

Patient Name : Mrs.J MYTHILY	Collected : 29/Mar/2024 08:16AM
Age/Gender : 39 Y 8 M 27 D/F	Received : 29/Mar/2024 12:20PM
UHID/MR No : CJPN.0000016289	Reported : 29/Mar/2024 02:46PM
Visit ID : CJPNOPV192211	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919035748878	

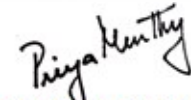
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	11.6	g/dL	12-15	Spectrophotometer
PCV	35.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.26	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	82.4	fL	83-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,060	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	52.8	%	40-80	Electrical Impedance
LYMPHOCYTES	35.4	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	8	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2671.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1791.24	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	172.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	404.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.24	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.49		0.78- 3.53	Calculated
PLATELET COUNT	342000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				



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SIN No:BED240086471

This test has been performed at Apollo Health & Lifestyle Ltd, ARCOFEMI BANGALORE Laboratory

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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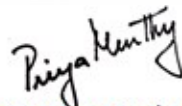
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PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA.



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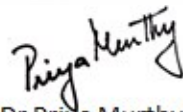
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	86	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	88	mg/dL	70-140	HEXOKINASE

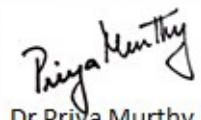
Comment:

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC

  
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SIN No:EDT240039980

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ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL	Calculated
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**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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	149	mg/dL	<200	CHO-POD
TRIGLYCERIDES	41	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	100	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	8.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.04		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

**Comment:**

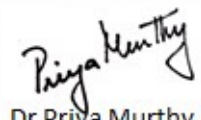
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.

  
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SIN No:SE04679850

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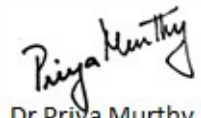
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	56.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.91	g/dL	6.6-8.3	Biuret
ALBUMIN	4.09	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.82	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		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 diseases, Cirrhosis, but the increase is usually not >2.

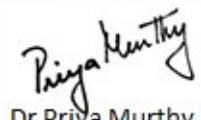
**2. Cholestatic Pattern:**

- 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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SIN No:SE04679850

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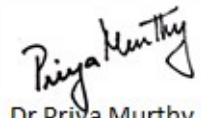
Patient Name : Mrs.J MYTHILY	Collected : 29/Mar/2024 08:16AM
Age/Gender : 39 Y 8 M 27 D/F	Received : 29/Mar/2024 12:50PM
UHID/MR No : CJPN.0000016289	Reported : 29/Mar/2024 02:01PM
Visit ID : CJPNOPV192211	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919035748878	

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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.56	mg/dL	0.51-0.95	Jaffe's, Method
UREA	<b>13.60</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.4</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.00	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.64	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>135</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.91	g/dL	6.6-8.3	Biuret
ALBUMIN	4.09	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.82	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated

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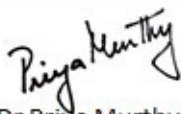
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**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	9.00	U/L	<38	IFCC



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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.8	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.390	µIU/mL	0.34-5.60	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

  
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SIN No: SPL24058454

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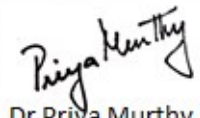
  
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Patient Name	: Mrs.J MYTHILY	Collected	: 29/Mar/2024 08:16AM
Age/Gender	: 39 Y 8 M 27 D/F	Received	: 29/Mar/2024 12:50PM
UHID/MR No	: CJPN.0000016289	Reported	: 29/Mar/2024 02:11PM
Visit ID	: CJPNOPV192211	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 919035748878		

DEPARTMENT OF IMMUNOLOGY

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

  
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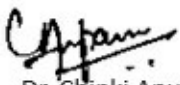
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Patient Name : Mrs.J MYTHILY	Collected : 29/Mar/2024 08:15AM
Age/Gender : 39 Y 8 M 27 D/F	Received : 29/Mar/2024 12:44PM
UHID/MR No : CJPN.0000016289	Reported : 29/Mar/2024 03:04PM
Visit ID : CJPNOPV192211	Status : Final Report
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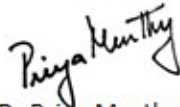
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/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:UR2319357

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Patient Name : Mrs.J MYTHILY	Collected : 29/Mar/2024 10:51AM
Age/Gender : 39 Y 8 M 27 D/F	Received : 29/Mar/2024 06:15PM
UHID/MR No : CJPN.0000016289	Reported : 29/Mar/2024 06:57PM
Visit ID : CJPNOPV192211	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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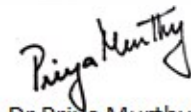
DEPARTMENT OF CLINICAL PATHOLOGY

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



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SIN No:UPP017439

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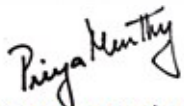
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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (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 : Mrs.J MYTHILY	Collected : 29/Mar/2024 08:16AM
Age/Gender : 39 Y 8 M 27 D/F	Received : 29/Mar/2024 12:44PM
UHID/MR No : CJPN.0000016289	Reported : 29/Mar/2024 01:07PM
Visit ID : CJPNOPV192211	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919035748878	

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 Priya Murthy  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:UF011501

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**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

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)

Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 **1860 500 7788**  
www.apolloclinic.com

Patient Name : Mrs.J MYTHILY	Collected : 29/Mar/2024 01:20PM
Age/Gender : 39 Y 8 M 27 D/F	Received : 30/Mar/2024 11:01AM
UHID/MR No : CJPN.0000016289	Reported : 02/Apr/2024 04:33PM
Visit ID : CJPNOPV192211	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919035748878	

DEPARTMENT OF CYTOLOGY

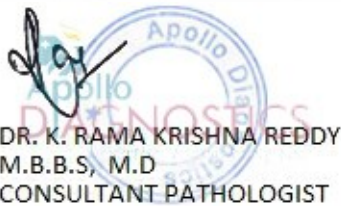
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	7938/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	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:CS078176

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**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

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)

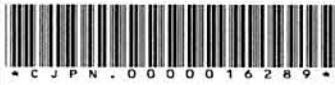
Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034

Page 16 of 16  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



 **1860 500 7788**  
www.apolloclinic.com



<b>Name</b> : Mrs. J Mythily  <b>Address</b> : 44 annapuraneshwari temple street new bank colony <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 39 Y  <b>Sex</b> : F	<b>UHID</b> :CJPN.0000016289  <b>OP Number</b> :CJPNOPV192211 <b>Bill No</b> :CJPN-OCR-70405 <b>Date</b> : 29.03.2024 08:12
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
4	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION - 11	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Addis = 21 \* (N)  
 optical = front  
 physio = 4

weight = 54.3 kg  
 Height = 163 cm  
 waist = 84 cm  
 Hip = 90 cm  
 BP = 105/65 mmHg  
 PR = 74 bpm

Ms. S. Srinivas 39/f

29/3/24

MS - low Pih.

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

my! 18/3/24

my! 3 days → regular  
24-25 days → no pain  
no pain

For Health check

Pill: med → MS  
→ Sy → MS

Olds Pih.  
Lsg.

FHTS. NO cancer

O/E

Gen -

Absent

Adm

PIA vs P  
Scan ⊕

for E

Myo

PIG Cy Brownish  
vag - Heavy discharge ⊕

PIV uterine MS  
DIL brownish  
HT

Follow up date:

Dr. Smita S. Kalappa  
MBBS MS (OGGY) DNB  
Fellowship in Gynecological Endoscopy (ICOG)  
Consultant Obstetrician & Gynecologist  
Apollo Hospitals  
KMC: 104075 Mobile: 9133143351

mythily  
pn16289

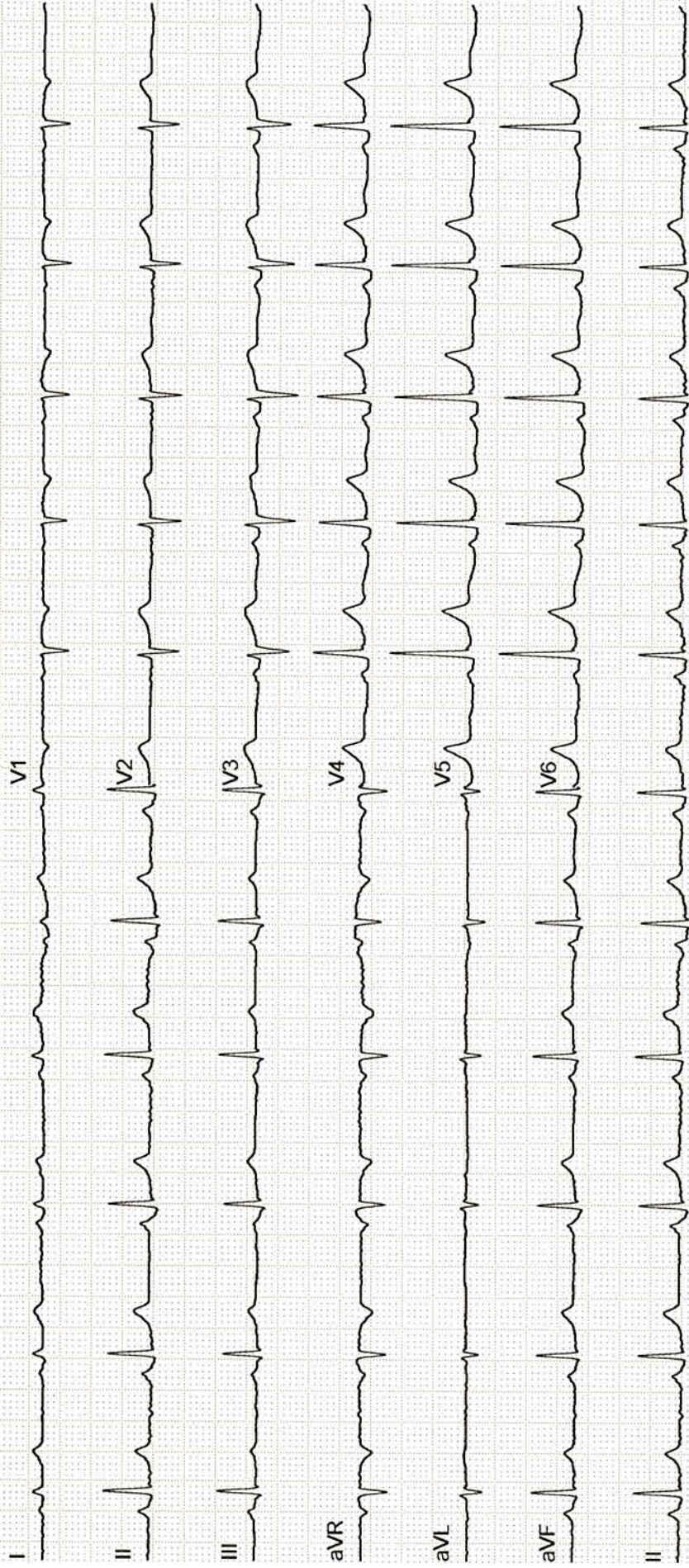
163 cm Female  
54.0 kg

29.03.2024 8:40:41  
Apollo Clinic  
J.P. Nagar  
Bangalore

68 bpm  
105 / 65 mmHg

Normal sinus rhythm  
Normal ECG

QRS : 76 ms  
QT / QTcBaz : 390 / 414 ms  
PR : 148 ms  
P : 90 ms  
RR / PP : 878 / 882 ms  
P / QRS / T : 67 / 80 / 69 degrees



APOLLO CLINIC  
J P NAGAR  
BANGALORE

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: MRS J MYTHILY ,  
Patient ID: CJPN.0000016289  
Height: 163 cm  
Weight: 54 kg

DOB: 02.02.1984  
Age: 40 yrs  
Gender: Male  
Race: Asian

Study Date: 29.03.2024  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: --  
Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [ km/h ]	Grade [ % ]	HR [ bpm ]	BP [ mmHg ]	Comment
PRETEST	SUPINE	00:36	0.00	0.00	82	110/80	
EXERCISE	STAGE 1	03:00	2.70	10.00	116	120/80	
	STAGE 2	03:00	4.00	12.00	137	130/80	
	STAGE 3	00:49	5.40	14.00	160		
RECOVERY		02:17	0.00	0.00	90	110/80	

The patient exercised according to the BRUCE for 6:48 min:s, achieving a work level of Max. METS: 9.40. The resting heart rate of 77 bpm rose to a maximal heart rate of 160 bpm. This value represents 88 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg , rose to a maximum blood pressure of 130/80 mmHg. The exercise test was stopped due to Fatigue.

### Interpretation

Summary: Resting ECG: normal.

### Conclusions

GOOD EFFORT AND TOLERANCE  
NORMAL HR/BP RESPONSE  
NO ANGINA AND ARRHYTHMIA NOTED  
NO SIGNIFICANT ST-T CHANGES SEEN

\*

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician  Technician \_\_\_\_\_

Exercise Test / 12-Lead Report

MRS J MYTHILY,  
Patient ID: CJP.N.0000016289  
29.03.2024 Male 163 cm 54 kg  
10:19:54am 40 yrs Asian

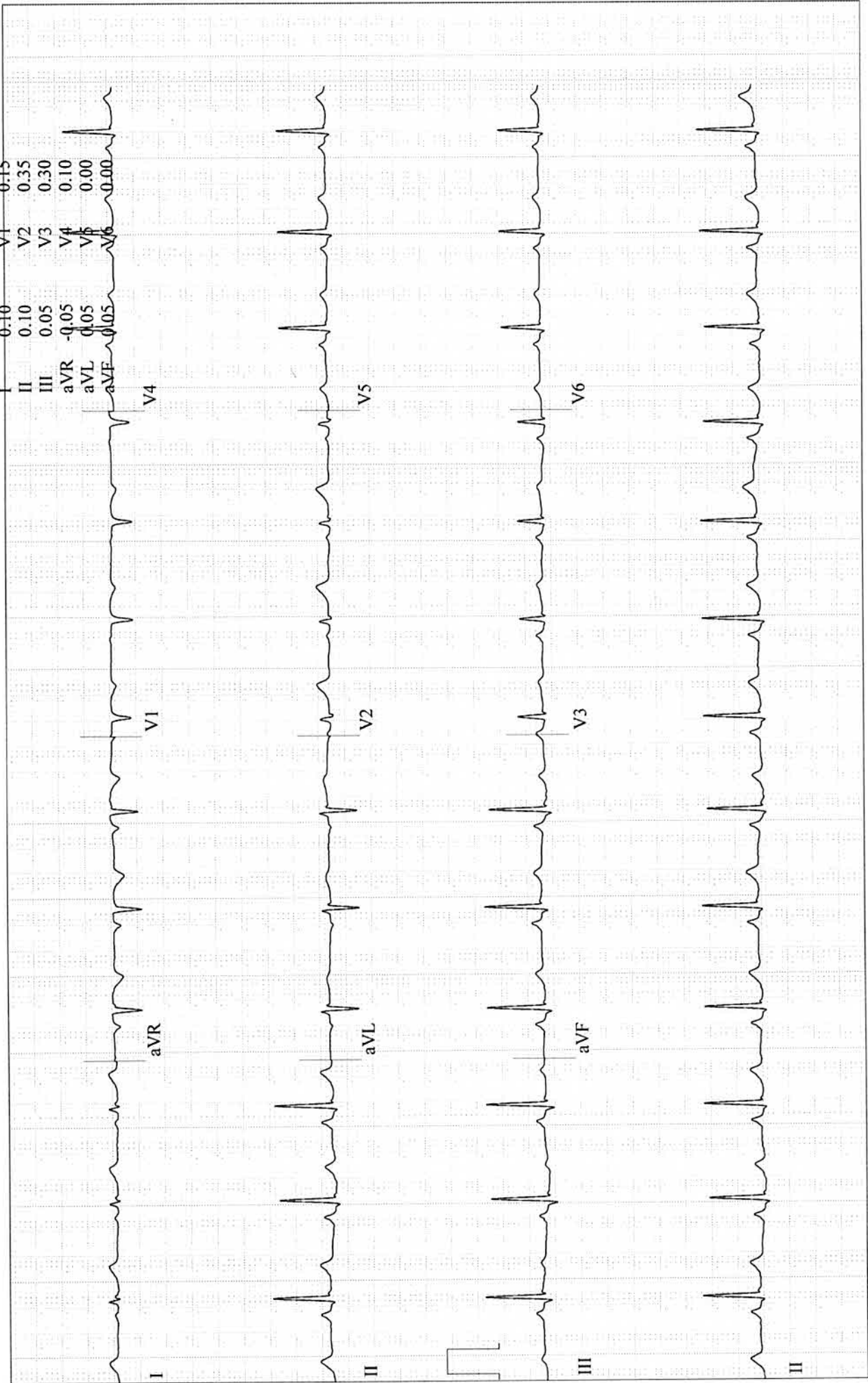
82 bpm  
110/80 mmHg

2

Measured at 60 ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.10	V1	0.15
II	0.10	V2	0.35
III	0.05	V3	0.30
aVR	-0.05	V4	0.10
aVL	0.05	V5	0.00
aVF	0.05	V6	0.00



Exercise Test / 12-Lead Report

MRS J MYTHILY,  
Patient ID: CJPN.0000016289  
29.03.2024 Male 163 cm 54 kg  
10:20:26am 40 yrs Asian

BRUCE  
0.0 km/h  
0.0 % Measured at 60 ms Post J (10mm/mV)

PRETEST  
SUPINE  
00:11

76 bpm  
110/80 mmHg

Auto Points

Lead ST(mm) Lead ST(mm)

V1 0.05 V1 0.15

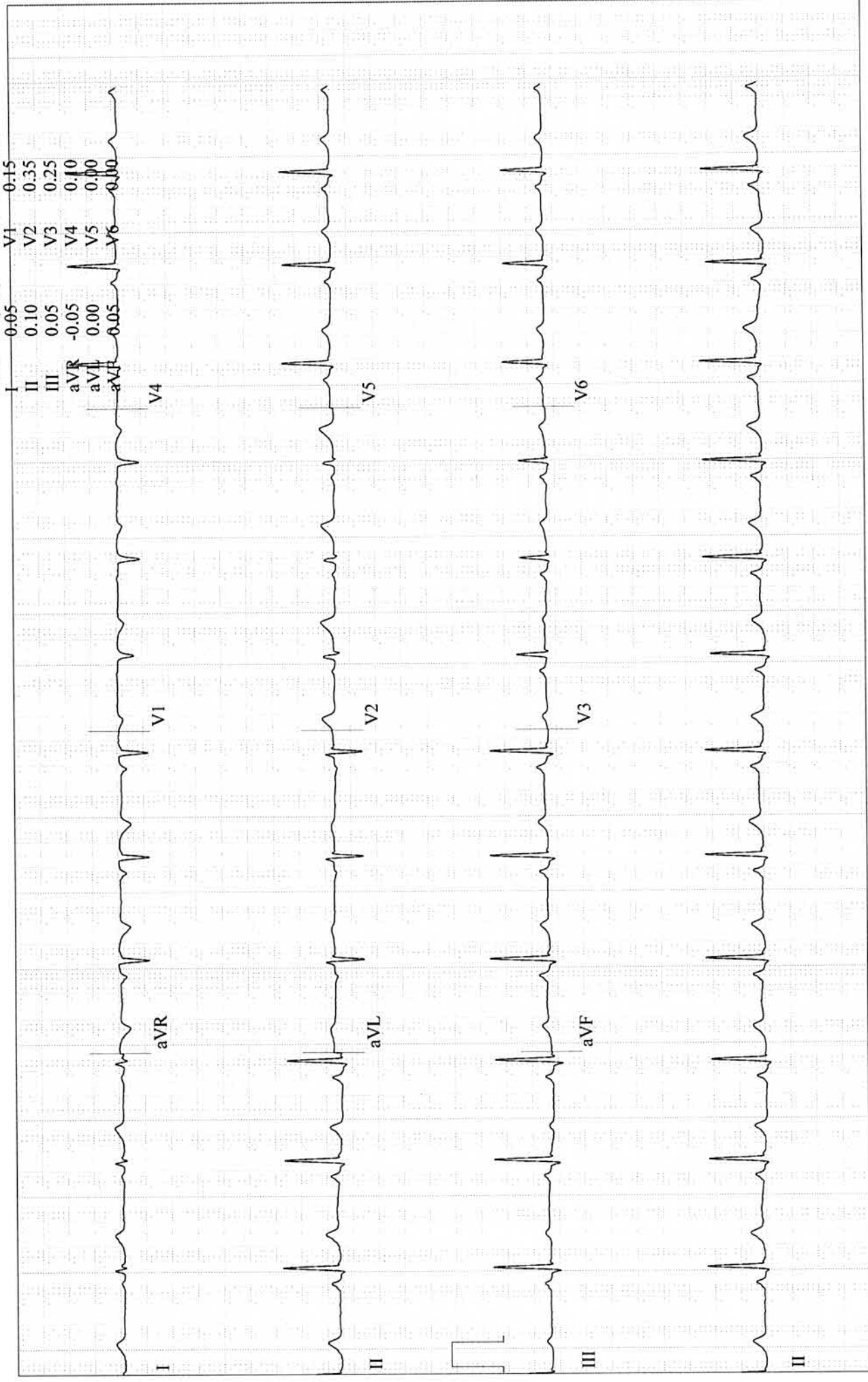
V2 0.10 V2 0.35

V3 0.05 V3 0.25

V4 0.10 V4 0.10

V5 0.00 V5 0.00

V6 0.00 V6 0.00



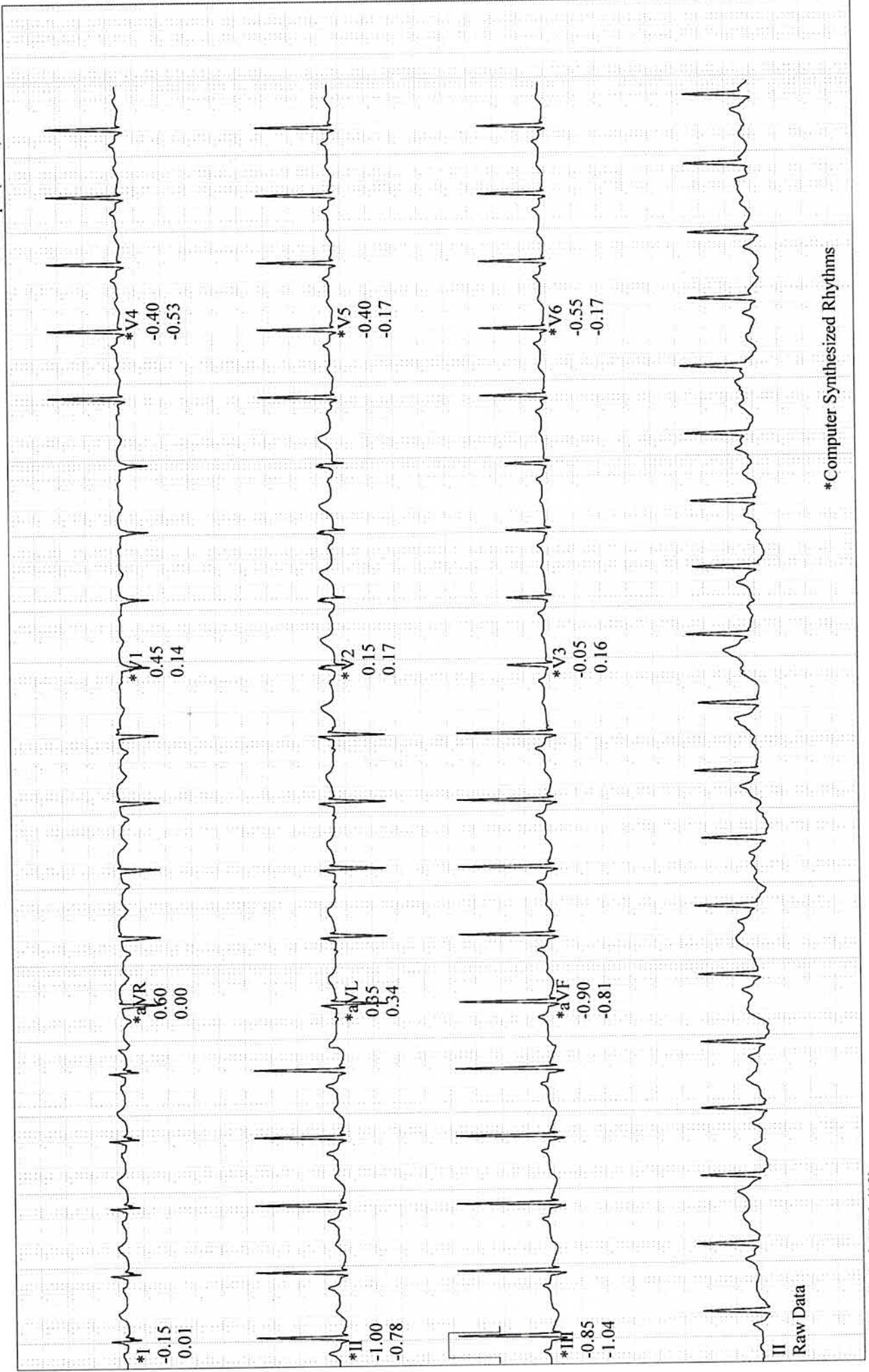
BRUCE  
2.7 km/h  
10.0 %

EXERCISE  
STAGE 1  
02:50

114 bpm  
120/80 mmHg

MRS J MYTHILY,  
Patient ID: CJP.N.0000016289  
29.03.2024 Male 163 cm 54 kg  
10:23:35am 40 yrs Asian

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

II  
Raw Data

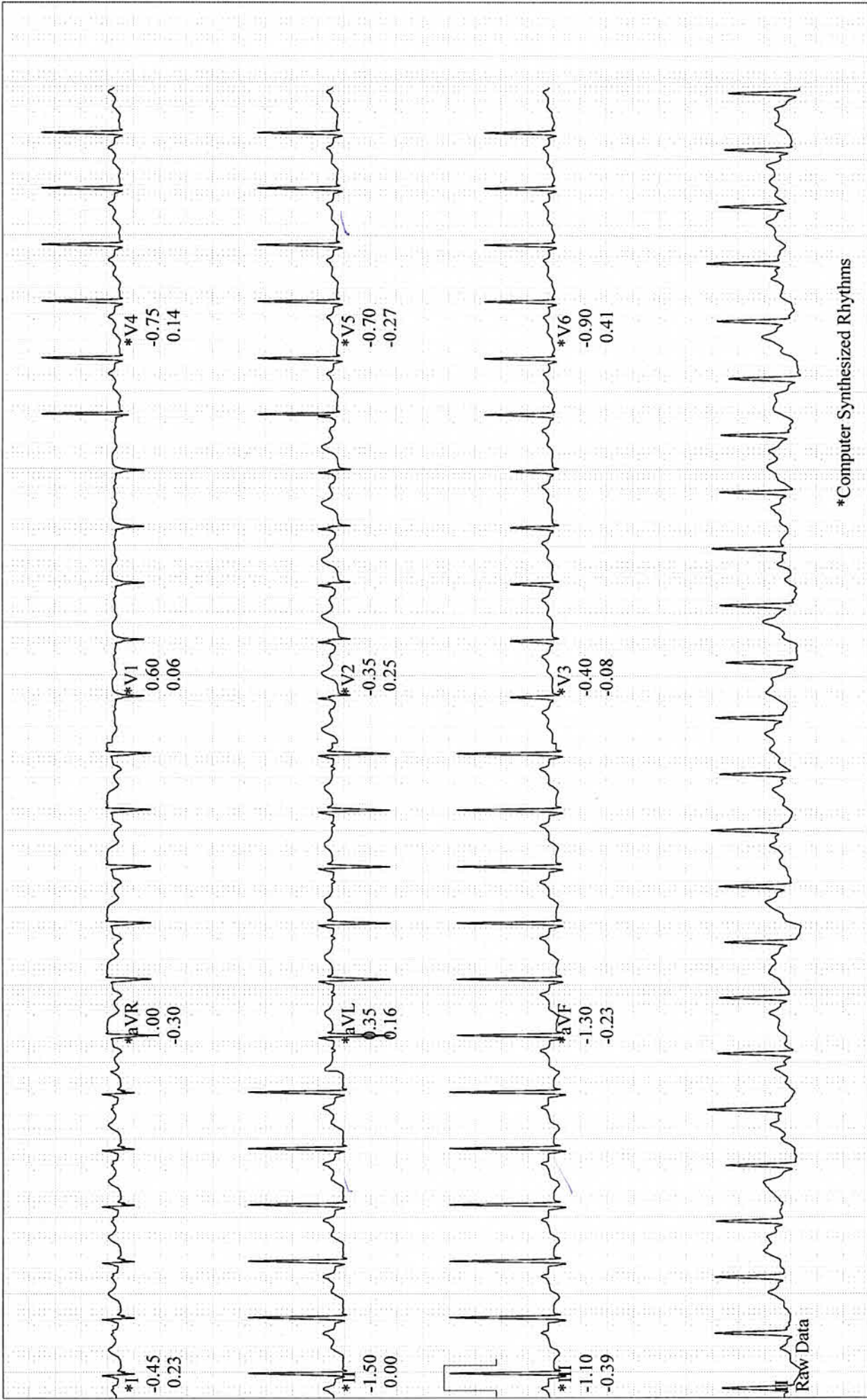
MRS J MYTHILY,  
Patient ID: CJPN.0000016289  
29.03.2024 Male 163 cm 54 kg  
10:26:35am 40 yrs Asian

BRUCE  
4.0 km/h  
12.0 %

EXERCISE  
STAGE 2  
05:50

139 bpm  
130/80 mmHg

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms



Exercise Test / Linked Medians ( PEAK EXERCISE )

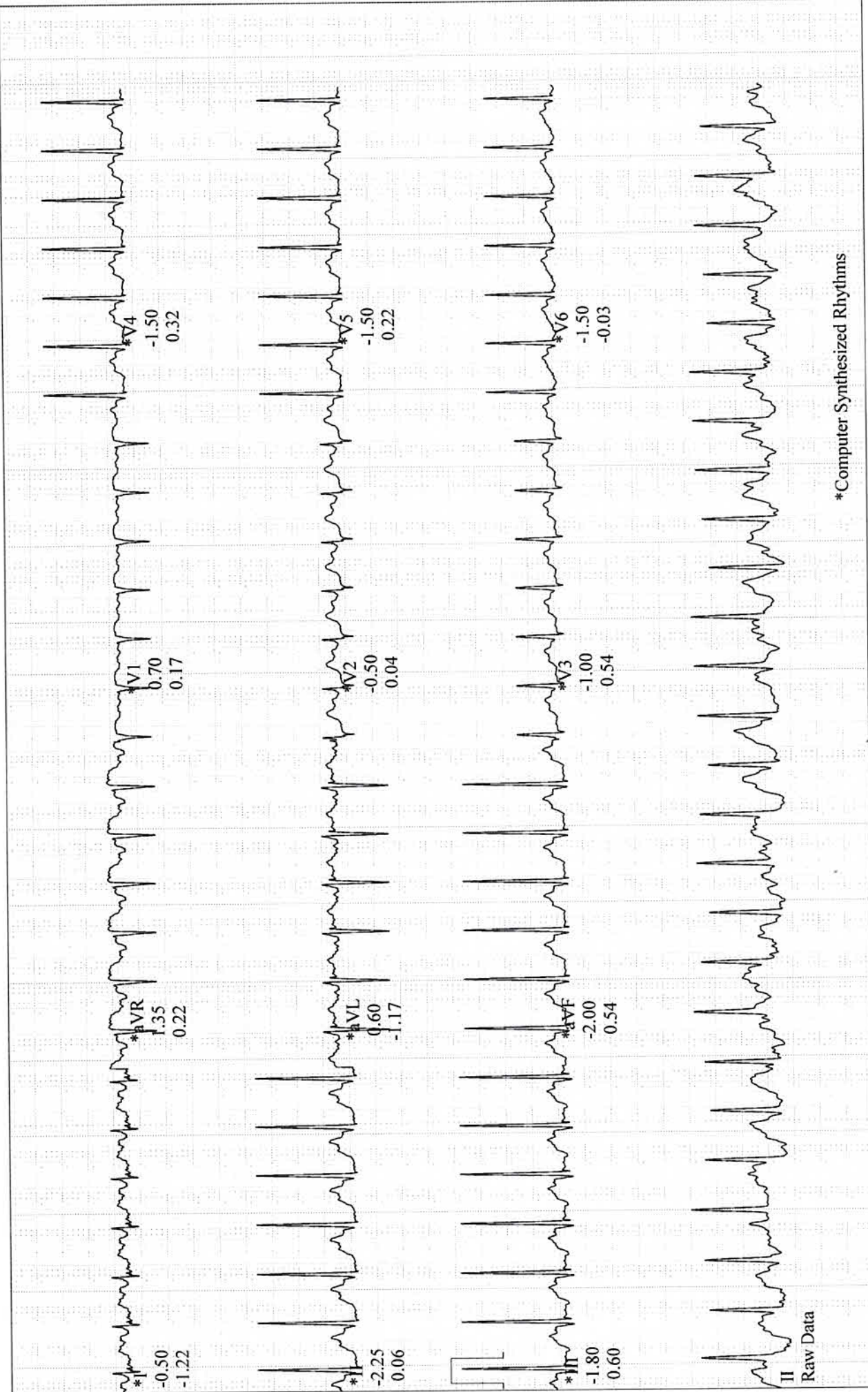
BRUCE  
5.4 km/h  
14.0 %

EXERCISE  
STAGE 3  
06:49

160 bpm

MRS J MYTHILY,  
Patient ID: CJPN.0000016289  
29.03.2024 Male 163 cm 54 kg  
10:27:34am 40 yrs Asian

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

Raw Data

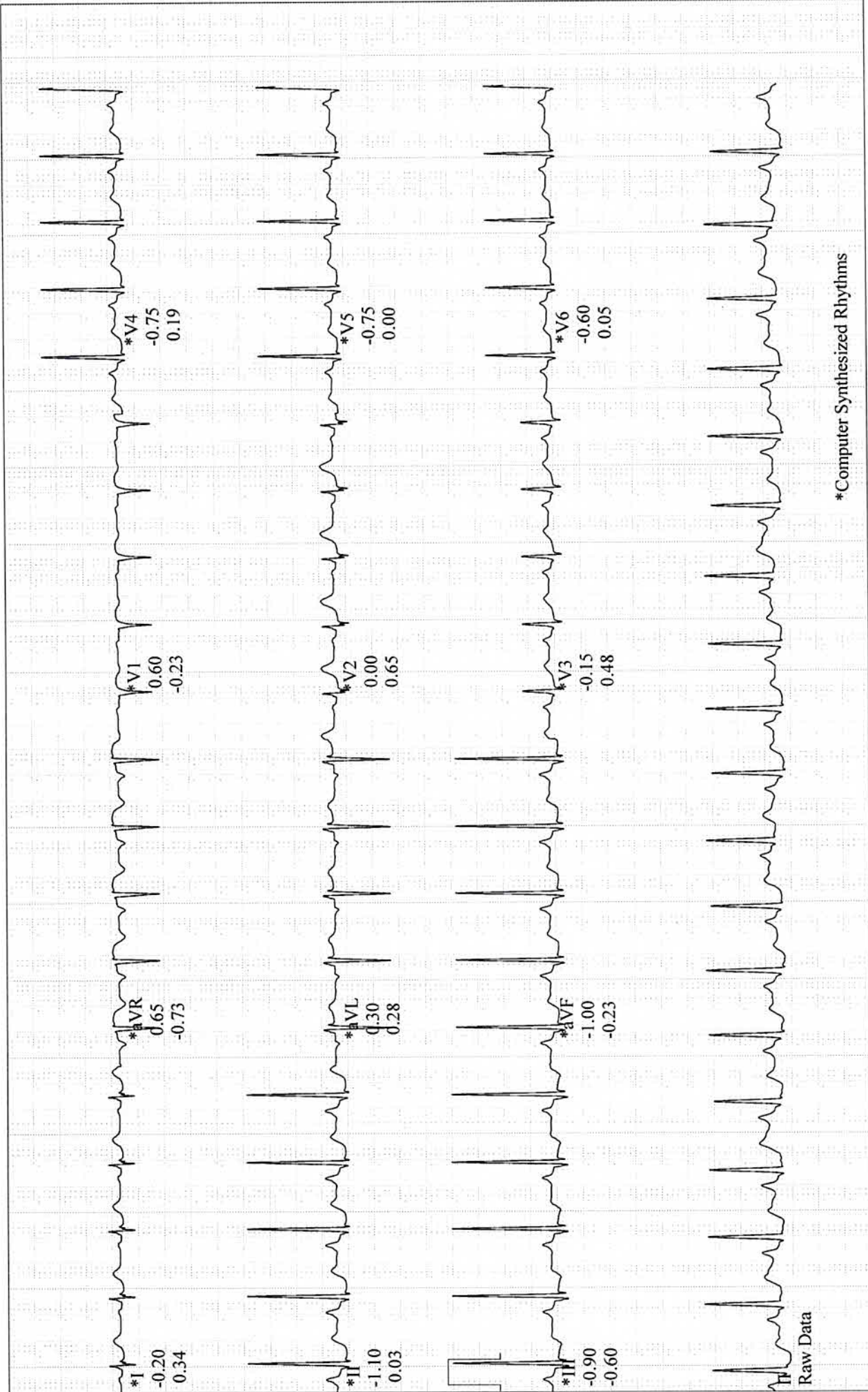
MRS J MYTHILY,  
Patient ID: CJPN.0000016289  
29.03.2024 Male 163 cm 54 kg  
10:28:33am 40 yrs Asian

BRUCE  
0.0 km/h  
0.0 %

RECOVERY  
#1  
01:00

117 bpm  
130/80 mmHg

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

**MRS J MYTHILY**,  
 Patient ID: CJP.N.0000016289  
 29.03.2024 Male 163 cm 54 kg  
 10:20:09am 40 yrs Asian  
 Meds:

Test Reason:  
 Medical History:  
 Ref. MD: Ordering MD:  
 Technician: Test Type:  
 Comment:

BRUCE: Exercise Time 06:48  
 Max HR: 160 bpm 88 % of max predicted 180 bpm HR at rest: 77  
 Max BP: 130/80 mmHg BP at rest: 110/80 Max RPP: 20800 mmHg\*bpm  
 Maximum Workload: 9.40 METS  
 Max. ST: -2.25 mm, 0.04 mV/s in II; EXERCISE STAGE 3 6:49  
 Arrhythmia: PVC:4, PSVC:4, RUN:1  
 ST/HR index: 2.88  $\mu$ V/bpm  
 HR reserve used: 79 %  
 HR recovery: 44 bpm  
 VE recovery: 1 VE/min  
 ST/HR hysteresis: 0.032 mV (V4)

BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY
0:01 82 bpm 110/80 mmHg	6:49 160 bpm	6:49 160 bpm	2:12 88 bpm 110/80 mmHg	0:01 82 bpm 110/80 mmHg	6:49 160 bpm	6:49 160 bpm	2:12 88 bpm 110/80 mmHg
I 0.15 mm -0.17 mV/s	I -0.35 -0.76	I -0.35 -0.76	I -0.25 -0.13	V1 0.10 -0.01	V1 0.80 0.09	V1 0.80 0.09	V1 0.60 -0.10
II 0.10 -0.23	II -2.25 0.04	II -2.25 0.04	II -1.05 -0.41	V2 0.30 -0.01	V2 -0.50 -0.05	V2 -0.50 -0.05	V2 -0.15 -0.03
III 0.00 -0.25	III -1.90 0.00	III -1.90 0.00	III -0.80 -0.93	V3 0.20 0.00	V3 -1.10 0.22	V3 -1.10 0.22	V3 -0.35 -0.45
aVR -0.15 -0.20	aVR 1.30 -0.13	aVR 1.30 -0.13	aVR 0.70 -0.24	V4 0.00 -0.17	V4 -1.60 0.13	V4 -1.60 0.13	V4 -0.80 -0.54
aVL 0.10 -0.04	aVL 0.80 -0.71	aVL 0.80 -0.71	aVL 0.25 -0.01	V5 -0.15 -0.51	V5 -1.60 -0.06	V5 -1.60 -0.06	V5 -0.80 -0.41
aVF 0.10 -0.17	aVF -2.10 0.36	aVF -2.10 0.36	aVF -0.95 -0.61	V6 0.10 -0.44	V6 -1.60 -0.82	V6 -1.60 -0.82	V6 -0.60 -0.12

**MRS J MYTHILY,**

Patient ID: CJPN.0000016289

29.03.2024 Male 163 cm 54 kg

10:20:09am 40 yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Exercise Time 06:48  
 Max HR: 160 bpm 88 % of max predicted 180 bpm HR at rest: 77  
 Max BP: 130/80 mmHg BP at rest: 110/80 Max RPP: 20800 mmHg\*bpm  
 Maximum Workload: 9.40 METS  
 Max. ST: -2.25 mm, 0.04 mV/s in II; EXERCISE STAGE 3 6:49  
 Arrhythmia: PVC:4, PSVC:4, RUN:1  
 ST/HR index: 2.88  $\mu$ V/bpm  
 HR reserve used: 79 %  
 HR recovery: 44 bpm  
 VE recovery: 1 VE/min  
 ST/HR hysteresis: 0.032 mV (V4)  
 QRS duration: BASELINE: 82 ms, PEAK EX: 82 ms, REC: 92 ms

**Reasons for Termination:** Fatigue

**Summary:**

**Resting ECG:** normal.

**Conclusion:** GOOD EFFORT AND TOLERANCE

NORMAL HR/BP RESPONSE

NO ANGINA AND ARRHYTHMIA NOTED

NO SIGNIFICANT ST-T CHANGES SEEN

\*

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Room:

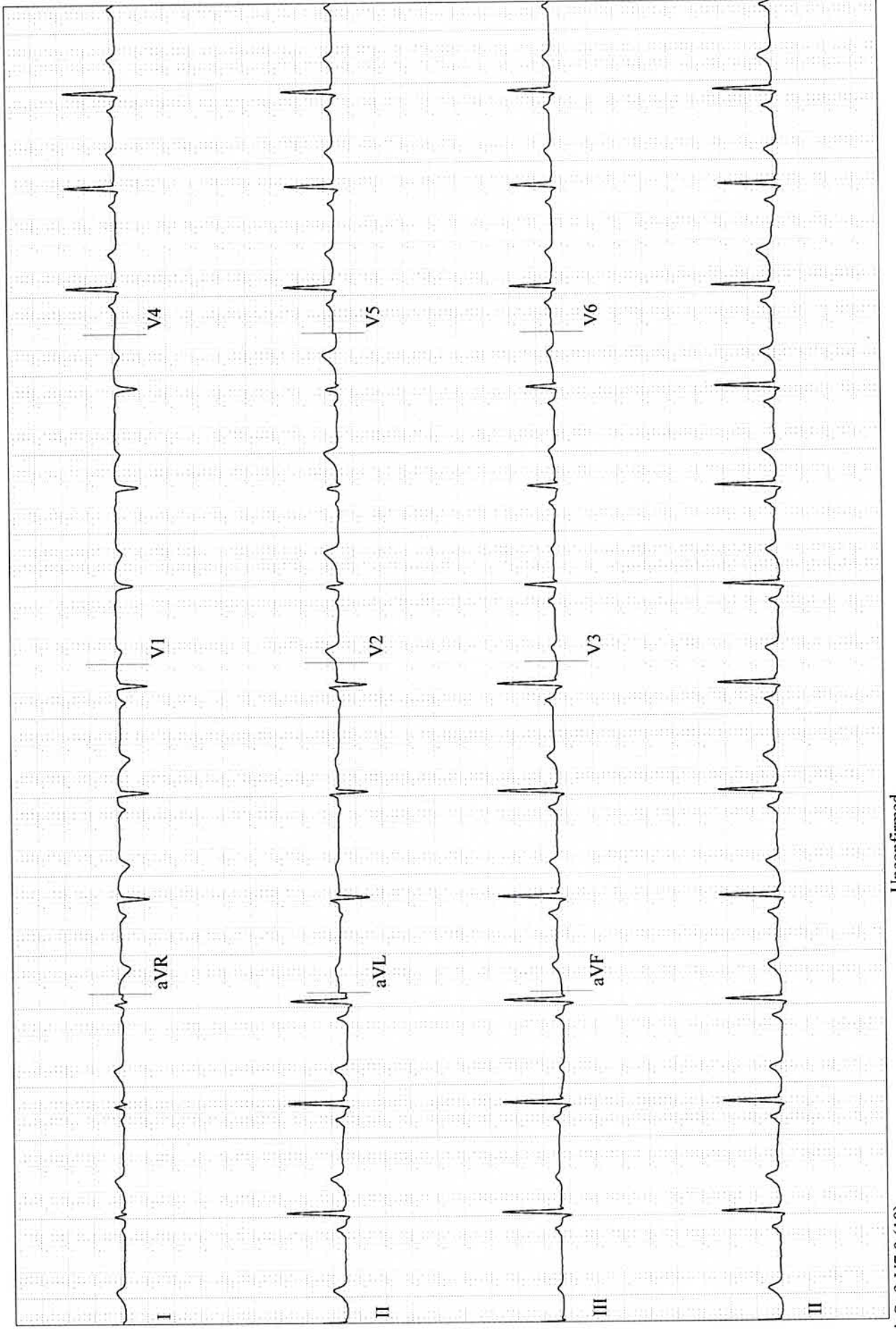
Location: \* 0 \*

BRUCE  
0.0 km/h  
0.0 %

PRETEST  
SUPINE  
0:11

Exercise Test / ECG Strips  
76 bpm  
110/80 mmHg

MRS J MYTHILY,  
Patient ID: CJPN.0000016289  
29.03.2024 Male 163 cm 54 kg  
10:20:20am 40 yrs Asian



**Patient Name** : Mrs. J Mythily

**Age/Gender** : 39 Y/F

**UHID/MR No.** : CJPN.0000016289

**OP Visit No** : CJPNOPV192211

**Sample Collected on** :

**Reported on** : 29-03-2024 14:19

**LRN#** : RAD2285644

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 919035748878

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**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. V K PRNAV VENKATESH**  
**MBBS,MD**  
Radiology

<b>Patient Name</b>	: Mrs. J Mythily	<b>Age/Gender</b>	: 39 Y/F
<b>UHID/MR No.</b>	: CJPN.0000016289	<b>OP Visit No</b>	: CJPNOPV192211
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 29-03-2024 11:50
<b>LRN#</b>	: RAD2285644	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 919035748878		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : Normal in size (13.5 cm)and echotexture. No focal lesion seen.  
No intra hepatic biliary / venous radicular dilation.  
CBD and Main Portal vein appear normal.

**GALL BLADDER** : Well distended. Normal in internal contents. Wall Thickness is normal.

**SPLEEN** : Normal in size and echotexture. No focal lesion was seen.

**PANCREAS** : Appeared normal to the visualized extent.

**KIDNEYS** : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis.

Right kidney measures:9.6 x 1.2 cm.

Left kidney measures :11.0 x 1.4 cm.**Non obstructive left renal calculus in upper pole measuring~4mm.**

**URINARY BLADDER** : Well distended. Normal in internal contents. Wall thickness is normal.

**UTERUS** : Normal in size and echotexture. It measures :7.3 x 3.5 x 4.2 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring- 11 mm.

No focal lesion was noted.

**OVARIES** : Both ovaries are normal in size.

Right ovary measures : 3.0 x 2.1cm.

Left ovary measures : 2.6 x 2.0 cm.

**Minimal free fluid is seen in the POD and endometrial cavity.** No lymphadenopathy.

**Patient Name** : Mrs. J Mythily


**Age/Gender** : 39 Y/F

**Minimal free fluid is seen in endometrial cavity.**

**IMPRESSION : 1)NON OBSTRUCTIVE LEFT RENAL CALCULUS.  
2)MILD PID.**

Please Note :No preparation done before scanning.

(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.



**Dr. V K PRANAV VENKATESH**  
MBBS,MD  
Radiology