

Patient Name : Mrs.S NAGALAKSHMI	Collected : 23/Dec/2023 09:34AM
Age/Gender : 39 Y 6 M 0 D/F	Received : 23/Dec/2023 11:14AM
UHID/MR No : CBAS.0000090892	Reported : 23/Dec/2023 03:04PM
Visit ID : CBASOPV98437	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 303580	

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	10	g/dL	12-15	Spectrophotometer
PCV	30.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.16	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	72.5	fL	83-101	Calculated
MCH	24.1	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	16.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,170	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.9	%	40-80	Electrical Impedance
LYMPHOCYTES	33.8	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	8.2	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3936.33	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2423.46	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	172.08	Cells/cu.mm	20-500	Calculated
MONOCYTES	587.94	Cells/cu.mm	200-1000	Calculated
BASOPHILS	50.19	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	508000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	45	mm at the end of 1 hour	0-20	Modified Westgren method
PERIPHERAL SMEAR				

RBCs: Show mild anisocytosis with Microcytic hypochromic RBCs.

Page 1 of 16



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



SIN No: BED230318806

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: are increased in number.

HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA WITH THROMBOCYTOSIS.

Note: Kindly evaluate for iron deficiency status.



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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



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	92	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

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

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

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HBA1C, GLYCATED HEMOGLOBIN	6.3	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	195	mg/dL	<200	CHO-POD
TRIGLYCERIDES	102	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	145	mg/dL	<130	Calculated
LDL CHOLESTEROL	124.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.89		0-4.97	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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.20	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.01	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	8	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	83.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		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.



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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

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Patient Name	: Mrs.S NAGALAKSHMI	Collected	: 23/Dec/2023 09:34AM
Age/Gender	: 39 Y 6 M 0 D/F	Received	: 23/Dec/2023 03:33PM
UHID/MR No	: CBAS.0000090892	Reported	: 23/Dec/2023 08:25PM
Visit ID	: CBASOPV98437	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 303580		

DEPARTMENT OF BIOCHEMISTRY

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

- 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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04580113

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

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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.53	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	15.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.41	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.86	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	105	mmol/L	101–109	ISE (Indirect)



DR.SHIVARAJA SHETTY
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SIN No:SE04580113

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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	18.00	U/L	<38	IFCC



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Patient Name : Mrs.S NAGALAKSHMI	Collected : 23/Dec/2023 09:34AM
Age/Gender : 39 Y 6 M 0 D/F	Received : 23/Dec/2023 03:32PM
UHID/MR No : CBAS.0000090892	Reported : 23/Dec/2023 04:28PM
Visit ID : CBASOPV98437	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 303580	

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)	0.96	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.86	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.809	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

1. 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.
2. 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.
3. 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.
4. 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




DR.SHIVARAJA SHETTY
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SIN No:SPL23189104

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APOLLO CLINICS NETWORK

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Patient Name : Mrs.S NAGALAKSHMI
Age/Gender : 39 Y 6 M 0 D/F
UHID/MR No : CBAS.0000090892
Visit ID : CBASOPV98437
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 303580

Collected : 23/Dec/2023 09:34AM
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Reported : 23/Dec/2023 04:28PM
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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



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M.B.B.S,M.D(Biochemistry)
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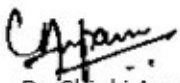
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Patient Name : Mrs.S NAGALAKSHMI	Collected : 23/Dec/2023 09:33AM
Age/Gender : 39 Y 6 M 0 D/F	Received : 23/Dec/2023 12:57PM
UHID/MR No : CBAS.0000090892	Reported : 23/Dec/2023 02:33PM
Visit ID : CBASOPV98437	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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	1.020		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



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



SIN No:UR2248378

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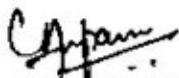
Patient Name : Mrs.S NAGALAKSHMI	Collected : 23/Dec/2023 09:33AM
Age/Gender : 39 Y 6 M 0 D/F	Received : 23/Dec/2023 12:57PM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



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



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



SIN No:UF010065

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Patient Name	: Mrs.S NAGALAKSHMI	Collected	: 23/Dec/2023 01:37PM
Age/Gender	: 39 Y 6 M 0 D/F	Received	: 24/Dec/2023 11:35AM
UHID/MR No	: CBAS.0000090892	Reported	: 27/Dec/2023 10:48AM
Visit ID	: CBASOPV98437	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 303580		

DEPARTMENT OF CYTOLOGY

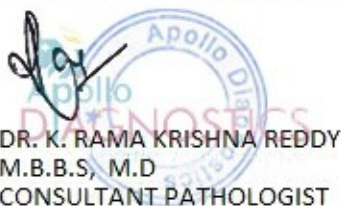
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	21611/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	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.Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

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

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:CS072001

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



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APOLLO CLINICS NETWORK

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



1860 500 7788
www.apolloclinic.com

Name : Mrs. S NAGALAKSHMI

Age: 39 Y

Sex: F

UHID:CBAS.0000090892



OP Number:CBASOPV98437

Bill No :CBAS-OCR-59931

Date : 23.12.2023 09:22

Address : blr

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2 D ECHO	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION ✓	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	LBC PAP TEST- PAPSURE ✓	
21	OPHTHAL BY GENERAL PHYSICIAN	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

VIT D & VIT B₁₂ (R 1885)

HT → 160 cm

WT → 63.4 kg

B.P → 122/80

PR → 101 bpm

ECHOCARDIOGRAPHY REPORT

Name: MRS NAGALAKSHMI

Age: 39 YEARS

GENDER: FEMALE

Consultant: Dr.VISHAL KUMAR.H. Date : 23/12/2023

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.48	m/sec	A	0.52	m/sec	No MR
Tricuspid Valve	E	0.40	m/sec	A	0.34	m/sec	No TR
Aortic Valve	Vmax	1.36	m/sec				No AR
Pulmonary Valve	Vmax	0.84	m/sec				No PR
Diastolic Dysfunction							

M-Mode Measurements

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.9	2.6-3.6	cm
LI	left Atrium	3.6	2.7-3.8	cm
A	Aortic Cusp Separation	1.7	1.4-1.7	cm
II	IVS - Diastole	1.0	0.9-1.1	cm
L	left Ventricle-Diastole	4.3	4.2-5.9	cm
P	Posterior wall-Diastole	1.0	0.9-1.1	cm
I	IVS-Systole	1.2	1.3-1.5	cm
LL	left Ventricle-Systole	3.4	2.1-4.0	cm
P	Posterior wall-Systole	1.0	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.6	2.0-3.3	cm

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

DR. VISHAL KUMAR .H

CLINICAL CARDIOLOGIST

Date: IST: 2023-12-23 11:21:47

Personal Details

UHID: 01P3FGAT6RA0VIO
PatientID: 90892
Name: nagalakshmi
Age: 39
Gender: Female
Mobile: 2536987456

Pre-Existing Medical Conditions

Symptoms

Vitals

Measurements

HR: 95 BPM
PR: 139 ms
PD: 109 ms
QRS: 90 ms
QT/QTc: 355/447 ms

Report ID: AHLLP_01P3FGAT6RA0VIO_V6RA0VKB

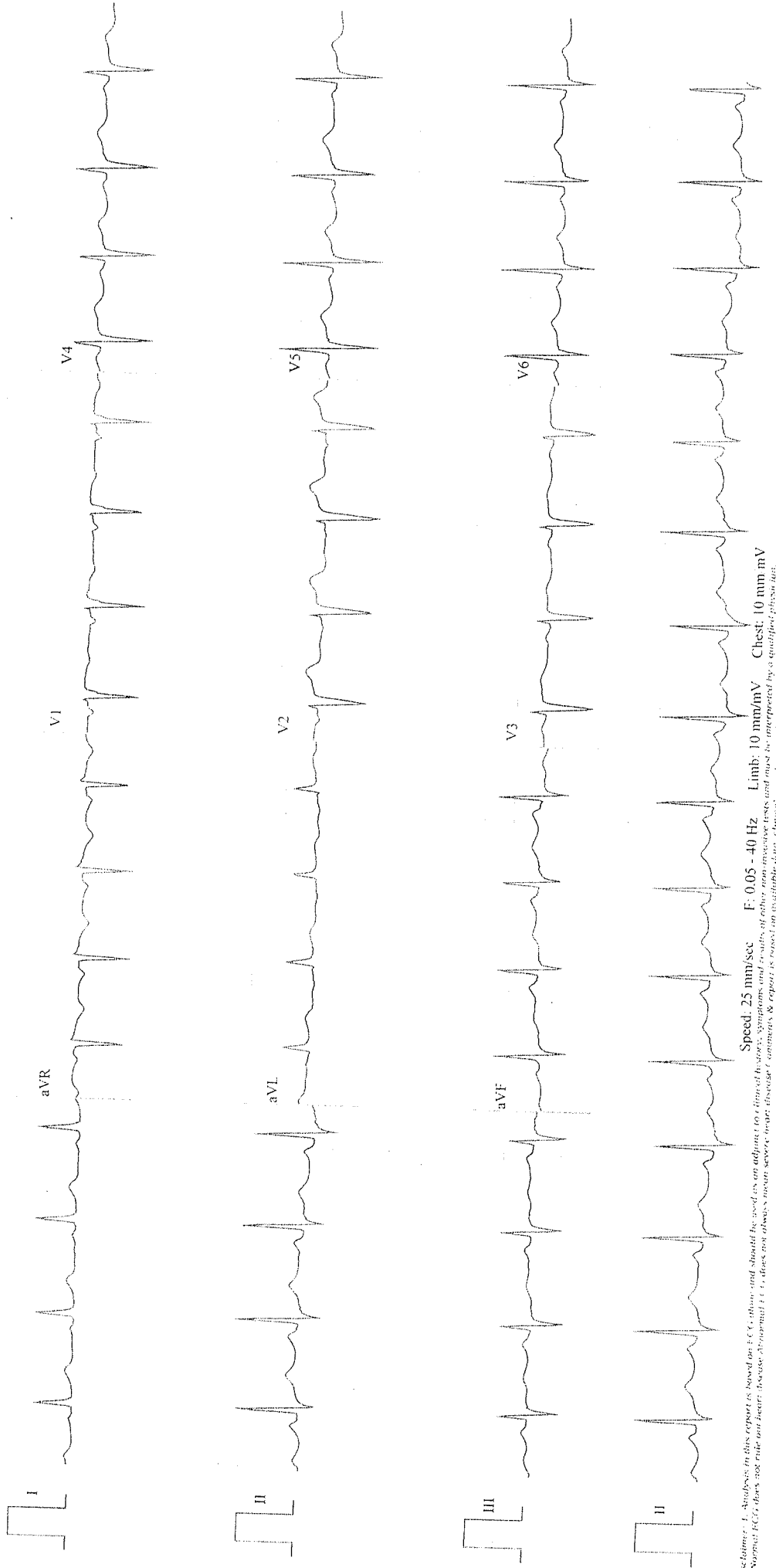
Interpretation

Sinus rhythm
Normal axis
No significant ST-T changes

Authorized by

Dr. Yogesh Kothari
MD, DNB, FESC, FEP
Reg. No- KMC- 44065

This trace is generated by: *KardiaScreen: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from MEDRIX*



Disclaimer: 1. Analysis in this report is based on ECG obtained and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests, and must be interpreted by a qualified physician.
 2. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Symptoms & report is based on available data. Clinical correlation is mandatory.

Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm mV

Mrs. S. Nagalakshmi 39/P 90892

23/12/23

EYE CHECK UP REPORT

Vision Acuity
6/9p PH → 6/6
unaided
6/9p PH → 6/6

Digital IOP
(2)
(2)

Near Vision
NG
unaided
NG

Colour Vision
Normal
Normal

• Fundus:

• Ant. Segment :-

• Media:

• Pupil:

} Need Retine Evaluation

na

Adv for dilated Retraction

Retine Evaluation

PHK

Mm. Nagalaxmi, 39yr.

Fuly Hb → HTN / DM II

Pyrexia noted equal.

Brush with 30 - 45 min.

Apr down with 30 min / day.

↓

F&P → DM.

7pm walk.

BF 4 DM → Pyz tablet / ^{tablets / daily / Desc.} (3) (3)

Flex sub / ^{glycoly sub} (tablets) / f.

Water - 2.5 - 3 lit.

Oils → Good health.

23/12/23-

Hb → 160

Wt → 63.4kg

IBW → 60-65kg

Dr. Mohan

9449349333

Naga Lakshmi

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

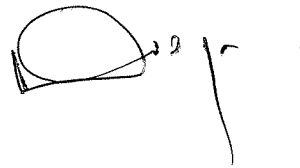


Copper T

(380 A)
(10yr)

Multi bad - 57

Copper T removal done



Follow up date:

Doctor Signature

Fw: Health Check up Booking Confirmed Request(bobE2995),Package Code-PKG10000377, Beneficiary Code-299309

naga lakshmi <lakshmis_1984@rediffmail.com>

Sat 12/23/2023 8:45 AM

To:Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>

From: Mediwheel <wellness@mediwheel.in>

Sent: Thu, 21 Dec 2023 15:48:12 GMT+0530

To: lakshmis_1984@rediffmail.com

Subject: Health Check up Booking Confirmed Request(bobE2995),Package Code-PKG10000377, Beneficiary Code-299309

MedSave

Dear Nagalakshmi s,

Dear **Nagalakshmi s**,

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

Booking Date : 18-12-2023
Hospital Package Name : Mediwheel Full Body Health Annual Plus Check
Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40
Name of Diagnostic/Hospital : Apollo Clinic
Address of Diagnostic/Hospital- : Apollo Clinic, # 99, Bull Temple Road , Next to Ramakrishna mutt, Basavanagudi - 560019
City : Bangalore
State :
Pincode : 560019
Appointment Date : 23-12-2023
Confirmation Status : Booking Confirmed
Preferred Time : 8:30am-9:30am
Booking Status : Booking Confirmed

Member Information	
Booked Member Name	Age
MS. S NAGALAKSHMI	39 year

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

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

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

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

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

Thanks,
Mediwheel Team

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

NAGALAKSHMI S

R K S KARANTH

17/09/1984

Permanent Account Number

BPTPS1926N

Nag

Signature



PAP SMEAR CONSENT FORM

PATIENT NAME: Nagalakshmi
DATE: 23-12-23

GENDER: F
AGE: 39y

MENSTRUAL AND REPRODUCTIVE HISTORY

AGE OF MENARCHE : 13y
AGE OF MENOPAUSAL IF APPLICABLE : /
MENSTRUAL REGULARITY : REGULAR/IRREGULAR
FIRST DAY OF LAST MENSTRUATION PERIOD: 11-12-23
AGE AT MARRIAGE : 25y
YEAR'S OF MARRIED LIFE : 14y
CONTRACEPTION - CuT : YES () NO () IF YES WHAT KIND? 26d.
HORMONAL TREATMENT : YES () NO () IF YES WHAT KIND?
GRAVIDA (NO OF TIME'S CONCEIVED) :
PARA (NO OF CHILDBIRTH) :
LIVE (NO OF LIVING CHILDREN) :
ABORTIONS :
MISCARRIAGES/ABORTION :
AGE OF FIRST CHILD :
AGE OF LAST CHILD :
PREVIOUS PAP SMEAR REPORT :

P2 L2 - 13y
8y

SPECULUM EXAMINATION FINDINGS

EXTERNAL GENITALIA -
VAGINA -
CERVIX -

(N)

SMEAR THAKEN FROM -
ENDOCERVIX-
ECTOCERVIX-
POSTERIOR VAGINA-

(N)

HEREBY DECLARE THAT THE ABOVE INFORMATION TRUE I HAVE BEEN EXPLAINED THE PROCEDURE AND GIVEN MY CONSENT TO UNDERGO THE SAME.

SIGNATURE OF THE PATIENT

SIGNATURE OF THE DOCTOR

Patient Name : Mrs. S NAGALAKSHMI

Age/Gender : 39 Y/F

UHID/MR No. : CBAS.0000090892

OP Visit No : CBASOPV98437

Sample Collected on :

Reported on : 23-12-2023 19:09

LRN# : RAD2188351

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 303580

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

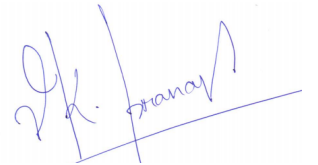
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mrs. S NAGALAKSHMI

Age/Gender : 39 Y/F

UHID/MR No. : CBAS.0000090892

OP Visit No : CBASOPV98437

Sample Collected on :

Reported on : 23-12-2023 18:49

LRN# : RAD2188351

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 303580

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (15.0 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

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

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

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

Right kidney appear normal in size 10.5x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 10.0x1.3 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

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 and measuring 7.6x3.8x5.7 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 1.1 cm. IUCD insitu noted with mild inferior displacement of Copper-T inferiorly into lower uterine segment and cervix.

Both ovaries appear normal in size, shape and echotexture. Right ovary measuring 2.8 cm and left ovary measuring 3.5x2.2 cm. No evidence of any adnexal pathology noted.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-

Grade I Fatty Liver.

Displaced IUCD.

Suggested 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.



Dr. V K PRNAV VENKATESH



Patient Name : Mrs. S NAGALAKSHMI

Age/Gender : 39 Y/F

MBBS,MD
Radiology

Customer Pending Tests
ENT,FITNESS BY GP PENDING