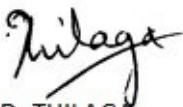


Patient Name	: Mrs.VIJAYALAKSHMI P	Collected	: 31/Mar/2024 08:12AM
Age/Gender	: 54 Y 11 M 26 D/F	Received	: 31/Mar/2024 01:12PM
UHID/MR No	: CANN.0000235273	Reported	: 31/Mar/2024 02:30PM
Visit ID	: CANNOPV399309	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE18163		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Mild eosinophilia noted.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240090195

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.9	g/dL	12-15	Spectrophotometer
PCV	38.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.34	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87.5	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,800	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	45.9	%	40-80	Electrical Impedence
LYMPHOCYTES	38.1	%	20-40	Electrical Impedence
EOSINOPHILS	7.8	%	1-6	Electrical Impedence
MONOCYTES	7.5	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3121.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2590.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	530.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	510	Cells/cu.mm	200-1000	Calculated
BASOPHILS	47.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.2		0.78- 3.53	Calculated
PLATELET COUNT	281000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	41	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 16



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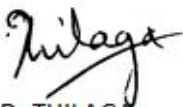
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Visit ID	: CANNOPV399309	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE18163		

DEPARTMENT OF HAEMATOLOGY

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

WBC MORPHOLOGY : Mild eosinophilia noted.
PLATELETS : Adequate in number.
PARASITES : No haemoparasites seen
NOTE/ COMMENT : Please correlate clinically.



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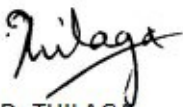
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Visit ID : CANNOPV399309	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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 Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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Patient Name : Mrs.VIJAYALAKSHMI P	Collected : 31/Mar/2024 08:12AM
Age/Gender : 54 Y 11 M 26 D/F	Received : 31/Mar/2024 02:00PM
UHID/MR No : CANN.0000235273	Reported : 31/Mar/2024 02:54PM
Visit ID : CANNOPV399309	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	96	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.



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:PLF02139057

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Patient Name : Mrs.VIJAYALAKSHMI P	Collected : 31/Mar/2024 08:12AM
Age/Gender : 54 Y 11 M 26 D/F	Received : 31/Mar/2024 04:36PM
UHID/MR No : CANN.0000235273	Reported : 31/Mar/2024 06:33PM
Visit ID : CANNOPV399309	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE18163	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	99	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. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:PLP1441644

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Patient Name : Mrs.VIJAYALAKSHMI P	Collected : 31/Mar/2024 08:12AM
Age/Gender : 54 Y 11 M 26 D/F	Received : 31/Mar/2024 01:13PM
UHID/MR No : CANN.0000235273	Reported : 31/Mar/2024 03:08PM
Visit ID : CANNOPV399309	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	259	mg/dL	<200	CHO-POD
TRIGLYCERIDES	223	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	222	mg/dL	<130	Calculated
LDL CHOLESTEROL	177.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	44.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	7.00		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.42		<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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine

Page 8 of 16



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SE04683741

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DEPARTMENT OF BIOCHEMISTRY

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

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).



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SE04683741

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Address:

D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
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APOLLO CLINICS NETWORK

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Patient Name	: Mrs.VIJAYALAKSHMI P	Collected	: 31/Mar/2024 08:12AM
Age/Gender	: 54 Y 11 M 26 D/F	Received	: 31/Mar/2024 01:18PM
UHID/MR No	: CANN.0000235273	Reported	: 31/Mar/2024 04:29PM
Visit ID	: CANNOPV399309	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE18163		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.04	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.37	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	119.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.6-8.3	Biuret
ALBUMIN	4.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.05		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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	26.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.80	g/dL	6.6-8.3	Biuret
ALBUMIN	4.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.05		0.9-2.0	Calculated



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Patient Name : Mrs.VIJAYALAKSHMI P	Collected : 31/Mar/2024 08:12AM
Age/Gender : 54 Y 11 M 26 D/F	Received : 31/Mar/2024 01:18PM
UHID/MR No : CANN.0000235273	Reported : 31/Mar/2024 04:04PM
Visit ID : CANNOPV399309	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE18163	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	38.00	U/L	<38	IFCC



DR. R. SRIVATSAN
M.D.(Biochemistry)



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Patient Name : Mrs.VIJAYALAKSHMI P	Collected : 31/Mar/2024 08:12AM
Age/Gender : 54 Y 11 M 26 D/F	Received : 31/Mar/2024 01:30PM
UHID/MR No : CANN.0000235273	Reported : 31/Mar/2024 04:23PM
Visit ID : CANNOPV399309	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	0.56	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.75	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.190	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



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No: SPL24061464

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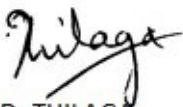
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Patient Name : Mrs.VIJAYALAKSHMI P	Collected : 31/Mar/2024 08:12AM
Age/Gender : 54 Y 11 M 26 D/F	Received : 31/Mar/2024 01:19PM
UHID/MR No : CANN.0000235273	Reported : 31/Mar/2024 01:48PM
Visit ID : CANNOPV399309	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE18163	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2322478

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.
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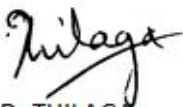
Patient Name	: Mrs.VIJAYALAKSHMI P	Collected	: 31/Mar/2024 08:12AM
Age/Gender	: 54 Y 11 M 26 D/F	Received	: 31/Mar/2024 01:19PM
UHID/MR No	: CANN.0000235273	Reported	: 31/Mar/2024 02:03PM
Visit ID	: CANNOPV399309	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



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

SIN No:UF011593

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Age/Gender : 54 Y 11 M 26 D/F	Received : 01/Apr/2024 10:57AM
UHID/MR No : CANN.0000235273	Reported : 04/Apr/2024 06:50PM
Visit ID : CANNOPV399309	Status : Final Report
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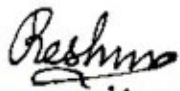
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	9179/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
c	NON NEOPLASTIC FINDINGS	INFLAMMATORY SMEAR
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 ***



Dr. Reshma Stanly
M.B.B.S,DNB(Pathology)
Consultant Pathologist

SIN No:CS078564

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Address:
D No.30, F - Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 / 05

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CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



 1860 500 7788
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Patient Name : Mrs. VIJAYALAKSHMI P

Age/Gender : 54 Y/F

UHID/MR No. : CANN.0000235273

OP Visit No : CANNOPV399309

Sample Collected on :

Reported on : 27-04-2024 12:38

LRN# : RAD2289501

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE18163

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

CH : No complaints. Routine check up
F/H/O Breast cancer : No
Previous mammogram / USG : No
H/o Breast surgery : No

Tissue composition of both breasts

Heterogenous background echotexture glandular and fatty tissues.

No suspicious solid /cystic lesion in both breasts

No evidence of duct dilatation / architectural distortion.

The subareolar tissues are normal

No evidence of retromammary pathology is seen.

The axillary tails are normal.

No axillary lymphadenopathy.

IMPRESSION:

* NO SIGNIFICANT ABNORMALITY DETECTED.

- USG BIRADS -I

- (Suggested Mammogram in view of age)

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Patient Name	: Mrs. VIJAYALAKSHMI P	Age	: 55 Y/F
UHID	: CANN.0000235273	OP Visit No	: CANNOPV399309
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 02-04-2024 12:32
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 81 beats per minutes.

Impression:

NORMAL RESTING ECG.

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

Dr. ARULNITHI AYYANATHAN

Patient Name : Mrs. VIJAYALAKSHMI P

Age/Gender : 54 Y/F

UHID/MR No. : CANN.0000235273

OP Visit No : CANNOPV399309

Sample Collected on :

Reported on : 01-04-2024 17:57

LRN# : RAD2289501

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE18163

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Unfolding of aorta.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

Patient Name	: Mrs. VIJAYALAKSHMI P	Age/Gender	: 54 Y/F
UHID/MR No.	: CANN.0000235273	OP Visit No	: CANNOPV399309
Sample Collected on	:	Reported on	: 01-04-2024 13:19
LRN#	: RAD2289501	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE18163		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.
Pancreas and spleen appear normal. Spleen measures 8.2cms.
Portal and splenic veins appear normal. No evidence of ascites or lymphadenopathy.
Diaphragmatic movements are satisfactory.
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 11.5 x 5.9cms.
Left kidney measures 10.5 x 5.3 cms.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus is bulky and measures 8.9 x 6.3 x 6.4cms
Multiple fibroids of varying size from 1-3cm noted in both walls
The endometrial thickness 6.2mm.
Right ovary measures 2.2 x 1.6cms.
Left ovary measures 2.2 x 1.8cms.
Both ovaries are normal in size and echotexture.
Bladder is normal in contour.

IMPRESSION:

***BULKY UTERUS WITH SMALL FIBROIDS**



Patient Name : Mrs. VIJAYALAKSHMI P

Age/Gender : 54 Y/F

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Patient Name : Mrs. VIJAYALAKSHMI P Age : 55 Y/F
UHID : CANN.0000235273 OP Visit No : CANNOPV399309
Conducted By: : Conducted Date : 01-04-2024 10:47
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.9CM
LA (es)	3.0CM
LVID (ed)	4.9CM
LVID (es)	2.9CM
IVS (Ed)	1.0CM
LVPW (Ed)	0.9CM
EF	64%
%FD	34%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. VIJAYALAKSHMI P	Age	: 55 Y/F
UHID	: CANN.0000235273	OP Visit No	: CANNOPV399309
Conducted By:	:	Conducted Date	: 01-04-2024 10:47
Referred By	: SELF		

DOPPLER STUDIES MITRAL INFLOW :

E : 0.6m/sc A: 0.9 m/sc

Velocity / Gradient Across Pulmonic Valve :0.7m/sc

Velocity / Gradient Across Aortic Valve :1.4m/sc

IMPRESSION :

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 64%)

NORMAL CARDIAC CHAMBERS & VALVES

GRADE I DIASTOLIC DYSFUNCTION

TRIVIAL MITRAL REGURGITATION

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.
RAKESH P
GOPAL

Patient Name : Mrs. VIJAYALAKSHMI P
UHID : CANN.0000235273
Conducted By: :
Referred By : SELF

Age : 55 Y/F
OP Visit No : CANNOPV399309
Conducted Date : 01-04-2024 10:47

Name: Mrs. VIJAYALAKSHMI P
Age/Gender: 55 Y/F
Address: NO 4 PANNER SELVAM STREET THIRUCHENTHUR NAGAR
PALLAVARAM
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: ANNANAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RAJKUMAR V S

MR No: CANN.0000235273
Visit ID: CANNOPV399309
Visit Date: 31-03-2024 08:11
Discharge Date:
Referred By: SELF

DRUG ALLERGY

DRUG ALLERGY: Nil,

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

Present Known Illness

Diabetes Mellitus: No History of Diabetes Mellitus,

Hypertension: Know to have Hypertension,

Heart disease: No History of Ischemic Heart Disease,

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: No,

GastroIntestinal System

APPETITE : Normal,

GenitoUrinary System

:- Nil ,

Central Nervous System

SLEEP- : Normal,

**Weight

--->: Stable,

HT-HISTORY

Past Medical History

**Cancer: No ,

Personal History

Marital Status	Married,
-->	
No. of Children	4,
-->	
Diet	Mixed Diet,
-->	
Physical Activity	Mild,

Family History

Father	Expired,
-->	
Aged	84,
-->	
Mother	Expired,
-->	
Aged.	74,

PHYSICAL EXAMINATION

General Examination

Height (in cms): 153,

Weight (in Kgs): 67.8,

Waist: 92,

Hip: 100,

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate(Per Minute):: 84,

Systolic: 120,

Diastolic: 80,

Gynaecology and Obstetrics:

Gynec Findings: DR INDRA ,

Pap Smear: Taken,

IMPRESSION

Apollo Health check

- Findings: 1. Elevated ESR
 2. Elevated Eosinophilia
 3. Hyperlipidemia
 4. To continue present Medication ,

RECOMMENDATION

Advice on Diet

Dietician diet advice: Salt Restriction / Low Fat / Regular walking ,

Review/Follow Up

Refer to specialty : **To consult Gynecologist opinion ,**

Other Recommendations

General advice: **ON MEDICATION**

TAB STATPURE 10 AFTER DINNER 2 MONTHS ,

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature



Apollo Clinic

CONSENT FORM

Patient Name: Vijayalakshmi Age: 54
UHID Number: 235273 Company Name: arlofmi

I Mr/Mrs/Ms Vijayalakshmi Employee of Bank of Baroda
(Company) Want to inform you that I am not interested in getting Ent dental, sonomanogram

Tests done which is a part of my routine health check package.

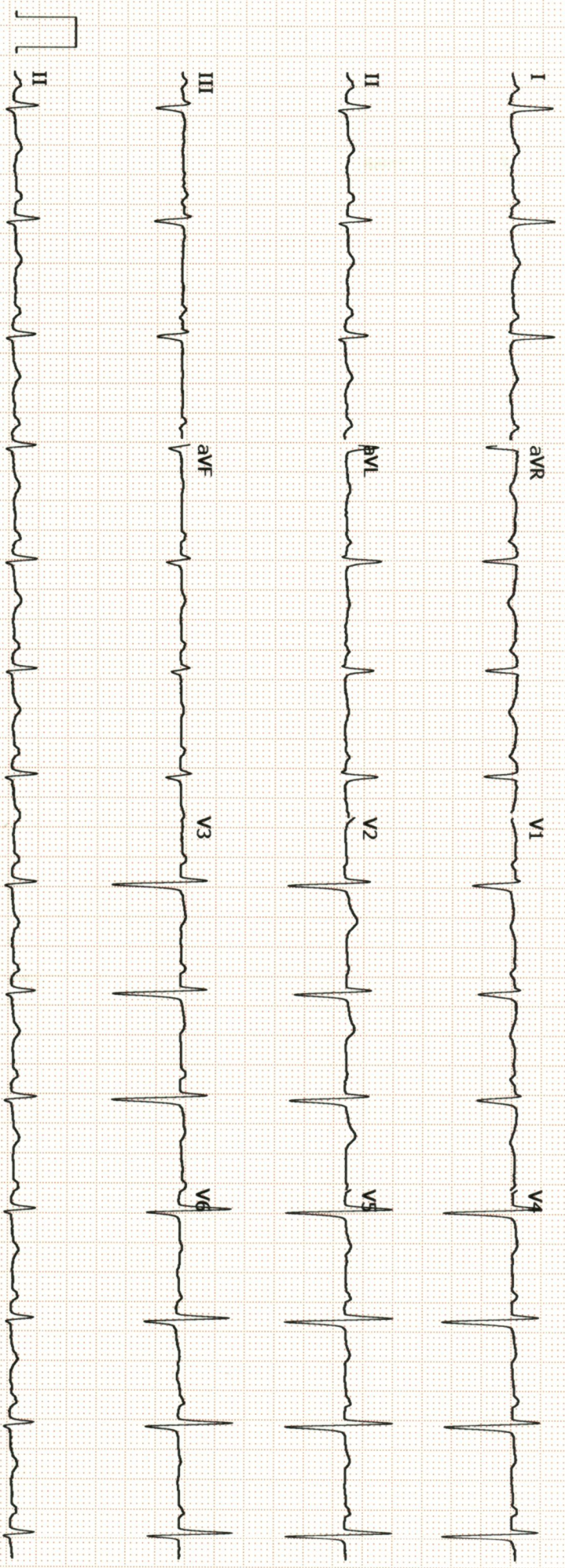
And I claim the above statement in my full consciousness.

Patient Signature: P. Vijayalakshmi Date: 31/3/24

Apollo Medical Centre
No.30, F-Block, 2nd Avenue,
Anna Nagar East, Chennai-600 102
Ph: 2620 6666 2622 4505
toll no: 1800 500 7788

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 90 ms
QT / QTcBaz : 400 / 464 ms
PR : 158 ms
P : 94 ms
RR / PP : 736 / 740 ms
P / QRS / T : 35 / -4 / 19 degrees



AP Vijayalakshmi

CANN- 235273
002 101915


இந்திய அரசாங்கம்
Government of India


விஜயலக்ஷ்மி பரசுராமன்
Vijayalakshmi Parasuraman
தாய் : காசியம்மாள்
Mother : KASIYAMMAL
பிறந்தவருடம் / Year of Birth : 1969
பெண்பால் / Female



4654 0877 4351

ஆதார் - சாதாரண மனிதனின் அதிகாரம்


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பல்லாவரம், தமிழ் நாடு, 600043

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THIRUCHENTHUR NAGAR,
Pallavaram, Kancheepuram,
Pallavaram, Tamil Nadu, 600043.

4654 0877 4351


1800 300 1947


help@uidai.gov.in


www.uidai.gov.in

P. Vijayalakshmi