


Patient Name : Mrs.CHINNAMMA
 Age/Gender : 36 Y 1 M 13 D/F
 UHID/MR No : CUPP.0000086883
 Visit ID : CUPPOPV131324
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 173320

Collected : 23/Mar/2024 07:43AM
 Received : 23/Mar/2024 11:04AM
 Reported : 23/Mar/2024 12:51PM
 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	14.9	g/dL	12-15	Spectrophotometer
PCV	41.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.58	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	91.6	fL	83-101	Calculated
MCH	32.5	pg	27-32	Calculated
MCHC	35.5	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,820	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.9	%	40-80	Electrical Impedance
LYMPHOCYTES	34.1	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	9	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3136.98	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1984.62	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	139.68	Cells/cu.mm	20-500	Calculated
MONOCYTES	523.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	34.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.58		0.78- 3.53	Calculated
PLATELET COUNT	237000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC WBC WITHIN NORMAL LIMITS PLATELETS ARE ADEQUATE ON SMEAR				


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

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SIN No:BED240078616

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE


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

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Age/Gender : 36 Y 1 M 13 D/F	Received : 23/Mar/2024 11:04AM
UHID/MR No : CUPP.0000086883	Reported : 23/Mar/2024 03:59PM
Visit ID : CUPPOPV131324	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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Positive			Microplate technology



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Consultant Pathologist

SIN No:BED240078616

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Patient Name : Mrs.CHINNAMMA	Collected : 23/Mar/2024 07:43AM
Age/Gender : 36 Y 1 M 13 D/F	Received : 23/Mar/2024 11:18AM
UHID/MR No : CUPP.0000086883	Reported : 23/Mar/2024 11:44AM
Visit ID : CUPPOPV131324	Status : Final Report
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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	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.

K. Anusha

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

SIN No:PLF02130667

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Patient Name : Mrs.CHINNAMMA	Collected : 23/Mar/2024 11:01AM
Age/Gender : 36 Y 1 M 13 D/F	Received : 23/Mar/2024 04:52PM
UHID/MR No : CUPP.0000086883	Reported : 23/Mar/2024 06:04PM
Visit ID : CUPPOPV131324	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173320	

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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	97	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.

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Dr.E.Maruthi Prasad
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 Consultant biochemist

K. Anusha
Dr.K.Anusha
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SIN No:PLP1435546

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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	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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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 Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



SIN No:EDT240035838

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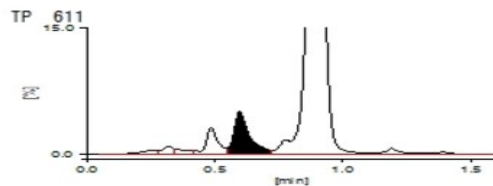
Chromatogram Report

I V5.28 1 2024-03-23 11:43:05
 ID EDT240035838
 Sample No. 03230038 SL 0001 - 08
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.23	6.19
A1B	0.5	0.32	6.91
F	0.4	0.39	6.56
LA1C+	1.9	0.48	27.67
SA1C	5.1	0.60	58.50
AO	93.3	0.89	1385.95
H-V0			
H-V1			
H-V2			

Total Area 1491.78

HbA1c 5.1 % **IFCC 32 mmol/mol**
 HbA1 6.0 % HbF 0.4 %



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Age/Gender : 36 Y 1 M 13 D/F	Received : 23/Mar/2024 11:16AM
UHID/MR No : CUPP.0000086883	Reported : 23/Mar/2024 01:34PM
Visit ID : CUPPOPV131324	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	187	mg/dL	<200	CHO-POD
TRIGLYCERIDES	132	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	146	mg/dL	<130	Calculated
LDL CHOLESTEROL	119.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.56		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.15		<0.11	Calculated


Comment:

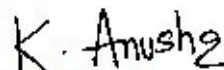
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.


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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).

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.68	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	62.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.18	g/dL	6.6-8.3	Biuret
ALBUMIN	4.02	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		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.

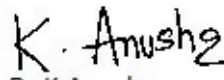
2. Cholestatic Pattern:

- 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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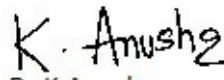
Patient Name : Mrs.CHINNAMMA	Collected : 23/Mar/2024 07:43AM
Age/Gender : 36 Y 1 M 13 D/F	Received : 23/Mar/2024 11:16AM
UHID/MR No : CUPP.0000086883	Reported : 23/Mar/2024 01:34PM
Visit ID : CUPPOPV131324	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173320	

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	15.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.21	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.49	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	109	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.18	g/dL	6.6-8.3	Biuret
ALBUMIN	4.02	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		0.9-2.0	Calculated


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:SE04671698

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Age/Gender : 36 Y 1 M 13 D/F	Received : 23/Mar/2024 11:16AM
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Emp/Auth/TPA ID : 173320	

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	11.00	U/L	<38	IFCC

K. Anusha

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

SIN No:SE04671698

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



Patient Name : Mrs.CHINNAMMA	Collected : 23/Mar/2024 07:43AM
Age/Gender : 36 Y 1 M 13 D/F	Received : 23/Mar/2024 11:15AM
UHID/MR No : CUPP.0000086883	Reported : 23/Mar/2024 01:29PM
Visit ID : CUPPOPV131324	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173320	

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)	8.36	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.036	µIU/mL	0.38-5.33	CLIA

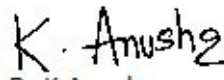
Comment:

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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Patient Name : Mrs.CHINNAMMA
Age/Gender : 36 Y 1 M 13 D/F
UHID/MR No : CUPP.0000086883
Visit ID : CUPPOPV131324
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 173320

Collected : 23/Mar/2024 07:43AM
Received : 23/Mar/2024 11:15AM
Reported : 23/Mar/2024 01:29PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

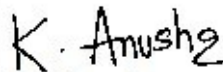
DEPARTMENT OF IMMUNOLOGY

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



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

SIN No:SPL24052540



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

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Patient Name : Mrs.CHINNAMMA	Collected : 23/Mar/2024 07:43AM
Age/Gender : 36 Y 1 M 13 D/F	Received : 23/Mar/2024 11:40AM
UHID/MR No : CUPP.0000086883	Reported : 23/Mar/2024 02:26PM
Visit ID : CUPPOPV131324	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173320	

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	1.025		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	TRACE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	2-3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


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

SIN No:UR2313034

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




Patient Name : Mrs.CHINNAMMA
Age/Gender : 36 Y 1 M 13 D/F
UHID/MR No : CUPP.0000086883
Visit ID : CUPPOPV131324
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 173320

Collected : 23/Mar/2024 11:01AM
Received : 23/Mar/2024 05:25PM
Reported : 23/Mar/2024 08:04PM
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.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UPP017230

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Patient Name : Mrs.CHINNAMMA
Age/Gender : 36 Y 1 M 13 D/F
UHID/MR No : CUPP.0000086883
Visit ID : CUPPOPV131324
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 173320

Collected : 23/Mar/2024 07:43AM
Received : 23/Mar/2024 11:40AM
Reported : 23/Mar/2024 12:47PM
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(FASTING)	NEGATIVE		NEGATIVE	Dipstick



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

SIN No:UF011261

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Patient Name : Mrs.CHINNAMMA	Collected : 23/Mar/2024 04:12PM
Age/Gender : 36 Y 1 M 13 D/F	Received : 24/Mar/2024 05:03PM
UHID/MR No : CUPP.0000086883	Reported : 26/Mar/2024 05:57PM
Visit ID : CUPPOPV131324	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 173320	

DEPARTMENT OF CYTOLOGY


LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	7049/24
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	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:CS077525

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CERTIFICATE OF MEDICAL FITNESS

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

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

<ul style="list-style-type: none"> Medically Fit 	<p style="text-align: center;">Tick</p> <p style="text-align: center;">✓</p>
<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. P. TRIVENI
 Reg No: 050078
TSMG FAMILY PHYSICIAN
 Apollo Clinic
 Uppal

Apollo Health and Lifestyle Limited

(CIN - UBS110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

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36 Years

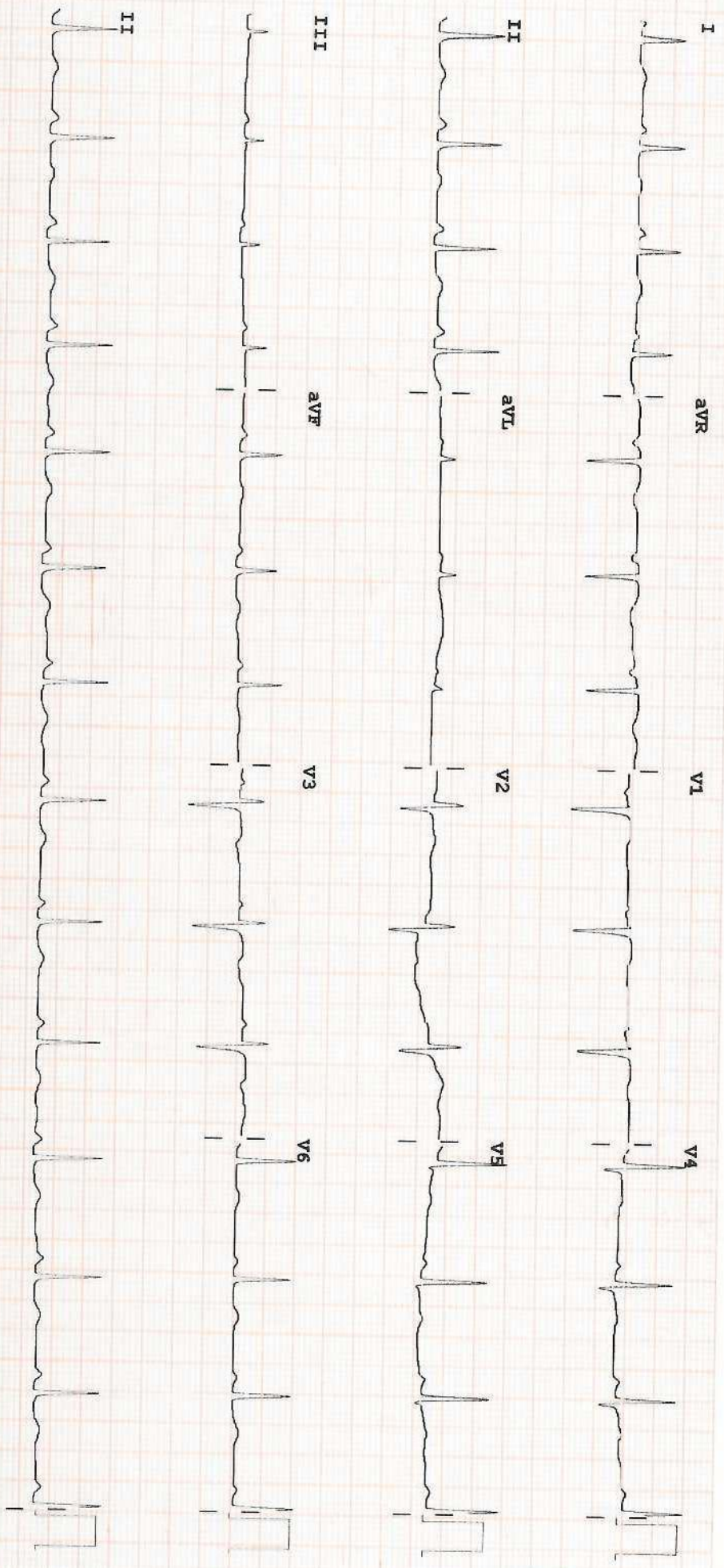
mrs. chinmama
Female

03/01/2010 00:43:24

Apollo Clinic A S Rao Nagar

Rate 79 Sinus rhythm
RR 759 . Borderline T wave abnormalities
PR 149
QRSD 77
QT 369
QTcB 424
QTcF 405
--AXIS--
P 37
QRS 47
T 43
12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

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

PHILIPS

F 50~ 0.15-- 40 Hz

PH100B CL? P?

REORDER MATERIA

POWER PRESCRIPTION

NAME: *Chinnamma*

GENDER: *M/F*

DATE: *22/3/24*

AGE: *36*

UHID: *86883*

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	—————			<i>6/6</i>
NEAR				<i>10/6</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	—————			<i>6/6</i>
NEAR				<i>10/6</i>

COLOUR VISION : *Normal*

DIAGNOSIS : *myopia*

OTHER FINDINGS :

INSTRUCTIONS :

[Signature]
SIGNATURE

Patient Name	: Mrs. CHINNAMMA	Age	: 36 Y/F
UHID	: CUPP.0000086883	OP Visit No	: CUPPOPV131324
Reported By:	: Dr. CH VENKATESHAM	Conducted Date	: 24-03-2024 11:43
Referred By	: SELF		

ECG REPORT

Observation :-


1. Normal Sinus Rhythm.
2. Heart rate is 79 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. CHINNAMMA

Age/Gender : 36 Y/F

UHID/MR No. : CUPP.0000086883

OP Visit No : CUPPOPV131324

Sample Collected on :

Reported on : 23-03-2024 17:29

LRN# : RAD2277497

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 173320

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. CHINNAMMA	Age/Gender : 36 Y/F
UHID/MR No. : CUPP.0000086883	OP Visit No : CUPPOPV131324
Sample Collected on :	Reported on : 23-03-2024 16:12
LRN# : RAD2277497	Specimen :
Ref Doctor : SELF	
Emp/Auth/TPA ID : 173320	

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 108 mm and 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 in size 100 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 : 93 x 38 mm. **Left kidney** : 103 x 40 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 75 x 40 x 56 mm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 8 mm.

Both ovaries appear normal in size, shape and echotexture.

Right ovary : 25 mm. **Left ovary** : 27 mm.

No evidence of any adnexal pathology noted.

IMPRESSION:-

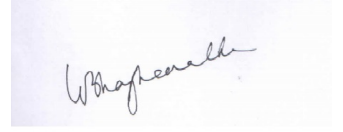
No significant abnormality detected.

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. CHINNAMMA

Age/Gender : 36 Y/F



Dr. K BHAGHEERATHI
MBBS, DNB Radiodiagnosis
Consultant Radiologist

Name: Mrs. CHINNAMMA
Age/Gender: 36 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.0000086883
Visit ID: CUPPOPV131324
Visit Date: 23-03-2024 07:28
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

Name: Mrs. CHINNAMMA
Age/Gender: 36 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.0000086883
Visit ID: CUPPOPV131324
Visit Date: 23-03-2024 07:28
Discharge Date:
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Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

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Consulting Doctor: Dr. SOWMYA REDDY

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Visit ID: CUPPOPV131324
Visit Date: 23-03-2024 07:28
Discharge Date:
Referred By: SELF

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 17:20	86 Beats/min	120/80 mmHg	22 Rate/min	98.6 F	149 cms	53 Kgs	%	%	Years	23.87	cms	cms	cms		AHLL09781

Established Patient: No

Vitals

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बीक ऑफ बरोडा
Bank of Baroda

नाम मेकला चिन्नाम्मा

Name Mekala Chinnamma

EC No. 173320



जारीकर्ता प्राधिकारी
Issuing Authority

M. S. J.
साके के हस्ताक्षर
Signature of Holder

Apollo Clinic Uppal

From: noreply@apolloclinics.info
Sent: Thursday, March 21, 2024 6:16 PM
To: Ramant@bob.com
Cc: Apollo Clinic Uppal; Nishanth Reddy; Syamsunder M
Subject: Your appointment is confirmed



Dear MS. M CHINNAMMA,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **UPPAL clinic** on **2024-03-23** at **07:30-07:45**.

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

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

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

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

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

**Clinic Address: APOLLO HEALTH AND LIFESTYLE LIMITED HNO- 6-48/3,PEERZADIGUDA
PANCHAYAT, BODUPPAL,R R DISTRICT,HYDERABAD-500039.**

Contact No: (040) 49503373 -74/.

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

Warm Regards,
Apollo Clinic