

Patient Name : Mrs.NAGAVENI MEKA	Collected : 23/Mar/2024 09:01AM
Age/Gender : 32 Y 10 M 18 D/F	Received : 23/Mar/2024 01:14PM
UHID/MR No : CASR.0000186736	Reported : 23/Mar/2024 02:58PM
Visit ID : CASROPV222823	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172172/bobE16829	

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	13.3	g/dL	12-15	Spectrophotometer
PCV	38.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.96	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	76.8	fL	83-101	Calculated
MCH	26.8	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	17.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	11,400	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	69.5	%	40-80	Electrical Impedence
LYMPHOCYTES	23.8	%	20-40	Electrical Impedence
EOSINOPHILS	1.4	%	1-6	Electrical Impedence
MONOCYTES	5.3	%	2-10	Electrical Impedence
BASOPHILS	0	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	7923	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2713.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	159.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	604.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.92		0.78- 3.53	Calculated
PLATELET COUNT	268000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
WBC - MILD LEUCOCYTOSIS
PLATELETS ARE ADEQUATE ON SMEAR



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

SIN No:BED240079256

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



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NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD LEUCOCYTOSIS



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Page 2 of 18
CAP
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Age/Gender : 32 Y 10 M 18 D/F	Received : 23/Mar/2024 01:14PM
UHID/MR No : CASR.0000186736	Reported : 23/Mar/2024 04:43PM
Visit ID : CASROPV222823	Status : Final Report
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Emp/Auth/TPA ID : 172172/bobE16829	

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



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Consultant Pathologist

SIN No: BED240079256

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Patient Name : Mrs.NAGAVENI MEKA	Collected : 23/Mar/2024 12:11PM
Age/Gender : 32 Y 10 M 18 D/F	Received : 23/Mar/2024 02:51PM
UHID/MR No : CASR.0000186736	Reported : 23/Mar/2024 04:29PM
Visit ID : CASROPV222823	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172172/bobE16829	

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	141	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:

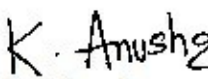
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	229	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.


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



SIN No:PLP1435955

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UHID/MR No : CASR.0000186736	Reported : 23/Mar/2024 05:19PM
Visit ID : CASROPV222823	Status : Final Report
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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	8.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	189	mg/dL		Calculated

Comment:

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

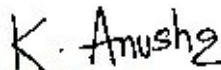
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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)



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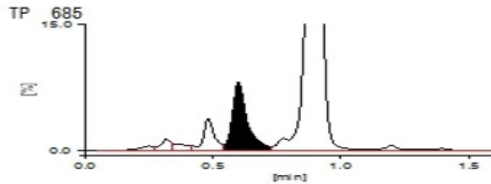
Chromatogram Report

V5.28 1 2024-03-23 16:42:33
 ID EDT240036260
 Sample No. 03230224 SL 0020 - 04
 Patient ID
 Name
 Comment

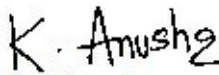
CALIB			
Name	%	Time	Area
A1A	0.5	0.25	8.20
A1B	0.7	0.32	13.16
F	0.7	0.39	11.88
LA1C+	2.4	0.48	42.16
SA1C	8.2	0.60	117.73
AO	89.9	0.90	1609.98
H-V0			
H-V1			
H-V2			

Total Area 1803.11

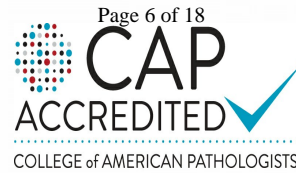
HbA1c 8.2 % **IFCC 66 mmol/mol**
HbA1 9.4 % **HbF 0.7 %**




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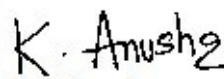


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Page 7 of 18
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UHID/MR No : CASR.0000186736	Reported : 23/Mar/2024 07:47PM
Visit ID : CASROPV222823	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	120	mg/dL	<200	CHO-POD
TRIGLYCERIDES	405	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	31	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	89	mg/dL	<130	Calculated
VLDL CHOLESTEROL	81	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.87		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.76		<0.11	Calculated

To be correlated clinically. Advice: Recommended minimum 10 hours fasting sample for lipid profile.

Comment:

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

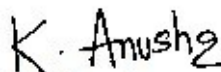
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.



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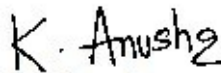
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when 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).



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Age/Gender	: 32 Y 10 M 18 D/F	Received	: 23/Mar/2024 06:11PM
UHID/MR No	: CASR.0000186736	Reported	: 23/Mar/2024 07:05PM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	74.00	mg/dL	<100	Enzymatic Selective Protection

K. Anusha

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SIN No:SE04672355

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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.67	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	65.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.32	g/dL	6.6-8.3	Biuret
ALBUMIN	4.80	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.52	g/dL	2.0-3.5	Calculated
A/G RATIO	1.9		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:

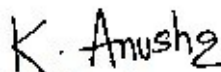
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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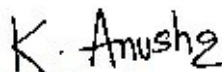
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.69	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	17.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.19	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.26	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.09	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	100	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.32	g/dL	6.6-8.3	Biuret
ALBUMIN	4.80	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.52	g/dL	2.0-3.5	Calculated
A/G RATIO	1.9		0.9-2.0	Calculated



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Page 12 of 18
CAP
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Visit ID : CASROPV222823	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	68.00	U/L	<38	IFCC

K. Anusha

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SIN No:SE04672355

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Visit ID : CASROPV222823	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172172/bobE16829	

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)	1.27	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.08	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.830	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

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



SIN No:SPL24053083

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

Patient Name	: Mrs.NAGAVENI MEKA	Collected	: 23/Mar/2024 09:01AM
Age/Gender	: 32 Y 10 M 18 D/F	Received	: 23/Mar/2024 08:15PM
UHID/MR No	: CASR.0000186736	Reported	: 23/Mar/2024 08:54PM
Visit ID	: CASROPV222823	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 172172/bobE16829		

DEPARTMENT OF IMMUNOLOGY

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

K. Anusha

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

SIN No:SPL24053083

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

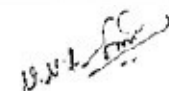


Patient Name : Mrs.NAGAVENI MEKA	Collected : 23/Mar/2024 09:01AM
Age/Gender : 32 Y 10 M 18 D/F	Received : 23/Mar/2024 04:33PM
UHID/MR No : CASR.0000186736	Reported : 23/Mar/2024 06:50PM
Visit ID : CASROPV222823	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172172/bobE16829	

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	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE +++		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:UR2313631

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

Page 16 of 18
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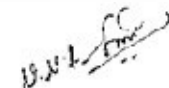
Patient Name : Mrs.NAGAVENI MEKA	Collected : 23/Mar/2024 09:01AM
Age/Gender : 32 Y 10 M 18 D/F	Received : 23/Mar/2024 04:00PM
UHID/MR No : CASR.0000186736	Reported : 23/Mar/2024 06:48PM
Visit ID : CASROPV222823	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172172/bobE16829	

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)	POSITIVE (+++)		NEGATIVE	Dipstick

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



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

SIN No:UF011302

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

Page 17 of 18
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Patient Name : Mrs.NAGAVENI MEKA	Collected : 23/Mar/2024 08:43PM
Age/Gender : 32 Y 10 M 18 D/F	Received : 24/Mar/2024 05:05PM
UHID/MR No : CASR.0000186736	Reported : 27/Mar/2024 11:35AM
Visit ID : CASROPV222823	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172172/bobE16829	

DEPARTMENT OF CYTOLOGY

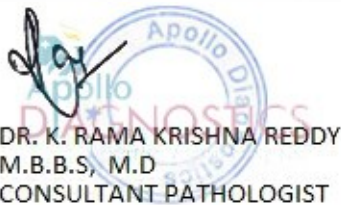
LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	7066/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
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	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



DR. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST

SIN No:CS077570

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

Page 18 of 18
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POWER PRESCRIPTION

NAME: *Nagajeni Meke*

GENDER: M/F

DATE: *23/03/14*

AGE: *32*

UHID: *186736*

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	<i>6/6</i>
NEAR	-	-	-	<i>no</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	<i>6/6</i>
NEAR	-	-	-	<i>no</i>

COLOUR VISION : _____

DIAGNOSIS : *no rx*

OTHER FINDINGS :

INSTRUCTIONS :

Jhs
SIGNATURE

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Nagaveni Meka

on 23/03/24

After reviewing the medical history and on clinical examination it has been found that

he/ she is`

	<u>Tick</u>
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<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. K. VAISHNAVI
MBBS

Regd. No. TSMC/12106

Vaishnavi
Dr. Vaishnavi

Reg No :12106

Consultant physician

Apollo Clinic

A S Rao Nagar

Patient Name	: Mrs. NAGAVENI MEKA	Age	: 32 Y/F
UHID	: CASR.0000186736	OP Visit No	: CASROPV222823
Reported By:	: Dr. MRINAL .	Conducted Date	: 26-03-2024 10:37
Referred By	: SELF		

ECG REPORT

Observation :-

1. Sinus Tachycardia.
2. Heart rate is 115 beats per minutes.
3. No pathological Q wave or ST changes seen.
4. Normal P,QRS waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

SINUS TACHYCARDIA.

'T' INVERSION IN LIII.

TO CORRELATE CLINICALLY.

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

Dr. MRINAL .

Patient Name : Mrs. NAGAVENI MEKA

Age/Gender : 32 Y/F

UHID/MR No. : CASR.0000186736

OP Visit No : CASROPV222823

Sample Collected on :

Reported on : 24-03-2024 14:25

LRN# : RAD2278024

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 172172/bobE16829

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

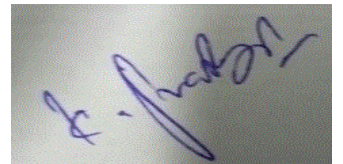
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name : Mrs. NAGAVENI MEKA Age : 32 Y/F
UHID : CASR.0000186736 OP Visit No : CASROPV222823
Conducted By: : Dr. SHILPI MOHAN Conducted Date : 24-03-2024 13:01
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.6 CM
LA (es) 3.8 CM
LVID (ed) 3.7 CM
LVID (es) 2.5 CM
IVS (Ed) 1.1 CM
LVPW (Ed) 0.9 CM
EF 60 %
%FD 31 %

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

MITRAL: E: 0.9 m/sec A: 0.5 m/sec

AJV:1.0 m/sec

PJV:1.0 m/sec

Patient Name	: Mrs. NAGAVENI MEKA	Age	: 32 Y/F
UHID	: CASR.0000186736	OP Visit No	: CASROPV222823
Conducted By:	: Dr. SHILPI MOHAN	Conducted Date	: 24-03-2024 13:01
Referred By	: SELF		

IMPRESSION:

NORMAL CHAMBER DIMENSION.

NORMAL VALVES.

NO RWMA.

LVEF:60%.

NO MR/AR.

NO TR/PAH.

NO CLOTS/VEGETATION.

NO PERICARDIAL EFFUSION.



Dr. SHILPI
MOHAN

Patient Name	: Mrs. NAGAVENI MEKA	Age/Gender	: 32 Y/F
UHID/MR No.	: CASR.0000186736	OP Visit No	: CASROPV222823
Sample Collected on	:	Reported on	: 23-03-2024 20:32
LRN#	: RAD2278024	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 172172/bobE16829		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

Right kidney : 100x42mm Normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Left kidney : 104x44mm Normal in size and shows renal pelvis prominence

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

Uterus 51x46x38mm appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures **7 mm**.

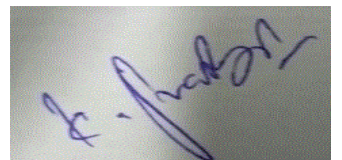
Right ovary : 26x22mm **Left ovary : 24x24mm**

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

IMPRESSION:-Grade 1 Fatty Liver.

Left Renal Pelvis Prominence.

Suggested clinical correlation and further evaluation if necessary .



Dr. PRAVEEN BABU KAJA



Patient Name : Mrs. NAGAVENI MEKA

Age/Gender : 32 Y/F

Radiology

Issue Date: 02/12/2013



మేక నాగ వేణి
Meka Naga Veni
పుట్టిన తేదీ/DOB: 05/05/1991
స్త్రీ/ FEMALE

8597 1855 2039

VID : 9110 1401 3939 6959

నా ఆధార్, నా గుర్తింపు

INDIAN UNION DRIVING LICENCE
ANDHRA PRADESH

DRIVING LICENCE
DLFAP029303052008



CHANDRA KANTH T
T KRISHNA MURTHY
H NO 30-706
VINAYAK NAGAR

RRD

Chandra
Signature
Issued on: 26/06/2008

[Signature]
Licencing Authority
RTA-RANGA REDDY(E)

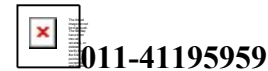
INNER 43 III Serial
Para: Per: 适用机型: A90

Asraonagar Apolloclinic

From: meka nagaveni <nagavenihyd5@gmail.com>
Sent: 23 March 2024 08:31
To: Asraonagar Apolloclinic
Subject: Fwd: Health Check up Booking Confirmed Request(bobE16829),Package Code-PKG10000377, Beneficiary Code-311383

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

From: Mediwheel <wellness@mediwheel.in>
Date: Wed, 20 Mar, 2024, 4:10 pm
Subject: Health Check up Booking Confirmed Request(bobE16829),Package Code-PKG10000377, Beneficiary Code-311383
To: <nagavenihyd5@gmail.com>
Cc: <customercare@mediwheel.in>



Dear **MS. NAGAVENI MEKA,**

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Annual Plus Check

Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40

Name of Diagnostic/Hospital : Apollo Clinic - AS Rao Nagar

Address of Diagnostic/Hospital- : A-12, # 1-9-71/A/12/B, Rishabh heights, above vodafone store, beside KFC, A S Rao Nagar, Hyderabad -500062

City : Hyderabad

State :

Pincode : 500062

Appointment Date : 23-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 9:00am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MS. NAGAVENI MEKA	32 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

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

For Women:

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

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

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

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

Thanks,

Mediwheel Team

Please Download Mediwheel App



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