

Patient Name : Mrs.SRILATHA GUGULAVATH
 Age/Gender : 30 Y 7 M 8 D/F
 UHID/MR No : CUPP.0000086929
 Visit ID : CUPPOPV131388
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 122110/bobE16564


Collected : 23/Mar/2024 11:53AM
 Received : 23/Mar/2024 04:25PM
 Reported : 23/Mar/2024 05:26PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	35.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.73	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	75.1	fL	83-101	Calculated
MCH	25	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,650	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.6	%	40-80	Electrical Impedance
LYMPHOCYTES	34.9	%	20-40	Electrical Impedance
EOSINOPHILS	0.8	%	1-6	Electrical Impedance
MONOCYTES	4.6	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5155.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3018.85	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	69.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	397.9	Cells/cu.mm	200-1000	Calculated
BASOPHILS	8.65	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.71		0.78- 3.53	Calculated
PLATELET COUNT	320000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	31	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC- MICROCYTIC HYPOCHROMIC.MILD DEGREE OF ANISOPOIKILOCYTOSIS WITH TEAR DROP CELLS,ELLIPTOCYTES AND OVALOCYTES SEEN.


 Dr. B Pavani
 M.B.B.S, M.D(pathalogy)
 Consultant Pathologist



SIN No:BED240080561

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


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WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA
KINDLY CORRELATE WITH IRON STUDIES.


Dr. B Pavani
M.B.B.S, M.D(pathalogy)
Consultant Pathologist

SIN No:BED240080561

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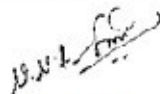


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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology


Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:BED240080561

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Maruthi...
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist



SIN No:PLF02132432

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

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Patient Name : Mrs.SRILATHA GUGULAVATH	Collected : 23/Mar/2024 03:38PM
Age/Gender : 30 Y 7 M 8 D/F	Received : 24/Mar/2024 10:39AM
UHID/MR No : CUPP.0000086929	Reported : 24/Mar/2024 11:00AM
Visit ID : CUPPOPV131388	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	108	mg/dL	70-140	HEXOKINASE

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.

K. Anusha

Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist

SIN No:PLP1436758

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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				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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 American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Maruthi...
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
Dr.K.Anusha
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 Consultant Biochemist



SIN No:EDT240037047

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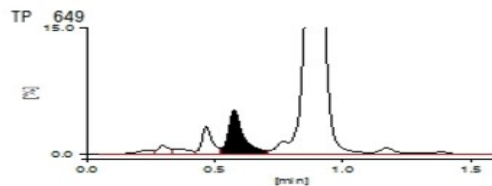
Chromatogram Report

HLC72368 V5.28 1 2024-03-23 17:51:15
 ID EDT240037047
 Sample No. 03230260 SL 0018 - 04
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.23	7.02
A1B	0.6	0.30	9.95
F	0.5	0.36	8.34
LA1C+	1.8	0.47	28.40
SA1C	5.3	0.58	65.12
AO	93.2	0.89	1511.67
H-V0			
H-V1			
H-V2			

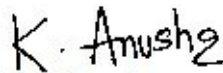
Total Area 1630.50

HbA1c 5.3 % **IFCC 34 mmol/mol**
 HbA1 6.3 % HbF 0.5 %




Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

SIN No:EDT240037047



Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist



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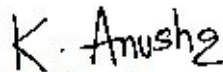
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	159	mg/dL	<200	CHO-POD
TRIGLYCERIDES	122	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	33	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	101.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.82		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.21		<0.11	Calculated


Comment:

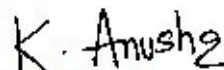
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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.


Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist


Dr.K.Anusha
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SIN No:SE04673697

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- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

Maruthi...
Dr.E.Maruthi Prasad
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.58	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	99.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.35	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:


- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

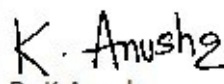
2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.


Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist


Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist

Page 11 of 19
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SIN No:SE04673697

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

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APOLLO CLINICS NETWORK

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Patient Name : Mrs.SRILATHA GUGULAVATH	Collected : 23/Mar/2024 11:53AM
Age/Gender : 30 Y 7 M 8 D/F	Received : 23/Mar/2024 04:48PM
UHID/MR No : CUPP.0000086929	Reported : 23/Mar/2024 07:49PM
Visit ID : CUPPOPV131388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122110/bobE16564	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.58	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	12.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.06	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.53	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.28	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.35	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated

Maruthi...
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



SIN No:SE04673697

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Patient Name	: Mrs.SRILATHA GUGULAVATH	Collected	: 23/Mar/2024 11:53AM
Age/Gender	: 30 Y 7 M 8 D/F	Received	: 23/Mar/2024 04:48PM
UHID/MR No	: CUPP.0000086929	Reported	: 23/Mar/2024 07:35PM
Visit ID	: CUPPOPV131388	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 122110/bobE16564		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	<38	IFCC

K. Anusha

Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist

SIN No:SE04673697

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



Patient Name : Mrs.SRILATHA GUGULAVATH	Collected : 23/Mar/2024 11:53AM
Age/Gender : 30 Y 7 M 8 D/F	Received : 23/Mar/2024 04:48PM
UHID/MR No : CUPP.0000086929	Reported : 23/Mar/2024 06:51PM
Visit ID : CUPPOPV131388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122110/bobE16564	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.94	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.9	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.767	µIU/mL	0.38-5.33	CLIA

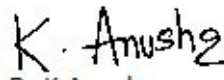
Comment:

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

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma


Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist


Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist

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SIN No:SPL24054163

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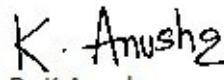
Patient Name : Mrs.SRILATHA GUGULAVATH
Age/Gender : 30 Y 7 M 8 D/F
UHID/MR No : CUPP.0000086929
Visit ID : CUPPOPV131388
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 122110/bobE16564

Collected : 23/Mar/2024 11:53AM
Received : 23/Mar/2024 04:48PM
Reported : 23/Mar/2024 06:51PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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


Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist


Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
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Patient Name : Mrs.SRILATHA GUGULAVATH	Collected : 23/Mar/2024 11:53AM
Age/Gender : 30 Y 7 M 8 D/F	Received : 23/Mar/2024 05:26PM
UHID/MR No : CUPP.0000086929	Reported : 23/Mar/2024 07:46PM
Visit ID : CUPPOPV131388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122110/bobE16564	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
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		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UR2314825

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



Patient Name : Mrs.SRILATHA GUGULAVATH
 Age/Gender : 30 Y 7 M 8 D/F
 UHID/MR No : CUPP.0000086929
 Visit ID : CUPPOPV131388
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 122110/bobE16564

Collected : 23/Mar/2024 03:38PM
 Received : 24/Mar/2024 10:32AM
 Reported : 24/Mar/2024 11:28AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

Page 17 of 19
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SIN No:UPP017361

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

Patient Name : Mrs.SRILATHA GUGULAVATH	Collected : 23/Mar/2024 11:53AM
Age/Gender : 30 Y 7 M 8 D/F	Received : 23/Mar/2024 05:22PM
UHID/MR No : CUPP.0000086929	Reported : 23/Mar/2024 07:45PM
Visit ID : CUPPOPV131388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122110/bobE16564	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Dr. Srinivas N.S. Nori
Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UF011420

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



Patient Name : Mrs.SRILATHA GUGULAVATH	Collected : 23/Mar/2024 04:07PM
Age/Gender : 30 Y 7 M 8 D/F	Received : 24/Mar/2024 05:03PM
UHID/MR No : CUPP.0000086929	Reported : 26/Mar/2024 05:56PM
Visit ID : CUPPOPV131388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122110/bobE16564	

DEPARTMENT OF CYTOLOGY


LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	7050/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL 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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr.A.Kalyan Rao
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:CS077524

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

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of
..... Srilakshmi on 25/3/24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with Restrictions/ Recommendations <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job.</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>However the candidate should follow the advice medication that has been communicated to him/her. :</p> <p>Review after</p>	✗
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after.....recommended.</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. Bottu Kalyani
MBBS, MD (Gen.Med.)
Reg No : TSMC/FMR/03476


 Doctor
Dr. B Bottu Kalyani
 MBBS, MD (Gen.Med.)
 Reg No : TSMC/FMR/03476

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 77**



The Apollo Clinic

Apollo Clinic
Specialist Clinics

PHYSICAL EXAMINATION FORM

Date: 23/3/24

Age: 30 y / F

Name: Mrs. Srilatha G

UHID: 85929

Height

150 Cms

BMI

27.6

Weight

62 Kgs

BP

100/70

Apollo Clinic, H'NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ
COTTONS, BODUPPAL, R RDISTRCT, HYD. PH. NO.04049503373/74

POWER PRESCRIPTION

NAME: Mrs. Srilatha G

GENDER: M/F

DATE: 23/03/24

AGE: 30

UHID: 86929

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	plano	—		6/6
NEAR				

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	plano	—		6/6
NEAR				

COLOUR VISION : Normal

DIAGNOSIS :

OTHER FINDINGS :

INSTRUCTIONS :


SIGNATURE

86929
30 Years

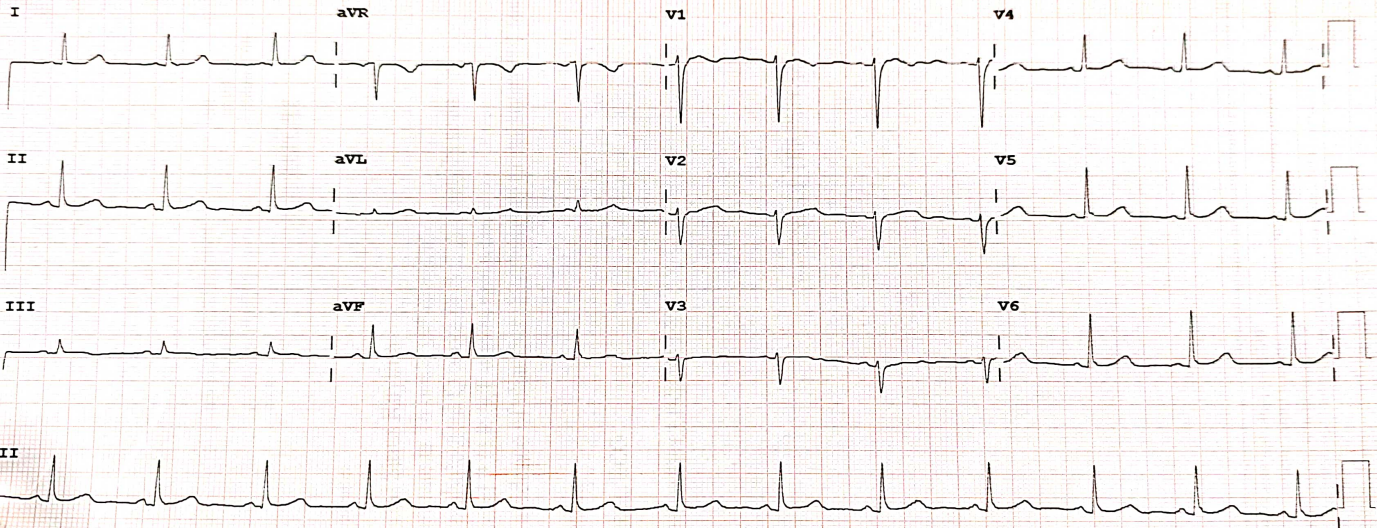
srilatha.g
Female

03/01/2010 06:03:20
Apollo Clinic A S Rao Nagar

Rate 78 Sinus rhythm
RR 769
PR 127
QRSD 86
QT 362
QTcB 413
QTcF 395
--AXIS--
P 48
QRS 45
T 27
12 Lead; Standard Placement

Normal

Unconfirmed Diagnosis



Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.15~ 40 Hz

PH100B CL P?

PHILIPS

REORDER M3708A

706



बैंक ऑफ़ बड़ौदा
Bank of Baroda



नाम
Name

Gugulavath Srilath

E.C. No.

122110

जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder

S. No	Company Name	PACKAGE NAME	Booking ID
32	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi M	bobE16564

EMP-NAME	AGE	GENDER	EMAIL	CONTACT NO
MRS. SRILATHA GUGULAVATH	30 year	Female	gs122110@	9.97E+09

Appointment Date	Appointment Time	CLINIC NAME	CLINIC STATE	CLINIC CITY	Looking Status	Status	Remarks
3/23/2024	9:00 AM	Apollo Clinic	Telangana	Hyderabad	If 2D ECHO	Confirmed at 9:00 AM	

Patient Name	: Mrs. SRILATHA GUGULAVATH	Age	: 30 Y/F
UHID	: CUPP.0000086929	OP Visit No	: CUPPOPV131388
Reported By:	: Dr. CH VENKATESHAM	Conducted Date	: 24-03-2024 12:18
Referred By	: SELF		

ECG REPORT

Observation :-


1. Normal Sinus Rhythm.
2. Heart rate is 78 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL ECG

CORRELATE CLINICALLY.

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



Dr. CH VENKATESHAM

Patient Name : Mrs. SRILATHA GUGULAVATH

Age/Gender : 30 Y/F

UHID/MR No. : CUPP.0000086929

OP Visit No : CUPPOPV131388

Sample Collected on :

Reported on : 23-03-2024 17:59

LRN# : RAD2279415

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 122110/bobE16564

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Patient Name	: Mrs. SRILATHA GUGULAVATH	Age/Gender	: 30 Y/F
UHID/MR No.	: CUPP.0000086929	OP Visit No	: CUPPOPV131388
Sample Collected on	:	Reported on	: 23-03-2024 17:42
LRN#	: RAD2279415	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 122110/bobE16564		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver increased in size **159 mm** and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen. **Evidence of polyp measuring 4 mm.**

Spleen appears normal in size 108 mm. No focal lesion seen. Splenic vein appears normal.

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

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

Right kidney : 102 x 39 mm. **Left kidney** : 100 x 36 mm.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size 78 x 42 x 46 mm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 7 mm.

Both ovaries appear normal in size, shape and echotexture.

Right ovary : 24 mm. **Left ovary** : 24 mm.

No evidence of any adnexal pathology noted.

IMPRESSION:-

* **MILD HEPATOMEGALY.**

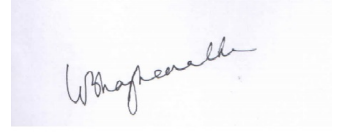
* **GALL BLADDER POLYP.**

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Patient Name : Mrs. SRILATHA GUGULAVATH

Age/Gender : 30 Y/F



Dr. K BHAGHEERATHI
MBBS, DNB Radiodiagnosis
Consultant Radiologist

Name: Mrs. SRILATHA GUGULAVATH
Age/Gender: 30 Y/F
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000086929
Visit ID: CUPPOPV131388
Visit Date: 23-03-2024 11:25
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

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RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
04-04-2024 19:33	74 Beats/min	100/70 mmHg	22 Rate/min	98.6 F	150 cms	62 Kgs	%	%	Years	27.56	cms	cms	cms		AHLL09781

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Patient Name : Mrs. SRILATHA GUGULAVATH Age : 30 Y/F
UHID : CUPP.0000086929 OP Visit No : CUPPOPV131388
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 23-03-2024 20:06
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.5 CM
LA (es)	2.8 CM
LVID (ed)	4.0 CM
LVID (es)	2.4 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	68.00%
%FD	34.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name : Mrs. SRILATHA GUGULAVATH Age : 30 Y/F
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Conducted By: : Dr. CH VENKATESHAM Conducted Date : 23-03-2024 20:06
Referred By : SELF

COLOUR AND DOPPLER STUDIES

AJV - 1.3

PJV - 0.7

E - 0.8

A - 0.5

IMPRESSION :

NORMAL SIZED CARDIAC CHAMBERS& VALVES

NORMAL BLOOD FLOW

NO RWMA / LVH

GOOD LV AND RV FUNCTION

NO CLOT / P- E



Dr. CH
VENKATESHAM