC)			
NEUTROPHILS	52.2	%	40-80	Electrical Impedanc
LYMPHOCYTES	38.7	%	20-40	Electrical Impedanc
EOSINOPHILS	2.5	%	1-6	Electrical Impedanc
MONOCYTES	6.5	%	2-10	Electrical Impedanc
BASOPHILS	0.1	%	<1-2	Electrical Impedanc
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3497.4	Cells/cu.mm	2000-7000	Electrical Impedanc
LYMPHOCYTES	2592.9	Cells/cu.mm	1000-3000	Electrical Impedanc
EOSINOPHILS	167.5	Cells/cu.mm	20-500	Electrical Impedanc
MONOCYTES	435.5	Cells/cu.mm	200-1000	Electrical Impedanc
BASOPHILS	6.7	Cells/cu.mm	0-100	Electrical Impedanc
PLATELET COUNT	330000	cells/cu.mm	150000-410000	Electrical impedenc
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westegrer method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

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Unit

Bio. Ref. Range

Result

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

**Test Name** 

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### SIN No:BED230123736

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Test Name Result Unit Bio. Ref. Range Method				Method	

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

	BLOOD GROUP TYPE	0	Microplate
			Hemagglutination
	Rh TYPE	Positive	Microplate
			Hemagglutination

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Patient Name	: Mrs.LAKSHMI PRASANNA		Collected	: 27/May/2023 10:00AM	
Age/Gender	: 31 Y 8 M 0 D/F		Received	: 27/May/2023 02:41PM	
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GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	HEXOKINASE
Comment: As per American Diabetes Guidelines				
Fasting Glucose Values in mg/d L	Interpretation			
<100 mg/dL	Normal			
100-125 mg/dL	Prediabetes			
≥126 mg/dL	Diabetes			

GLUCOSE, POST PRANDIAL (PP), 2	105	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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Test Name	Result	Unit	Bio. Ref. Range	Method	

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.7	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	117	mg/dL	Calculated

## **Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 - 6.4
DIAGNOSING DIABETES	$\geq$ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 - 8
· UNSATISFACTORY CONTROL	8-10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- 1. 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



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Unit

Bio. Ref. Range

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	169	mg/dL	<200	CHO-POD
TRIGLYCERIDES	161	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.92		0-4.97	Calculated

### **Comment:**

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

Result

	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.

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Method

Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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Unit

Bio. Ref. Range

Result

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.51	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	48.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.13	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.75	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated

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RENAL PROFILE/KIDNEY FUNCTION T	RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM						
CREATININE	0.51	mg/dL	0.72 – 1.18	JAFFE METHOD			
UREA	14.00	mg/dL	17-43	GLDH, Kinetic Assay			
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated			
URIC ACID	4.93	mg/dL	2.6-6.0	Uricase PAP			
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III			
PHOSPHORUS, INORGANIC	3.05	mg/dL	2.5-4.5	Phosphomolybdate Complex			
SODIUM	140	mmol/L	136–146	ISE (Indirect)			
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)			
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)			

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GAMMA GLUTAMYL TRANSPEPTIDASE	20.00	U/L	<38	IFCC	
(GGT), SERUM					

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Patient Name	: Mrs.LAKSHMI PRASANNA		Collected	: 27/May/2023 10:00AM	

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

TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.91	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.857	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 hyperthyroidism, 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

Page 10 of 12



SIN No:SPL23078820

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

Address: The Apollo Clinic,#673/A,Varthur main road, Near Kundanahalii Signal, Opp.shriram samruddhi apts, Whitefield, Bangalore - 560066



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 | Kuntalahalli | 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)



**Test Name** 





Method

ARCOFEMI		TH ANNUAL PLUS CHECK	K - FEMALE - TMT - PAN INDIA - FY2324
	DEPARTME	NT OF CLINICAL PATHOL	.OGY
Emp/Auth/TPA ID	: 9663826525D		
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Visit ID	: CMAROPV673347	Status	: Final Report
UHID/MR No	: CMAR.0000313614	Reported	: 27/May/2023 07:28PM
Age/Gender	: 31 Y 8 M 0 D/F	Received	: 27/May/2023 05:29PM
Patient Name	: Mrs.LAKSHMI PRASANNA	Collected	: 27/May/2023 10:00AM

Unit

Bio. Ref. Range

Result

COMPLETE URINE EXAMINATION (CUE) ,	URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		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 MOUNT	AND MICROSCOPY			
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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SIN No:UR2119193

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APOLLO CLINICS NETWORK

Address: Auress. The Apollo Clinic,#673/A,Varthur main road, Near Kundanahalii Signal, Opp.shriram samruddhi apts, Whitefield, Bangalore - 560066



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 | Kuntalahalli | 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





: 27/May/2023 10:00AM

Age/Gender	: 31 Y 8 M 0 D/F		Received	: 27/May/2023 03:15PM	Л
UHID/MR No	: CMAR.0000313614		Reported	: 27/May/2023 03:46PN	Λ
Visit ID	: CMAROPV673347		Status	: Final Report	
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHO	CARE LIMITED
Emp/Auth/TPA ID	: 9663826525D				
		DEPARTMENT OF C	LINICAL PATHOL	.OGY	
ARCOFEMI	- MEDIWHEEL - FULL B	ODY HEALTH ANN	UAL PLUS CHEC	K - FEMALE - TMT - P	AN INDIA - FY2324
Т	est Name	Result	Unit	Bio. Ref. Range	Method
JRINE GLUCOSE	E(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE		NEGATIVE		NEGATIVE	Dipstick

Collected

Result/s to Follow: PERIPHERAL SMEAR

po ar Dr. Prasanna M.B.B.S, M.D **Consultant Pathologist** 

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

ADO

: Mrs.LAKSHMI PRASANNA

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

DR.SHIVARAJA SHETTY M.B.B.S.M.D(Biochemistry CONSULTANT BIOCHEMIST Consultant Pathologist



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

Page 12 of 12



SIN No:UPP014731,UF008549

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

Address: Autress: The Apollo Clinic,#673/A,Varthur main road, Near Kundanahalii Signal, Opp.shriram samruddhi apts, Whitefield, Bangalore - 560066



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)



# Your Apollo order has been confirmed

# noreply@apolloclinics.info <noreply@apolloclinics.info>

Thu 5/11/2023 5:45 PM

To: wellness@mediwheel.in <wellness@mediwheel.in>

Cc: FO ITPL <fo.itpl@apolloclinic.com>;ITPL CLINIC <itpl@apolloclinic.com>;Nishant Vinayak tare <nishant.tare@apollohl.com>;Syamsunder M <syamsunder.m@apollohl.com>

# Dear MS. DARAPUREDDY LAKSHMI PRASANNA,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **MARATHAHALLI clinic** on **2023-05-27** at **08:10-08:15**.

Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement	ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP
Name	AGREEMENT
Package	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS
Name	CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]

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

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

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

### Instructions to undergo Health Check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- 3. Bring urine sample in a container if possible (containers are available at the Health Check Centre).
- 4. Please bring all your medical prescriptions and previous health medical records with you.
- 5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

2

### Mail - ITPL CLINIC - Outlook

- 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.

As per agreement terms please carry all relevant documents such as Confirmation mail, valid id proof, company ID card etc.

For further assistance please call us on our Help Line #: 1860 500 7788.

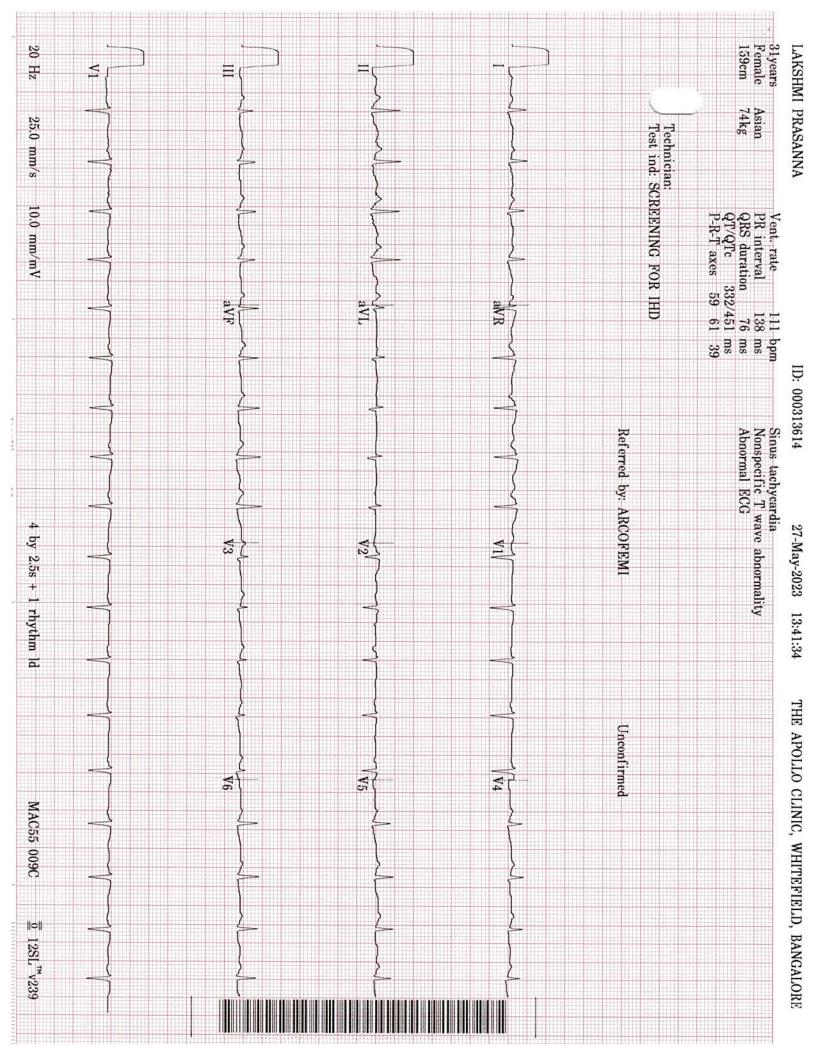
Clinic Address: THE APOLLO CLINIC,#673/A,VARTHUR MAIN ROAD,NEAR KUNDANAHALII SIGNAL,OPP.SHRIRAM SAMRUDDHI APTS,WHITEFIELD,BANGALORE-.

Contact No: (080) 43351444 - 45/.

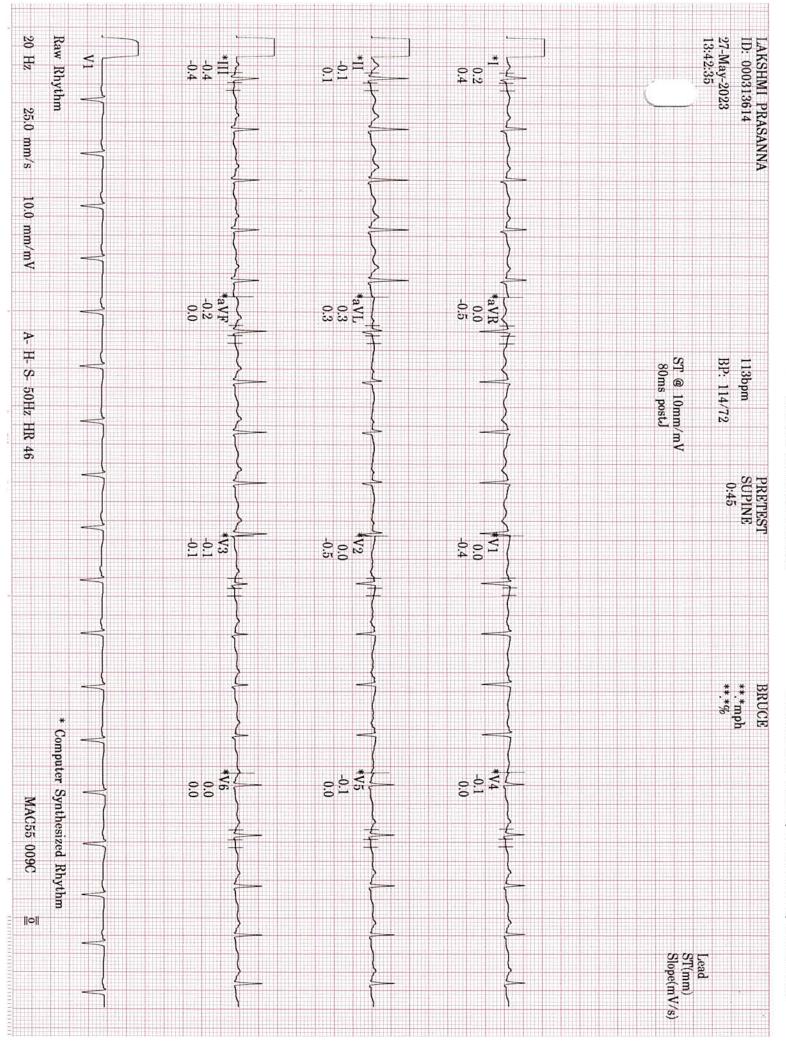
P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Note: Speak Freely. Speak Free! Speak to our Doctor from 8:00 PM to 8:00 AM by calling 1860 500 7788 and press #2 on the IVR. Now get all your Health related queries answered by an expert! Service by Apollo Clinic.

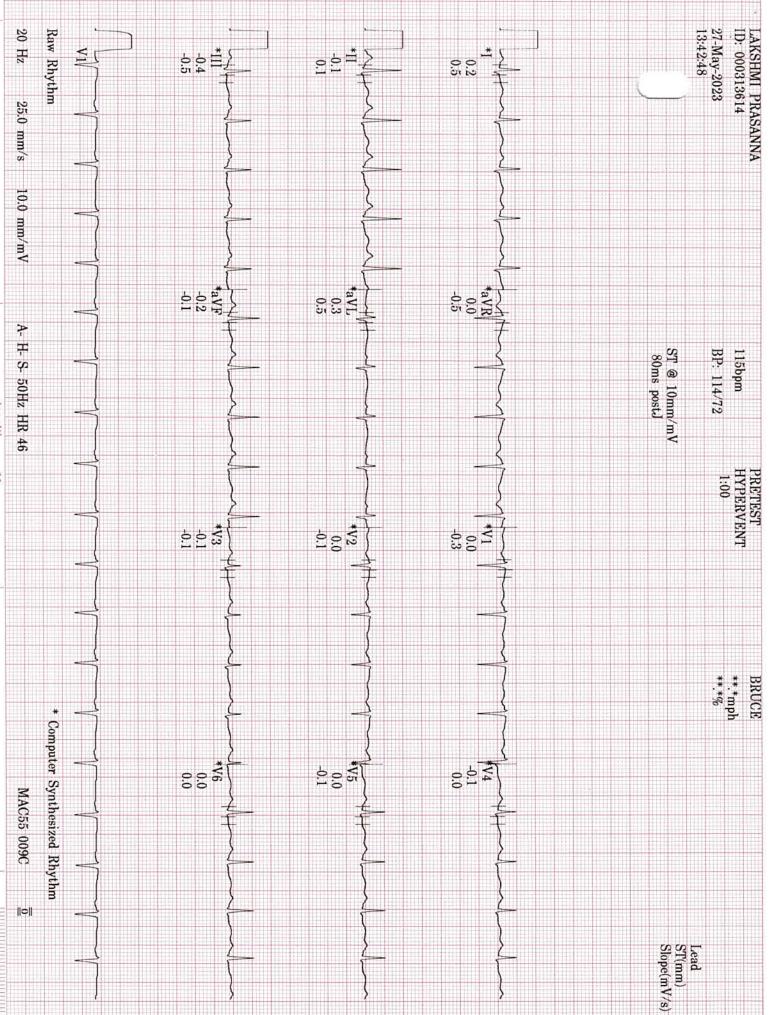
Warm Regards, Apollo Team

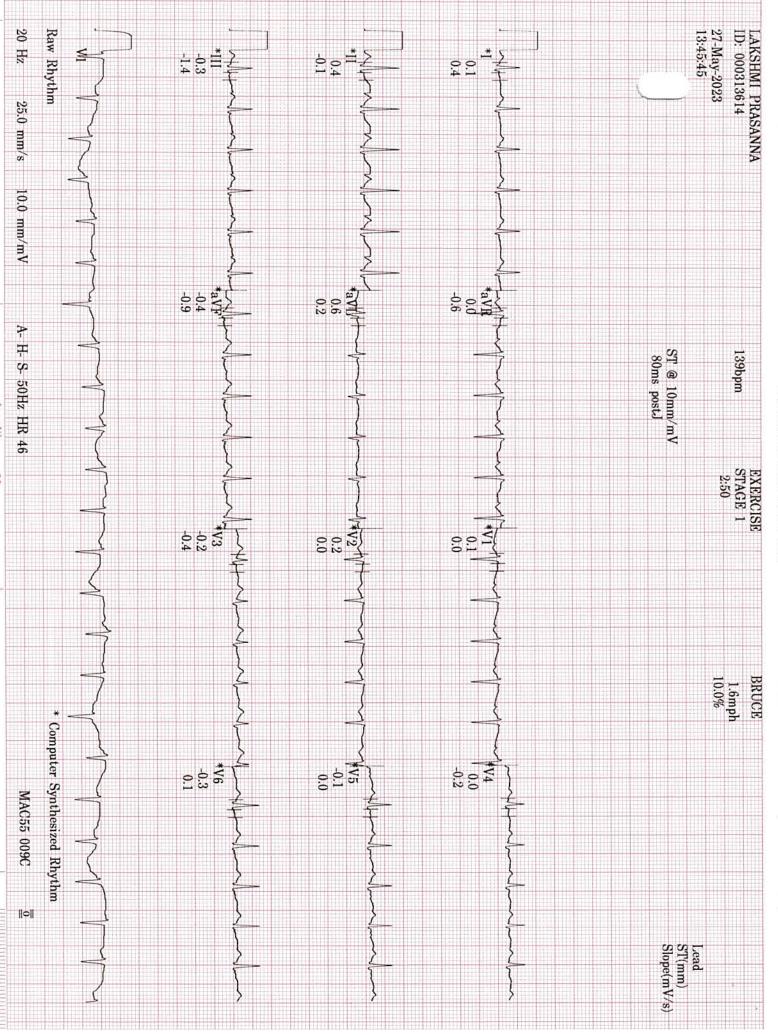


THE APOLLO CLINIC, WHITEFIELD, BANGALORE

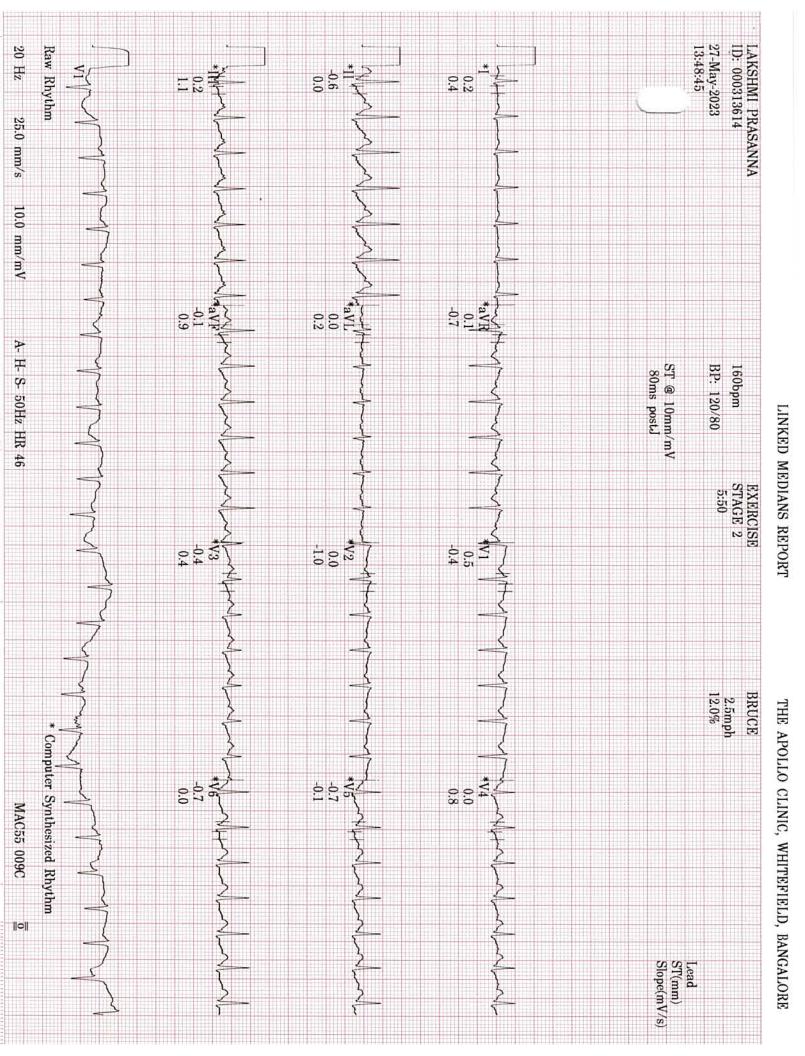




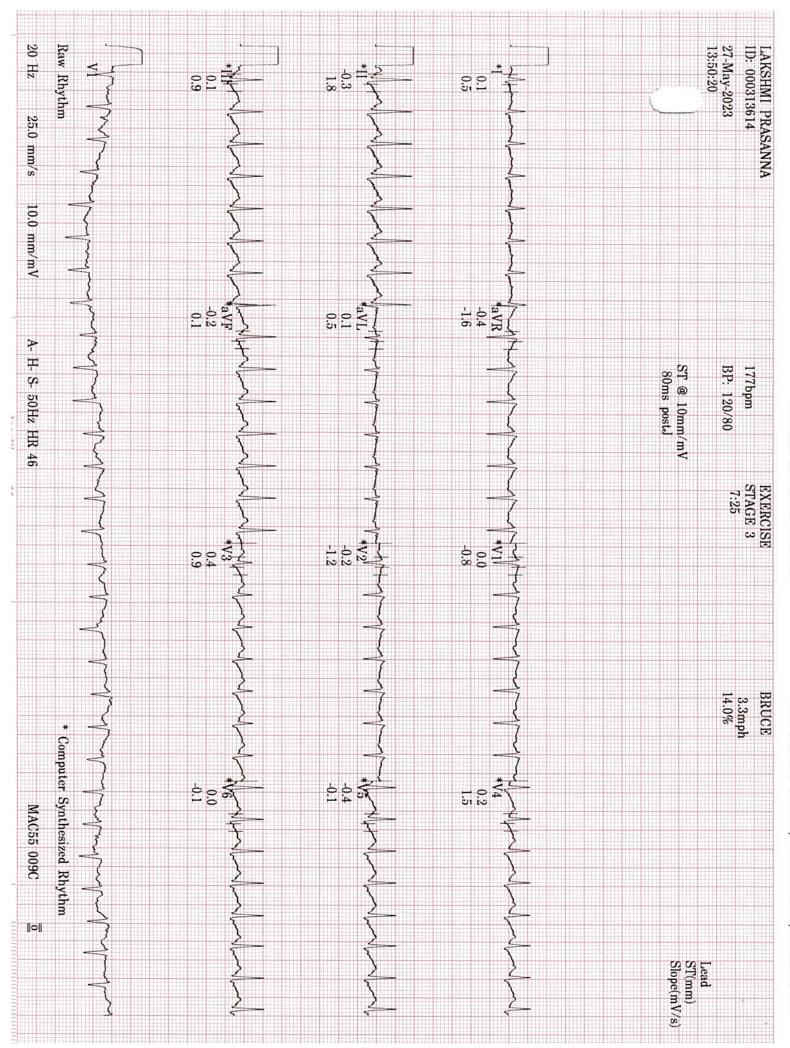


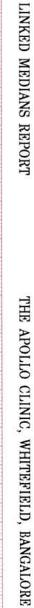


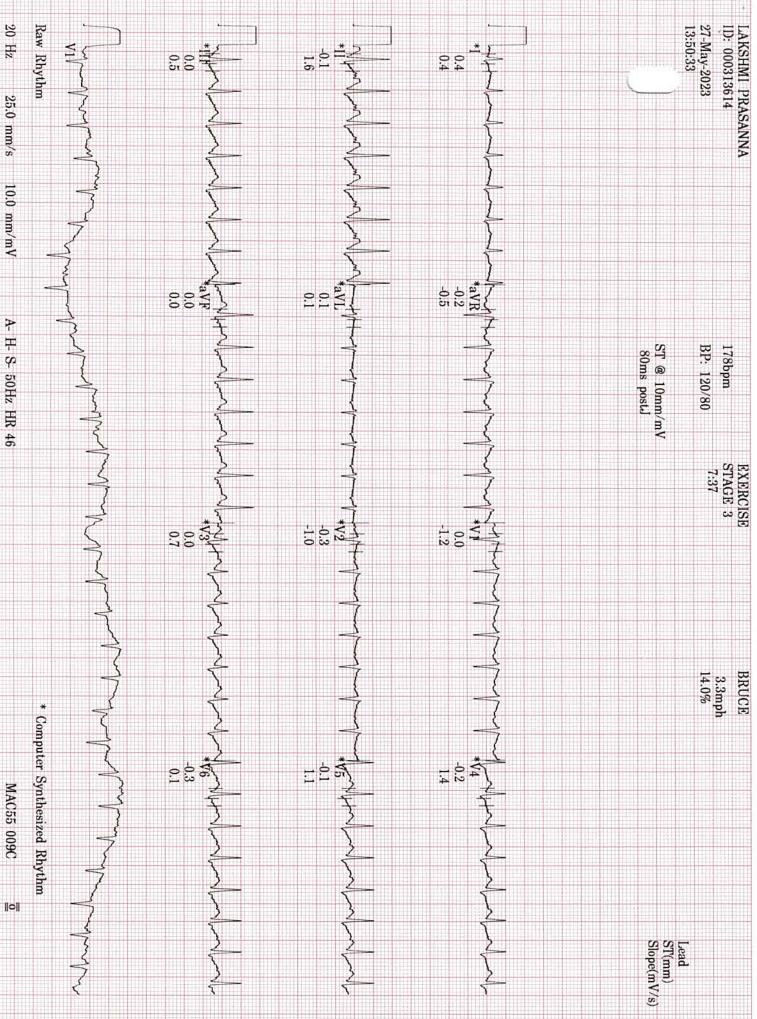
THE APOLLO CLINIC, WHITEFIELD, BANGALOKE

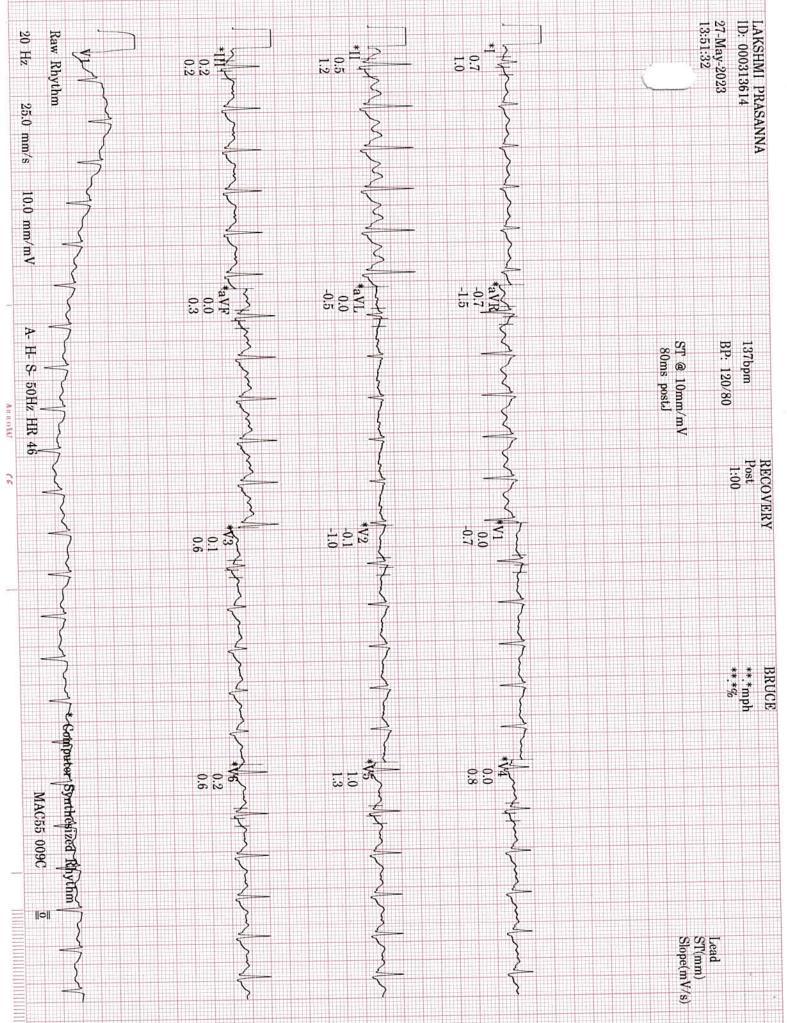


THE APOLLO CLINIC, WHITEFIELD, BANGALORE

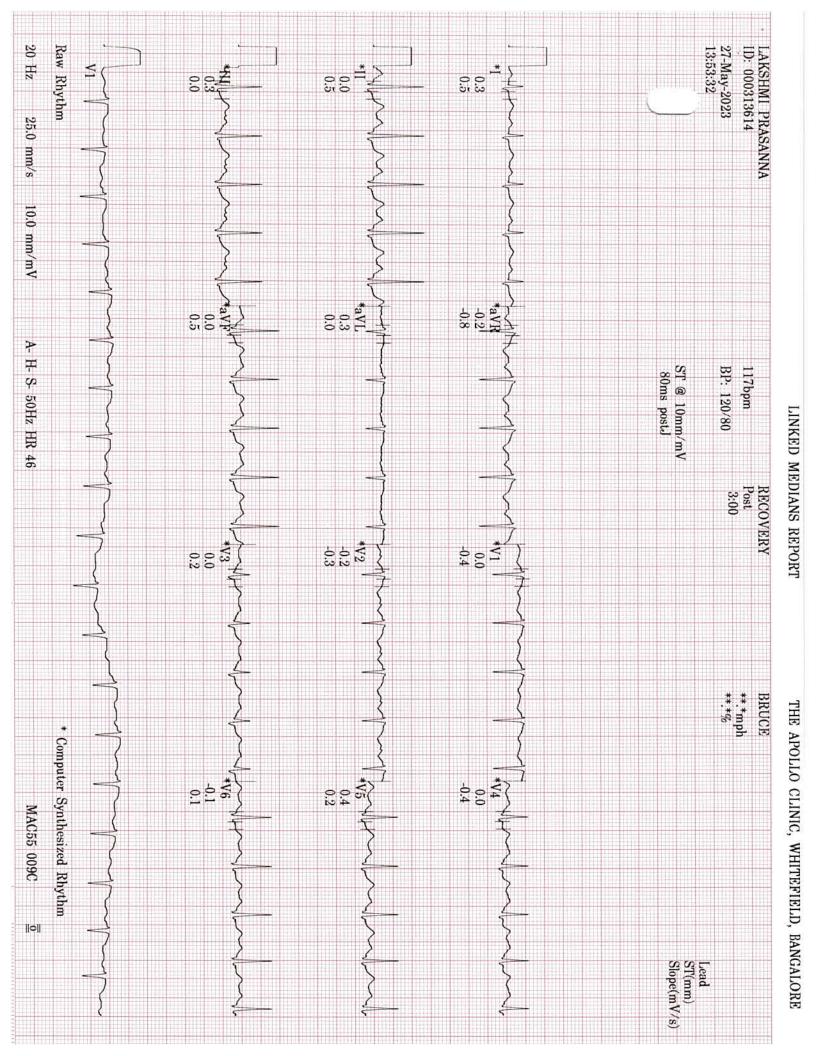








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TEST END RECOVERY 3:14 117bpm BP: 120/80 BP: 114/72	PEAK EXERCISE 7:37 178bpm BP: 120/80	MAX ST EXERCISE 2:00 141bpm BP: 114/72	BASELINE EXERCISE 0:00 119bpm BP: 114/72
NORMAL HR AND BP RESPOND NO SIGNIFICANT ST-T CHAN NO ANGINA / ARRHYTHMIA STRESS TEST IS NEGATIVE	OFEMI VING FOR IHD	Referred by: ARCO Test ind: SCREEN	(U) T LOU
	Asian 74kg	t 31years 159cm	ID: 000313614 27-May-2023 13:41:50
	SELECTED N RECOVERY 3:14 BP: 120/80 0.2 -0.2 -0.2 -0.2 -0.2 -0.2	SELECTED N Female TEST END RECOVERY 3:14 0.2 1 0.2 0.2 0.2 0.2	Asian Female Asian Female 74kg 74kg T PEAK T PEAK ISE EXERCISE RECOVERY 7:37 0.5 0.4 178bpm 117bpm BP: 120/80 BP: 120/80 BP: 120/80 117bpm 0.5 0.4 0.2 0.2 0.2 0.2 0.3

# SELECTED MEDIANS REPORT

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RECOVERY			EXERCISE			PRETEST	Phase Name	-: 41:50  }	97-May-9093	LAKSHMI PRASANNA ID: 000313614
Post	STAGE 3	STAGE 2	STAGE 1	HYPERVENT	STANDING	SUPINE	Stage Name	Referred by: ARCOFEMI Test ind: SCREENING FOR IHD	159mm	ASAN
				ENT	G			EMI IG FOR IHD	nsiau 74ko	<b>N</b>
3:14	1:37	3:00	3:00	0:16	0:02	0:47	Time in Stage		Tenidie	F
.*	دی دی	2.5	1.6	0.8	.*	.*	Speed (mph)	02220		
.*	14.0	12.0	10.0	0.0	.**	.**	Grade (%)	Comments: GOOD I NORMAL HR AND NO SIGNIFICANT S NO ANGINA / ARR STRESS TEST IS N	Reason for Termination	BRUCE Max HR: 178bpm 94
1.0	9.2	7.0	4.4	1.0	1.0	1.0	WorkLoad (METS)	Comments: GOOD EFFORT TOLERANCE NORMAL HR AND BP RESPONSE NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY NO ANGINA / ARRHYTHMIA STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA	ination.	
117	178	163	139	119	114	114	ad HR (bpm)	TOLERANCI PONSE ANGES NOTE IA E FOR INDU	Max HR attained	Total Exercise tim % of max predicted 189bpm
120/80	120/80	120/80	114/72	114/72	114/72	114/72	BP (mmHg)	E SD DURING ' JCIBLE ISCH	JI NIUQU.	ż ġ
140	214	196	158	136	130	130	RPP (x100)	THE STUDY EMIA	OIDING.	1:37 0.9METIS
									711017	25.0 mm/s 10.0 mm/mV

THE APOLLO CLINIC, WHITEFIELD, BANGALORE

Technician:

MAC55 009C

			Apollo Medical Centre
Apollo HOSPITALS		Department	Expertise. Closer to you.
Date : 27-05-2023	14	Doctor	:
MR NO : CMAR.00003136			
Name : Mrs. LAKSHMI P	RASANNA	Registration No	÷
		Qualification	:
Age/ Gender : 31 Y / Female	3		
Consultation Timing: 09:36			5002-98%
Height: 59 CM Weig	ght: 74,8 Kg	BMI :	Waist Circum :
Temp : Puls		Resp :	B.P: 114 72 mm99
General Examination / Allergies	Clinical Diagnosis & I	Management Plan	$\bigcirc$
History			
11 11			
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Ϋ́.	Follow up date:		Doctor Signature
	96 R 9739		

CE MAC1200 ST	CE MAC1200 ST LAKSHMI PRASANNA, Female 31 Years (27.09 1991)	PRASANNA, CO313614, APOLLO			HR 78bpm
Lement	Kesuics. 102 ms	-90 ~ 1			
ТсВ	400 / 456 ms	aur	S normal ECG		
OTD/QTCBD:	Sex adding a	ms III 490 II			
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277 M	22 May 2023 12 12 54	54 PM 25mm/s 10mm/mU ADS	0.08 - 20Hz	MI STREWOTIV & LI &	06.2 M121 (1)





Patient Name	: Mrs. LAKSHMI PRASANNA	Age	: 31 Y F
UHID	: CMAR.0000313614	OP Visit No	: CMAROPV673347
Reported on	: 27-05-2023 18:52	Printed on	: 27-05-2023 20:15
Adm/Consult Doctor		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 cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

# **CONCLUSION:**

No obvious abnormality seen

Printed on:27-05-2023 18:52

---End of the Report---

Maren, IC

Dr. NAVEEN KUMAR K MBBS, DMRD Radiology, (DNB) Radiology

<sup>(</sup>CIN - U85110TG2000PLC046089) Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor ; Ameerpet, Hyderabad, Telangana - 500 038 | Email ID: enquiry@apollohl.com







: Mrs.LAKSHMI PRASANNA		Collected	: 27/May/2023 10:00AM	
: 31 Y 8 M 0 D/F		Received		
: CMAR.0000313614		Reported		
: CMAROPV673347		Status		
: Dr.SELF		Sponsor Name	- Martine and Call Production of Martine	ELIMITED
: 9663826525D				
D	EPARTMENT	OF HAEMATOLOG	Y	
MEDIWHEEL - FULL BODY	HEALTH ANN	UAL PLUS CHECK	K - FEMALE - TMT - PAN	INDIA - FY2324
	Result	Unit	Bio. Ref. Range	Method
	: 31 Y 8 M 0 D/F : CMAR.0000313614 : CMAROPV673347 : Dr.SELF : 9663826525D	: 31 Y 8 M 0 D/F : CMAR.0000313614 : CMAROPV673347 : Dr.SELF : 9663826525D DEPARTMENT • MEDIWHEEL - FULL BODY HEALTH ANN	: 31 Y 8 M 0 D/F : CMAR.0000313614 : CMAROPV673347 : Dr.SELF : 9663826525D DEPARTMENT OF HAEMATOLOG MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK	: 31 Y 8 M 0 D/F : CMAR.0000313614 : CMAROPV673347 : Dr.SELF : 9663826525D DEPARTMENT OF HAEMATOLOGY - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN

BLOOD GROUP ABO AND RH FAC	TOR, WHOLE BLOOD-EDTA	
BLOOD GROUP TYPE	0	Microplate Hemagglutination
Rh TYPE	Positive	Microplate Hemagglutination

Page 1 of 3



SIN No:BED230123736

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Address: The Apollo Clinic,8673/A Varthur main road, Near Rundanahalil Signal, Opp.shriram samruddhi apis,









Patient Name	: Mrs.LAKSHMI PRASANNA		Collected	: 27/May/2023 10:00AM	
Age/Gender	: 31 Y 8 M 0 D/F		Received	: 27/May/2023 02:24PM	
UHID/MR No	: CMAR.0000313614		Reported	: 27/May/2023 09:37PM	
'isit ID : CMAROPV673347			Status	: Final Report	
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCAR	
Emp/Auth/TPA ID	: 9663826525D				
		DEPARTMENT (	OF BIOCHEMISTR	Y	
ARCOFEMI	MEDIWHEEL - FULL BODY	HEALTH ANN	UAL PLUS CHECK	K - FEMALE - TMT - PAN	INDIA - FY2324
Т	est Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	HEXOKINASE
Comment:				
As per American Diabetes Guidelines				
Fasting Glucose Values in mg/d L	Interpretatio	on		
<100 mg/dL	Normal			
100-125 mg/dL	Prediabetes	S		
≥126 mg/dL	Diabetes	Data Same Same		

Page 2 of 3



SIN No:PLF01977307

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\*









Patient Name	itient Name : Mrs.LAKSHMI PRASANNA		Collected	: 27/May/2023 02:29PM		
Age/Gender			Received	: 27/May/2023 05:29PM		
UHID/MR No			Reported	: 27/May/2023 08:23PM		
Visit ID	: CMAROPV673347		Status : Final Report			
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		
Emp/Auth/TPA ID	: 9663826525D					
	DEP	ARTMENT OF CLI	NICAL PATHOL	.OGY		
ARCOFEMI	MEDIWHEEL - FULL BODY	HEALTH ANNUA	L PLUS CHECK	K - FEMALE - TMT - PAN	INDIA - FY2324	
		Result	Unit	Bio. Ref. Range	Method	

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

URINE GLUCOSE(POST PRANDIAL)

NEGATIVE

NEGATIVE Dipstick

Result/s to Follow: PERIPHERAL SMEAR

APO/ ar 20 Ô Dr. Prasanna M.B.B.S, M.D Consultant Pathologist

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

Page 3 of 3



1860 500 7788

SIN No:UPP014731

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







UHID/MR No      : CMAR.0000313614        Visit ID      : CMAROPV673347        Ref Doctor      : Dr.SELF        Emp/Auth/TPA ID      : 9663826525D	Received    : 27/May/2023 01:26PM      Reported    : 27/May/2023 07:10PM      Status    : Final Report      Sponsor Name    : ARCOFEMI HEALTHCARE LIMITED
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	LINE AND DATE OF THE OWNER OF THE		TAEM/	AIOLOGY	
ILL DA	ODV		in here was a strength of the		
		TII AATAA			the second se

Test Name	Denut	The still	CK - FEMALE - TMT - PAN	INDIA - FY23
	Result	Unit	Bio. Ref. Range	
				Method

HEMOGRAM , WHOLE BLOOD-EDTA HAEMOGLOBIN				0.00
PCV	13.8	g/dL	10.45	
	40.80	%	12-15	Spectrophotometer
RBC COUNT			36-46	Electronic pulse &
MCV	4.67	Million/cu.mm	3.8-4.8	Calculation
МСН	87	fL	83-101	Electrical Impedence
MCHC	29.5	pg	27-32	Calculated
R.D.W	33.7	g/dL	31.5-34.5	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	14.4	%	11.6-14	Calculated
DIFFERENTIAL LEUCODIT (TLC)	6,700	cells/cu.mm	and the second se	Calculated
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)	e a construction and a construction of the con	4000-10000	Electrical Impedance
	52.2	0/		
YMPHOCYTES	38.7	%	40-80	Electrical Impedance
OSINOPHILS	2.5	%	20-40	Electrical Impedance
ONOCYTES	6.5	%	1-6	Electrical Impedance
ASOPHILS	0.1	%	2-10	Electrical Impedance
BSOLUTE LEUCOCYTE COUNT	0.1	%	<1-2	Electrical Impedance
EUTROPHILS				Lectrical impedance
YMPHOCYTES	3497.4	Cells/cu.mm	2000-7000	Electric 11
OSINOPHILS	2592.9	Cells/cu.mm	1000-3000	Electrical Impedance
ONOCYTES	167.5	Cells/cu.mm	20-500	Electrical Impedance
ASOPHILS	435.5	Cells/cu.mm	200-1000	Electrical Impedance
ATELET COUNT	6.7	Cells/cu.mm	17.21 SOLE 0	Electrical Impedance
RYTHROCYTE SEDIMENTATION	330000	cells/cu.mm	0-100	Electrical Impedance
TE (ESR)	19	mm at the end	150000-410000	Electrical impedence
IPHERAL SMEAR		of 1 hour	0-20	Modified Westegren method

P e normocytic normochromic

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

PLATELETS: appear adequate in number.

Address: The Apollo Clinic #673/A Varthur main road,







	Patient Name Age/Gender UHID/MR No Visit ID Ref Doctor Emp/Auth/TPA ID	: Mrs.LAKSHMI PRASANNA : 31 Y 8 M 0 D/F : CMAR.0000313614 : CMAROPV673347 : Dr.SELF : 9663826525D	Collected Received Reported Status Sponsor Name	: 27/May/2023 10:00AM : 27/May/2023 01:26PM : 27/May/2023 07:10PM : Final Report : ARCOFEMI HEALTHCARE LIMITED
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Test Name			CK - FEMALE - TMT - PAN	INDIA - FY232
rest Name	Result	Unit		
	and the second se	Unit	Bio. Ref. Range	Method

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

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# SIN No:BED230123736

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Address: The Apollo Clinic, 2673/A, Varthur main road,

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Patient Name Age/Gender UHID/MR No Visit ID Ref Doctor Emp/Auth/TPA ID	: Mrs.LAKSHMI PRASANNA : 31 Y 8 M 0 D/F : CMAR.0000313614 : CMAROPV673347 : Dr.SELF : 9663826525D	Collected Received Reported Status Sponsor Name	: 27/May/2023 10:00AM : 27/May/2023 02:41PM : 27/May/2023 06:58PM : Final Report : ARCOFEMI HEALTHCARE LIMITED	•
ARCOFEMI	DEPART MEDIWHEEL - FULL BODY HEALT			-

Descut		CR - FEMALE - TMT - PAN	INDIA - EY2324
Result	Unit	Bio. Ref. Range	Method
	Result	Result Unit	Result Unit Bio. Ref. Range

HOURS MAE DI PRANDIAL (PP), 2	105			
HOURS , NAF PLASMA	105	mg/dL	70-140	HEXOKINASE
	and the second se			- COLUNIA OL

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each conditions which may lead to be

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

Page 3 of 11

Address: The Apollo Clinic, #673/A, Varthur main m







Patient Name Age/Gender UHID/MR No Visit ID Ref Doctor Emp/Auth/TPA ID	: Mrs.LAKSHMI PRASANNA : 31 Y 8 M 0 D/F : CMAR.0000313614 : CMAROPV673347 : Dr.SELF : 9663826525D	Collected Received Reported Status Sponsor Name	: 27/May/2023 10:00AM : 27/May/2023 02:41PM : 27/May/2023 06:58PM : Final Report : ARCOFEMI HEALTHCARE LIMITED
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# DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FUL Test Name	L BODY HEALTH ANNUL	BIOCHEMIST	RY	
Test Name		AL PLUS CHEC	CK - FEMALE - TMT - PAN	INDIA - FY2324
	Result	Unit	Bio. Ref. Range	Method

IBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.7	%	- I was a
STIMATED AVERAGE OF USE			HPLC
STIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	COSE (eAG) , 117	mg/dL	
HOLE BLOOD-EDTA			Calculated

# **Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	1 N	
NON DIABETIC ADULTS >18 YEARS	HBA1C IN %	
AT RISK (PREDIABETES)	<5.7	
DIAGNOSING DIABETES	5.7 - 6.4	
DIABETICS	≥ 6.5	
· EXCELLENT CONTROL		
· FAIR TO GOOD CONTROL	6-7	
· UNSATISFACTORY CONTROL	7-8	
· POOR CONTROL	8-10	
Note: Dietary preparation 6 in i	>10	

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

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:PLP1333745,EDT230049944







Age/Gender UHID/MR No Visit ID Ref Doctor Emp/Auth/TPA ID	: Mrs.LAKSHMI PRASANNA : 31 Y 8 M 0 D/F : CMAR.0000313614 : CMAROPV673347 : Dr.SELF : 9663826525D	Collected Received Reported Status Sponsor Name	: 27/May/2023 10:00AM : 27/May/2023 01:17PM : 27/May/2023 05:03PM : Final Report : ARCOFEMI HEALTHCARE LIMITED
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Test Name	BODT HEALTH ANNU	AL PLUS CHEC	CK - FEMALE - TMT - PAN	INDIA - EV222
	Result	Unit	Bio. Ref. Range	Method

TOTAL CHOLESTEROL			and the second sec	
TRIGLYCERIDES	169	mg/dL	<200	
HDL CHOLESTEROL	161	mg/dL	and the second se	CHO-POD
ISE GHOLESTEROL	43		<150	GPO-POD
NON-HDL CHOLESTEROL		mg/dL	40-60	Enzymatic
LDL CHOLESTEROL	126	mg/dL	1041114	Immunoinhibition
	93.5		<130	Calculated
LDL CHOLESTEROL	32.2	mg/dL	<100	Calculated
CHOL / HDL RATIO	3.92	mg/dL	<30	Calculated
	0.92		0-4.97	Calculated

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

Desirable	D		
	Borderline High	High	Very High
	200 - 239	> 240	
<150	150 - 199		
Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 500 ≥ 190
≥ 60			
Optimal <130; Above Optimal 130-159	160-189	190-219	>220
	Near Optimal 100-129 ≥ 60	< 200	Solution  High    < 200

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:SE04381704

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Address: The Apollo Clinic,#673/A, Varthur main road, Page 5 of 11









Age/Gender : Mrs.LAKSHMI PRASANNA Age/Gender : 31 Y 8 M 0 D/F JHID/MR No : CMAR.0000313614 /isit ID : CMAROPV673347 Ref Doctor : Dr.SELF mp/Auth/TPA ID : 9663826525D
--

Test Name	L BODY HEALTH ANNU	AL PLUS CHE	CK - FEMALE THE	
Test Name	Result	Unit	PANE - TMT - PAN	INDIA - FY2324
		Unit	Bio. Ref. Range	Method

the second se	
Metho	
IVIATO	-
metho	

BILIRUBIN, TOTAL BILIRUBIN CONJUGATED (DIRECT)	0.51	mg/dL		
BILIRI RIN (INDIDE CET)	0.10		0.3–1.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	<0.2	DPD
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	mg/dL	0.0-1.1	Dual Wavelength
ASPADTATE ALW	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE PROTEIN, TOTAL	48.00	U/L		
ALBUMIN	6.88		30-120	IFCC
	4.13	g/dL	6.6-8.3	Biuret
GLOBULIN		g/dL	3.5-5.2	BROMO CRESOL
A/G RATIO	2.75	g/dL		GREEN
	1.5	grut	2.0-3.5	Calculated
		and the second	0.9-2.0	Calculated

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# SIN No:SE04381704

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Address: The Apollo Clinic, #673/A, Varthur main road, 1







ISE (Indirect)

Patient Name Age/Gender UHID/MR No Visit ID Ref Doctor Emp/Auth/TPA ID	: Mrs.LAKSHMI PRASANNA : 31 Y 8 M 0 D/F : CMAR.0000313614 : CMAROPV673347 : Dr.SELF : 9663826525D	Collected Received Reported Status Sponsor Name	: 27/May/2023 10:00AM : 27/May/2023 01:17PM : 27/May/2023 07:06PM : Final Report : ARCOFEMI HEALTHCARE LIMITED
ARCOFEMI - Te	E MEDIWHEEL - FULL BODY st Name	PEPARTMENT OF BIOCHEMISTR HEALTH ANNUAL PLUS CHEC Result Unit	

	Result	Unit	and the second sec	12324
		ont	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (DET I			
CREATININE	TEST (RFT/KFT), SER	UM		
UREA	0.51	mg/dL	0.72 - 1.18	
BLOOD UREA NITROGEN	14.00	mg/dL	17-43	JAFFE METHOD
URIC ACID	6.5	mg/dL		GLDH, Kinetic Assa
CALCIUM	4.93	mg/dL	8.0 - 23.0	Calculated
PHOSPHORUS, INORGANIC	8.80	mg/dL	2.6-6.0	Uricase PAP
NORGANIC	3.05		8.8-10.6	Arsenazo III
SODIUM		mg/dL	2.5-4.5	Phosphomolybdate
POTASSIUM	140	mmol/L	100 110	Complex
CHLORIDE	4.6	mmol/L	136-146	ISE (Indirect)
	106		3.5–5.1	ISE (Indirect)
		mmol/L	101-109	105 4 1

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101-109



# SIN No:SE04381704







Patient Name Age/Gender UHID/MR No Visit ID Ref Doctor Emp/Auth/TPA ID	: Mrs.LAKSHMI PRASANNA : 31 Y 8 M 0 D/F : CMAR.0000313614 : CMAROPV673347 : Dr.SELF : 9663826525D		Collected Received Reported Status Sponsor Name	: 27/May/2023 10:00AM : 27/May/2023 01:17PM : 27/May/2023 05:03PM : Final Report : ARCOFEMI HEALTHCAF	RE LIMITED
ARCOFEMI -	D MEDIWHEEL - FULL BODY st Name			Y	
Те	st Name	Beault	IUAL PLUS CHECK	( - FEMALE - TMT - PAN	INDIA - FY2324
		Result	Unit	Bio. Ref. Range	Method

(GGT), SERUM	20.00	U/L	<38	11500	
			~36	IFCC	

SIN No:SE04381704

HIO Health and Lifestyle Limited (CIN - U85110TG2000PLC115819) Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016] spollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address: The Apollo Clinic, 8673/A, Varthur main road, Near Kundanahalii Standi Const the main road,

Page 8 of 11









Age/Gender UHID/MR No Visit ID Ref Doctor Emp/Auth/TPA ID	: Mrs.LAKSHMI PRASANNA : 31 Y 8 M 0 D/F : CMAR.0000313614 : CMAROPV673347 : Dr.SELF : 9663826525D	Collected Received Reported Status Sponsor Name	: 27/May/2023 10:00AM : 27/May/2023 01:13PM : 27/May/2023 04:03PM : Final Report : ARCOFEMI HEALTHCARE LIMITED
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Test Name	ANNO,	AL PLUS CHEC	CK - FEMALE - TMT - PAN	INIDIA INICI
	Result	Unit	THIT - FAN	INDIA - FY23
	lissuit	Unit	Bio. Ref. Range	Met

F		
F	THYROID PROFILE TOTAL (T3, T4, TSH), SERU	M

THYROUTHYRONINE (T3, TOTAL) THYROXINE (T4, TOTAL)	1.1	ng/mL	07004	
THYROID STIMUL ATTIC	10.91		0.7-2.04	CLIA
THYROID STIMULATING HORMONE (TSH)	1.857	µg/dL	6.09-12.23	CLIA
(1011)	1.007	µlU/mL	0.34-5.60	CLIA

Г

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

Note:

For pregnant females First trimester	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
second trimester	0.1 - 2.5
	0.2 - 3.0
	0.3 - 3.0

# SIN No:SPL23078820











Collected: 27/May/2023 10:00AMReceived: 27/May/2023 05:29PMReported: 27/May/2023 07:28PMStatus: Final ReportSponsor Name: ARCOFEMI HEALTHCARE LIMITED
E

Test Name		AL PLUS CHE	CK - FEMALE - TMT - PAN	INDIA - EV2
. oot Hame	Result	Unit	Die D ( D	MDIA - FTZ
		onne	Bio. Ref. Range	Metho

COMPLETE URINE EXAMINATION (CUE) PHYSICAL EXAMINATION		-		
COLOUR	DALENT			
TRANSPARENCY	PALE YELLOW		PALE YELLOW	Visual
рН	HAZY		CLEAR	Visual
SP. GRAVITY	6.0		5-7.5	DOUBLE INDICATOR
BIOCHEMICAL EXAMINATION	1.005		1.002-1,030	
URINE PROTEIN				Bromothymol Blue
	NEGATIVE		NEGATIVE	and the second second
GLUCOSE			NEGATIVE	PROTEIN ERROR OF
URINE BILIRUBIN	NEGATIVE		NEGATIVE	INDICATOR
	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE KETONES (RANDOM)	NEGATIVE			AZO COUPLING REACTION
	NEGATIVE		NEGATIVE	SODIUM NITRO
UROBILINOGEN	NORMAL			PRUSSIDE
PL COD	NORWAL		NORMAL	MODIFED EHRLICH
BLOOD	NEGATIVE			REACTION
NITRITE	NEGATIVE		NEGATIVE	Peroxidase
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	Diazotization
	and the second se		NEGATIVE	LEUCOCYTE
	AND MICROSCOPY	-		ESTERASE
OU CELLS	6-8			
PITHELIAL CELLS	3-5	/hpf	0-5	Microscopy
BC	NIL	/hpf	<10	MICROSCOPY
ASTS		/hpf	0-2	MICROSCOPY
RYSTALS	NIL		0-2 Hyaline Cast	MICROSCOPY
	ABSENT		ABSENT	MICROSCOPY



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# SIN No:UR2119193



Patient Name





Patient Name Age/Gender UHID/MR No Visit ID Ref Doctor Emp/Auth/TPA ID	: Mrs.LAKSHMI PRASANNA : 31 Y 8 M 0 D/F : CMAR.0000313614 : CMAROPV673347 : Dr.SELF : 9663826525D		Collected Received Reported Status Sponsor Name	: 27/May/2023 10:00AM : 27/May/2023 03:15PM : 27/May/2023 03:46PM : Final Report : ARCOFEMI HEALTHC	
ARCOFEMI -		PARTMENT OF C		OGY	
ARCOFEMI - MEDIWHEEL - FULL B Test Name		THEALTH ANNI	UAL PLUS CHECK	- FEMALE - TMT - PA	
		Result	Unit	Bio. Ref. Range	Method
RINE GLUCOSE(	FASTING)	NEGATIVE		NEGATIVE	Dipstick
sult/s to Follow: RIPHERAL SMEAR, ADOTO Pareh	GLUCOSE, FASTING, BLOOD	*** End Of GROUP ABO AND F	Report *** RH FACTOR, GLUCOS		

120 Dr. Prasanna 00 M.B.B.S, M.D Consultant Pathologist

DR.SHIVARAJA SHETTY

Dr.Anita Shobha Flynn M.B.B.S.M.D(Biochemistry M.B.B.S.MD(Pathology) CONSULTANT BIOCHEMIST Consultant Pathologist

SIN No:UF008549

ollo Health and Lifestyle Limited (CIN - UB5110TG2000PLC115B19) . Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7277. Fax No: 400-4904 7277. Page 11 of 11









Patient Name Age/Gender UHID/MR No Visit ID Ref Doctor	: Mrs.LAKSHMI PRASANNA : 31 Y 8 M 0 D/F : CMAR.0000313614 : CMAROPV673347 : Dr.SELF		Collected Received Reported Status Sponsor Name	: 27/May/2023 10:00AM : 27/May/2023 01:26PM : 27/May/2023 07:10PM : Final Report : ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID	: 9663826525D			ARCOPEMINEALTHCAR	ELIMITED
	-	EPARTMENT OF	HAEMATOLOG	Y	
ARCOFEMI	MEDIWHEEL - FULL BOD	Y HEALTH ANNU	AL PLUS CHECH	K - FEMALE - TMT - PAN	INDIA - FY2324
	est Name	Result	Unit	Bio. Ref. Range	Method

HAEMOGLOBIN	13.8	g/dL	12-15	Spectrophotometer
PCV	40.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.67	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	52.2	%	40-80	Electrical Impedance
LYMPHOCYTES	38.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3497.4	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2592.9	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	167.5	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	435.5	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	6.7	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	330000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westegren method
ERIPHERAL SMEAR		or r nour		Inediou

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

Page 1 of 11









Patient Name: Mrs.LAKSHMI PRAS/Age/Gender: 31 Y 8 M 0 D/FUHID/MR No: CMAR.0000313614Visit ID: CMAROPV673347Ref Doctor: Dr.SELFEmp/Auth/TPA ID: 9663826525D	ANNA	Collected Received Reported Status Sponsor Name	: 27/May/2023 10:00AM : 27/May/2023 01:26PM : 27/May/2023 07:10PM : Final Report : ARCOFEMI HEALTHCARE LIMITED	
		F HAEMATOLOGY		
ARCOFEMI - MEDIWHEEL - FUL	L BODY HEALTH ANN	UAL PLUS CHECK	- FEMALE - TMT - PAN INDIA - FY2324	,
Test Name	Result	Unit	Bio. Ref. Range Method	
EMOPARASITES: negative				
MPRESSION: NORMOCYTIC NORMOCHROM	IC BLOOD PICTURE			
	A CONTRACT OF A			2-15-1.
10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	ACCESSION AND A CONTRACT OF A			-
	A and the second second			
		· #2.3%		
			·	
			Page 2 of 11	
			Page 2 of 11	
		금성원		

## SIN No:BED230123736



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Patient Name : Mrs.LAKSHMI PRASANNA			Collected	: 27/May/2023 10:00AM		
Age/Gender      : 31 Y 8 M 0 D/F        UHID/MR No      : CMAR.0000313614        Visit ID      : CMAROPV673347        Ref Doctor      : Dr.SELF			Received	: 27/May/2023 02:41PM		
			Reported	: 27/May/2023 06:58PM		
			Status	tatus : Final Report		
			Sponsor Name			
Emp/Auth/TPA ID	: 9663826525D					
	D	EPARTMENT O	F BIOCHEMISTR	Y		
ARCOFEMI	MEDIWHEEL - FULL BODY	HEALTH ANNU	JAL PLUS CHECH	K - FEMALE - TMT - PAN	INDIA - FY2324	
Te	est Name	Result	Unit	Bio. Ref. Range	Method	

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , <i>NAF PLASMA</i>	105	mg/dL	70-140	HEXOKINASE
---	-----	-------	--------	------------

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

Page 3 of 11









Patient Name : Mrs.LAKSHMI PRASANNA		A Collected		: 27/May/2023 10:00AM		
Age/Gender      : 31 Y 8 M 0 D/F        UHID/MR No      : CMAR.0000313614			Received	: 27/May/2023 02:41PM		
			Reported	: 27/May/2023 06:58PM		
Visit ID : CMAROPV673347 Ref Doctor : Dr.SELF		Status	: Final Report			
		Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED			
Emp/Auth/TPA ID : 9663826525D						
	D	EPARTMENT O	F BIOCHEMISTR	Y		
ARCOFEMI	MEDIWHEEL - FULL BODY	HEALTH ANNU	JAL PLUS CHECH	K - FEMALE - TMT - PAN	INDIA - FY2324	
Т	est Name	Result	Unit	Bio. Ref. Range	Method	

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.7	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	117	mg/dL	Calculated

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 - 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6-7
· FAIR TO GOOD CONTROL	7 - 8
· UNSATISFACTORY CONTROL	8-10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- 1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 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:PLP1333745,EDT230049944









Т	est Name	Result	Unit	Bio. Ref. Range	Method
ARCOFEMI	- MEDIWHEEL - FULL BODY	HEALTH ANN	IUAL PLUS CHECI	K - FEMALE - TMT - PAN	INDIA - FY2324
	D	EPARTMENT	OF BIOCHEMISTR	Υ	
Emp/Auth/TPA ID	: 9663826525D			1 <u>,                                     </u>	
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCAR	E LIMITED
Visit ID	: CMAROPV673347		Status	: Final Report	
UHID/MR No	: CMAR.0000313614		Reported	: 27/May/2023 05:03PM	
Age/Gender	: 31 Y 8 M 0 D/F		Received	: 27/May/2023 01:17PM	
Patient Name	: Mrs.LAKSHMI PRASANNA		Collected	: 27/May/2023 10:00AM	

LIPID PROFILE , SERUM	and the second sec			V
TOTAL CHOLESTEROL	169	mg/dL	<200	CHO-POD
TRIGLYCERIDES	161	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.92		0-4.97	Calculated

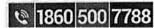
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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 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:SE04381704

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 [ Page 5 of 11









Patient Name Age/Gender UHID/MR No Visit ID Ref Doctor Emp/Auth/TPA ID	: Mrs.LAKSHMI PRASANNA : 31 Y 8 M 0 D/F : CMAR.0000313614 : CMAROPV673347 : Dr.SELF : 9663826525D		Collected Received Reported Status Sponsor Name	: 27/May/2023 10:00AM : 27/May/2023 01:17PM : 27/May/2023 05:03PM : Final Report : ARCOFEMI HEALTHCAF	RE LIMITED
ARCOFEMI	MEDIWHEEL - FULL BODY		F BIOCHEMISTR		INDIA - FY2324
Te	est Name	Result	Unit	Bio. Ref. Range	Method

BILIRUBIN, TOTAL	0.51	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	48.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.13	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.75	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5	= 2 = 1	0.9-2.0	Calculated

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SIN No:SE04381704







Patient Name	: Mrs.LAKSHMI PRASANNA		Collected	: 27/May/2023 10:00AM		
Age/Gender	: 31 Y 8 M 0 D/F		Received	: 27/May/2023 01:17PM		
UHID/MR No      : CMAR.0000313614        Visit ID      : CMAROPV673347        Ref Doctor      : Dr.SELF		Reported	: 27/May/2023 07:06PM			
			Status Sponsor Name	: Final Report		
				: ARCOFEMI HEALTHCARE LIMITED		
Emp/Auth/TPA ID	: 9663826525D					
		EPARTMENT	OF BIOCHEMISTR	Y		
ARCOFEMI	MEDIWHEEL - FULL BODY	HEALTH ANN	UAL PLUS CHECI	K - FEMALE - TMT - PAN	INDIA - FY2324	
Т	est Name	Result	Unit	Bio. Ref. Range	Method	

CREATININE	0.51	mg/dL	0.72 - 1.18	JAFFE METHOD
UREA	14.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.93	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.05	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)

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SIN No:SE04381704

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Patient Name	: Mrs.LAKSHMI PRASANNA		Collected	: 27/May/2023 10:00AM	
Age/Gender	: 31 Y 8 M 0 D/F		Received	: 27/May/2023 01:17PM : 27/May/2023 05:03PM : Final Report	
UHID/MR No	: CMAR.0000313614		Reported		
Visit ID	: CMAROPV673347		Status		
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCAR	ELIMITED
Emp/Auth/TPA ID	: 9663826525D				
	C	EPARTMENT	OF BIOCHEMISTR	Y	
ARCOFEMI	MEDIWHEEL - FULL BODY	Y HEALTH ANN	UAL PLUS CHECK	K - FEMALE - TMT - PAN	INDIA - FY2324
Te	est Name	Result	Unit	Bio. Ref. Range	Method

GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	<38	IFCC	
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SIN No:SE04381704

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ARCOFEMI	MEDIWHEEL - FULL BODY	HEALTH ANN	UAL PLUS CHECK	K - FEMALE - TMT - PAN	INDIA - FY2324
	C	EPARTMENT	OF IMMUNOLOGY	<b>r</b> pha thaostair i fe	가격 고객으로
Emp/Auth/TPA ID	: 9663826525D				
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCAR	E LIMITED
Visit ID	: CMAROPV673347		Status	: Final Report	
UHID/MR No	: CMAR.0000313614		Reported	: 27/May/2023 04:03PM	
Age/Gender	: 31 Y 8 M 0 D/F		Received	: 27/May/2023 01:13PM	
Patient Name	: Mrs.LAKSHMI PRASANNA		Collected	: 27/May/2023 10:00AM	

TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.91	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.857	µIU/mL	0.34-5.60	CLIA

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

#### SIN No:SPL23078820

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Patient Name	: Mrs.LAKSHMI PRASANNA		Collected	: 27/May/2023 10:00AM	
Age/Gender	: 31 Y 8 M 0 D/F		Received	: 27/May/2023 05:29PM	
UHID/MR No	: CMAR.0000313614		Reported	: 27/May/2023 07:28PM	
Visit ID	: CMAROPV673347		Status	: Final Report	
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCAR	ELIMITED
Emp/Auth/TPA ID	: 9663826525D				
	DEP	ARTMENT OF C	LINICAL PATHOL	.OGY	
ARCOFEMI -	MEDIWHEEL - FULL BODY	HEALTH ANN	UAL PLUS CHECK	K - FEMALE - TMT - PAN	INDIA - FY2324
Te	est Name	Result	Unit	Bio. Ref. Range	Method

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.0	- 1 m z 3	5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005	181	1.002-1,030	Bromothymol Blue
BIOCHEMICAL EXAMINATION		ł		
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF
GLUCOSE	NEGATIVE	Je-	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	- <u></u>	NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT	AND MICROSCOPY			
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL	- H	0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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SIN No:UR2119193









Patient Name	: Mrs.LAKSHMI PRASANNA		Collected	: 27/May/2023 10:00AM			
Age/Gender	: 31 Y 8 M 0 D/F		er : 31 Y 8 M 0 D/F Received	Received		: 27/May/2023 03:15PM : 27/May/2023 03:46PM	
UHID/MR No	: CMAR.0000313614	0000313614 Reported : 27/Ma	: 27/May/2023 03:46PM : Final Report				
/isit ID	: CMAROPV673347	PV673347					
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCAR	ELIMITED		
Emp/Auth/TPA ID	: 9663826525D						
	DEP	ARTMENT OF	CLINICAL PATHOL	.OGY			
ARCOFEMI	MEDIWHEEL - FULL BODY	HEALTH ANN	NUAL PLUS CHEC	K - FEMALE - TMT - PAN	INDIA - FY2324		
-	est Name	Result	Unit	Bio. Ref. Range	Method		

NEGATIVE URINE GLUCOSE(FASTING) NEGATIVE Dipstick

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

Result/s to Follow:

PERIPHERAL SMEAR, GLUCOSE, FASTING, BLOOD GROUP ABO AND RH FACTOR, GLUCOSE (POST PRANDIAL) - URINE

ADO/ anel Dr. Prasanna M.B.B.S, M.D **Consultant Pathologist** 

ADD

APQ.

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

Dr.Anita Shobha Flynn

Page 11 of 11



SIN No:UF008549

pollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819) egd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 www.abollohl.com I Email ID: enculry@abollohl.com. Ph No: 040-4904 7777. Fax No: 4904 7744 Address: The Apollo Clinic, **#673/A, Varthur** main road, Near Kundanahalii Signal, Opp.shriram samruddhi apts,







Patient Name	: Mrs. LAKSHMI PRASANNA	Age	: 31 Y F
UHID	: CMAR.0000313614	OP Visit No	: CMAROPV673347
Reported on	: 27-05-2023 12:19	Printed on	: 27-05-2023 12:21
Adm/Consult Doctor		Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

## **ULTRASOUND - WHOLE ABDOMEN**

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER:Post cholecystectomy status.Proximal CBD measures 7.2mm,No obvious intra luminal filling defects appreciated.Distal CBD obscured by bowel gas.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side. Right kidney measures 9.4cm and parenchymal thickness measures 1.6cm. Left kidney measures 8.9cm and parenchymal thickness measures 1.9cm.

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

UTERUS: appears normal in size, measuring 7.7x5.2x3.5cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 7.2mm.

OVARIES: Both ovaries appear bulky in size and shows multiple tiny peripheral follicles with central echogenic stroma.

Right ovary measures 3.5x3.1x1.8cm. vol - 10.2cc. Left ovary measures 3.5x3.1x1.9cm. vol - 11.6cc.

No free fluid is seen.

IMPRESSION: BILATERAL POLYCYSTIC OVARIAN PATTERN.

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor ; Ameerpet, Hyderabad, Telangana - 500 038 | Email ID: enquiry@apollohi.com





Adm/Consult Doctor	4	Ref Doctor	: SELF
Reported on	: 27-05-2023 12:19	Printed on	: 27-05-2023 12:21
UHID	: CMAR.0000313614	OP Visit No	: CMAROPV673347
Patient Name	: Mrs. LAKSHMI PRASANNA	Age	: 31 Y F

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.

2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose

3. Printing mistakes should immediately be brought to notice for correction.

Printed on:27-05-2023 12:19

---End of the Report---

Marien, ic

Dr. NAVEEN KUMAR K MBBS, DMRD Radiology, (DNB) Radiology

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor ; Ameerpet, Hyderabad, Telangana - 500 038 | Email ID: enquiry@apollohl.com



Patient Name	: Mrs. LAKSHMI PRASANNA	Age/Gender	: 31 Y/F
UHID/MR No.	CMAR.0000313614	OP Visit No	: CMAROPV673347
Sample Collected on :		Reported on	: 27-05-2023 18:53
LRN# :	RAD2008249	Specimen	:
<b>Ref Doctor</b> :	SELF		
<b>Emp/Auth/TPA ID</b> :	9663826525D		

## 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

Valuen. la

Dr. NAVEEN KUMAR K MBBS, DMRD Radiology, (DNB) Radiology



Patient Name	: Mrs. LAKSHMI PRASANNA	Age/Gender	: 31 Y/F
UHID/MR No.	: CMAR.0000313614	OP Visit No	: CMAROPV673347
Sample Collected on	:	Reported on	: 27-05-2023 12:21
LRN#	: RAD2008249	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: 9663826525D		

#### DEPARTMENT OF RADIOLOGY

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Dr. NAVEEN KUMAR K MBBS, DMRD Radiology, (DNB) Radiology