

Patient Name	: MissBOTLA RAMANAMMA	Collected	: 27/Mar/2024 09:09AM
Age/Gender	: 32 Y 4 M 2 D/F	Received	: 27/Mar/2024 01:51PM
UHID/MR No	: CANN.0000235012	Reported	: 27/Mar/2024 03:41PM
Visit ID	: CANNOPV398528	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: BOBE18454		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Mild anisocytosis, microcytic hypochromic RBC's admixed with normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, Morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen
NOTE/COMMENT	: Please correlate clinically.



Dr. MARQUESS RAJ
M.D, DipRCPath, D.N.B (PATH)
Consultant Pathologist

SIN No: BED240084043

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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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)

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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	9.7	g/dL	12-15	Spectrophotometer
PCV	30.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.44	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	69.1	fL	83-101	Calculated
MCH	21.8	pg	27-32	Calculated
MCHC	31.6	g/dL	31.5-34.5	Calculated
R.D.W	19	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.3	%	40-80	Electrical Impedance
LYMPHOCYTES	36.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	7.0	%	2-10	Electrical Impedance
BASOPHILS	1.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3347.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2316.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	198.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	448	Cells/cu.mm	200-1000	Calculated
BASOPHILS	89.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.44		0.78- 3.53	Calculated
PLATELET COUNT	293000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Mild anisocytosis, microcytic hypochromic RBC's admixed with normocytic normochromic



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

RBC's noted.

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PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen

NOTE/COMMENT : Please correlate clinically.



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

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



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

SIN No:BED240084043

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DEPARTMENT OF BIOCHEMISTRY

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

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

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

1. 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.
2. 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:PLF02134592

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Patient Name	: MissBOTLA RAMANAMMA	Collected	: 27/Mar/2024 06:16PM
Age/Gender	: 32 Y 4 M 2 D/F	Received	: 27/Mar/2024 07:11PM
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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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	100	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:PLP1438629

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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	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	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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SIN No:EDT240038737

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	181	mg/dL	<200	CHO-POD
TRIGLYCERIDES	123	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	29	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	152	mg/dL	<130	Calculated
LDL CHOLESTEROL	127.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.24		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.27		<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 15



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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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).



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Patient Name : MissBOTLA RAMANAMMA	Collected : 27/Mar/2024 09:09AM
Age/Gender : 32 Y 4 M 2 D/F	Received : 27/Mar/2024 02:29PM
UHID/MR No : CANN.0000235012	Reported : 27/Mar/2024 03:41PM
Visit ID : CANNOPV398528	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOBE18454	

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	63.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	3.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.15		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.



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



SIN No:SE04677341

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

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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UHID/MR No	: CANN.0000235012	Reported	: 27/Mar/2024 03:41PM
Visit ID	: CANNOPV398528	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: BOBE18454		

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	0.64	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	16.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	3.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.15		0.9-2.0	Calculated



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



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Patient Name	: MissBOTLA RAMANAMMA	Collected	: 27/Mar/2024 09:09AM
Age/Gender	: 32 Y 4 M 2 D/F	Received	: 27/Mar/2024 02:29PM
UHID/MR No	: CANN.0000235012	Reported	: 27/Mar/2024 03:41PM
Visit ID	: CANNOPV398528	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: BOBE18454		

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	13.00	U/L	<38	IFCC



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



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Patient Name : MissBOTLA RAMANAMMA	Collected : 27/Mar/2024 09:09AM
Age/Gender : 32 Y 4 M 2 D/F	Received : 27/Mar/2024 02:22PM
UHID/MR No : CANN.0000235012	Reported : 27/Mar/2024 05:52PM
Visit ID : CANNOPV398528	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOBE18454	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.13	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.79	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	8.127	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: SPL24056688

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Patient Name : MissBOTLA RAMANAMMA	Collected : 27/Mar/2024 09:09AM
Age/Gender : 32 Y 4 M 2 D/F	Received : 27/Mar/2024 01:40PM
UHID/MR No : CANN.0000235012	Reported : 27/Mar/2024 02:56PM
Visit ID : CANNOPV398528	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOBE18454	

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	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		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. MARQUESS RAJ
M.D, DipRCPATH, D.N.B (PATH)
Consultant Pathologist

SIN No: UR2317479

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



Patient Name	: MissBOTLA RAMANAMMA	Collected	: 27/Mar/2024 09:09AM
Age/Gender	: 32 Y 4 M 2 D/F	Received	: 27/Mar/2024 01:40PM
UHID/MR No	: CANN.0000235012	Reported	: 27/Mar/2024 03:03PM
Visit ID	: CANNOPV398528	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: BOBE18454		

DEPARTMENT OF CLINICAL PATHOLOGY

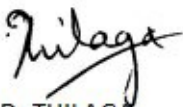
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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

***** End Of Report *****

Result/s to Follow:
LBC PAP TEST (PAPSURE)



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

SIN No:UF011470

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Patient Name : Miss BOTLA RAMANAMMA

Age/Gender : 32 Y/F

UHID/MR No. : CANN.0000235012

OP Visit No : CANNOPV398528

Sample Collected on :

Reported on : 27-03-2024 17:43

LRN# : RAD2283088

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : BOBE18454

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 7.6 cms.

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 9.5 x 3.1 cms.
Left kidney measures 11.5 x 4.7 cms.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus measures 7.0 x 4.3 x 3.1 cms and shows normal endometrial and myometrial echoes.
The endometrial thickness 7.7 mm.
Right ovary measures 4.1 x 2.0 cms.
Left ovary measures 3.5 x 1.9 cms.
Both ovaries are normal in size and echotexture.

Patient Name : Miss BOTLA RAMANAMMA

Age/Gender : 32 Y/F

No mass lesion seen in the pelvis.

Bladder is normal in contour.

IMPRESSION:

*** NO SIGNIFICANT ABNORMALITY DETECTED.**

DISCLAIMER: THIS US SCREENING STUDY IS BASED ON SOUND WAVES AND REFLECTION. NOT A DIRECT VISUALISATION OF ORGANS. BASED ON PATIENT HABITUS, BOWEL GAS OBSCURATION AND OTHER FACTORS, MANY CONDITIONS MAY NOT BE PICKED UP BY US STUDY AND SHOULD BE TREATED WITH CLINICAL CORRELATION. NOT AN MLC DOCUMENT. MANY INCIDENTAL FINDINGS OF LOW PRIORITY MIGHT NOT BE MENTIONED AS IT IS NOT A FOCUSED STUDY.

Dr. ASHIQ MOHAMMED JEFFREY
MD
Radiology

Patient Name	: Miss BOTLA RAMANAMMA	Age/Gender	: 32 Y/F
UHID/MR No.	: CANN.0000235012	OP Visit No	: CANNOPV398528
Sample Collected on	:	Reported on	: 27-03-2024 15:41
LRN#	: RAD2283088	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: BOBE18454		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

Dr. ASHIQ MOHAMMED JEFFREY

MD
Radiology

Name: Miss BOTLA RAMANAMMA
Age/Gender: 32 Y/F
Address: ANNA NAGAR CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: ANNANAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUMA RAGHURAM

MR No: CANN.0000235012
Visit ID: CANNOPV398528
Visit Date: 27-03-2024 09:05
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

Present Known Illness

No history of: **No History of diabetes / Hypertension / Heart Disease,**

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: **No,**

GastroIntestinal System

ABDOMINAL PAIN : **Yes-During periods,**

GenitoUrinary System

-: **Nil,**

Central Nervous System

SLEEP- : **Normal,**

Gynaecology and Obstetrics

LAST MENSTRUAL PERIOD: **24.03.24,**

PERIODS: **regular-35 day cycle,**

Musculoskeletal System

SPINE AND JOINS: **Back Pain ,**

**Weight

--->: **Stable,**

HT-HISTORY

Past Medical History

Cancer: **No,

Personal History

Marital Status	Single,
-->	
Diet	Mixed Diet,

Family History

Hypertension	mother ,
-->	
CVA	father ,

PHYSICAL EXAMINATION

General Examination

Height (in cms): **150,**

Weight (in Kgs): **61.9,**

Waist: **81,**

Hip: **89,**

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate(Per Minute):: **62,**

Systolic: **110,**

Diastolic: **60,**

Heart Sounds : **S1S2,**

Gynaecology and Obstetrics:

Gynec Findings: **DONE BY: DR INDRA V,**

Breasts: **Normal,**

Pap Smear: **Not Taken,**

IMPRESSION

Apollo Health check

Findings: **1. Anemia (MCH) - 9.7 2. HbA1c - 6.2 3 Elevated Cholesterol 4. Low HDL 5. Elevated TSH ,**

RECOMMENDATION

Advice on Diet

Diet instructions : **Dietary changes for sugar / Cholesterol ,**

Advice on Physical Activity

Advice on Physical Activity: **Daily walking to reduce weight ,**

Advice on Medication

Advice: **1. TAB. ELTROXIN (50 MG) (1-0-0) BEFORE FOOD AS ADVISED 2. TAB. LIVOGEN AS ADVISED 3. TAB. OMEGA 3 AS ADVISED ,**

Other Recommendations

Test/Investigation: **1.To do TSH after 1 month 2. Lipid and sugar profile after 3 months 2,**

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

Mrs. Botla Ramanamma

32/F.

27/3/24.

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

General Examination / Allergies
History

Rx

Adv scaling

Dr. [Signature]

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Name: Botla Ramanamma
 Occupation:
 Age: 32 y Sex: Male Female
 Address:
 Ph:

Date: 27/3/24 Reg. No.: 285012
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History: Nil

Present Complaint: Nil

ON EXAMINATION:	RE	LE
Ocular Movements :		
Anterior Segment :	<u>Free</u>	<u>Free</u>
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		
Without Glass :	<u>N</u>	<u>N</u>
With Glass :		
N.V. :	<u>6</u>	<u>6/6</u>
Visual Fields :	<u>6</u>	
Fundus :		
Impression :	<u>N6</u>	<u>N6</u>
Advice :	<u>Full</u>	<u>Full</u>
Colour Vision :	<u>N</u>	<u>N</u>

Same options

ENT check up

Botla Ramanamma

32/F

27/3/24

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

General Examination / Allergies
History

No complaints

O/E

DSR



Follow up date:

Doctor Signature & Stamp



Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.


CANN-235012
OCR-10/6/17

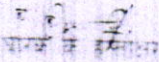
 बैंक ऑफ बड़ौदा
Bank of Baroda

नाम वी रमणम्मा
Name BOTLA RAMANAMMA

EC No. 178091

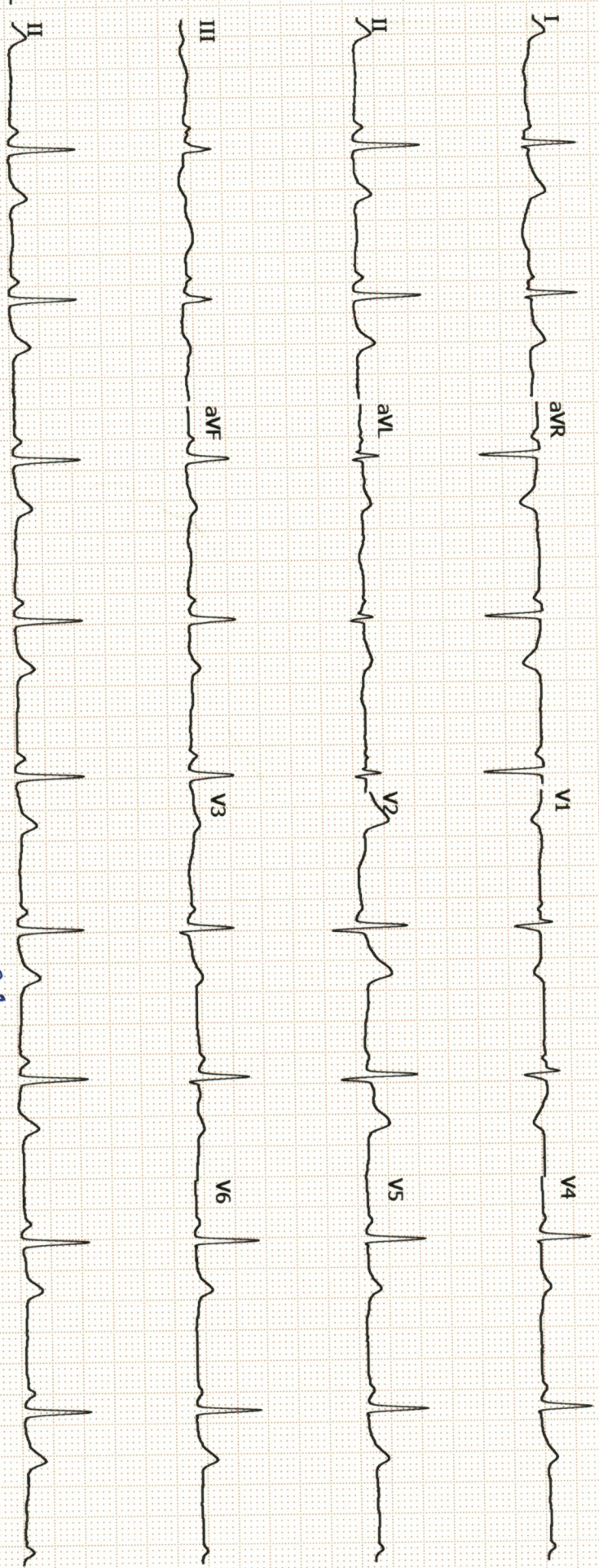

आधिकार प्रमाणिका
Issued At Baroda


Signature of holder

B. Botla

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 72 ms
QT / QTcbaz : 430 / 425 ms
PR : 126 ms
P : 96 ms
RR / PP : 1020 / 1016 ms
P / QRS / T : 55 / 54 / 25 degrees



K. B. Reddy

Sinus Brady
Ref



Apollo Clinic

CONSENT FORM

Patient Name: Botla Age: 32 / F
 UHID Number: 235012 Company Name: Arcofeer

I Mr/Mrs/Ms Botla Employee of Arcofeer
 (Company) Want to inform you that I am not interested in getting Pap smear

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

And I claim the above statement in my full consciousness.

Patient Signature: B. Botla Date: 27/03/2024

Apollo Medical Centre
 No. 30, E-Block, 2nd Avenue,
 Anna Nagar East, Chennai - 600 002
 Tel: 044-26224515, Mobile: 7360332800
 Toll No. 1860 600 7788

Patient Name : Miss BOTLA RAMANAMMA Age : 32 Y/F
UHID : CANN.0000235012 OP Visit No : CANNOPV398528
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 27-03-2024 11:54
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.7CM
LA (es)	3.2CM
LVID (ed)	4.5CM
LVID (es)	3.0CM
IVS (Ed)	0.8CM
LVPW (Ed)	0.9CM
EF	65%
%FD	35%
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	: Miss BOTLA RAMANAMMA	Age	: 32 Y/F
UHID	: CANN.0000235012	OP Visit No	: CANNOPV398528
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 27-03-2024 11:54
Referred By	: SELF		

DOPPLER STUDIES MITRAL INFLOW :

E : 1.2m/sc A: 0.6 m/sc

Velocity / Gradient Across Pulmonic Valve : 0.8m/sc

Velocity / Gradient Across Aortic Valve : 1.0m/sc

IMPRESSION :

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 65%)

NORMAL CARDIAC CHAMBERS & VALVES

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.
RAKESH P
GOPAL

Patient Name	: Miss BOTLA RAMANAMMA	Age	: 32 Y/F
UHID	: CANN.0000235012	OP Visit No	: CANNOPV398528
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 27-03-2024 11:54
Referred By	: SELF		

Patient Name	: Miss BOTLA RAMANAMMA	Age	: 32 Y/F
UHID	: CANN.0000235012	OP Visit No	: CANNOPV398528
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 27-03-2024 16:06
Referred By	: SELF		

ECG REPORT

Observation :-

Heart rate is 59 beats per minutes.

Impression:

SINUS BRADYCARDIA.

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

Dr. ARULNITHI AYYANATHAN