

Patient Name : Mrs.RAJANI RAMARAO DODLA	Collected : 09/Mar/2024 07:12AM
Age/Gender : 33 Y 2 M 1 D/F	Received : 09/Mar/2024 12:13PM
UHID/MR No : CVIS.0000124313	Reported : 09/Mar/2024 02:43PM
Visit ID : CVISOPV122213	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 373257	

**DEPARTMENT OF HAEMATOLOGY**


**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen , no NRBC . No polychromatophilia, No target cells seen . No intracellular hemo-parasite seen.

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Microcytic hypochromic anemia.



**DR. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



SIN No:BED240061964

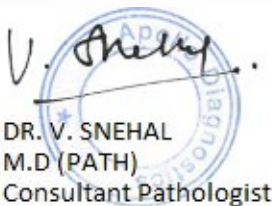
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.5</b>	g/dL	12-15	Spectrophotometer
PCV	<b>32.40</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.18	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>77</b>	fL	83-101	Calculated
MCH	<b>25.1</b>	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,700	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	53.4	%	40-80	Electrical Impedance
LYMPHOCYTES	37.8	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3043.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2154.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	176.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	324.9	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.41		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	328000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>35</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				



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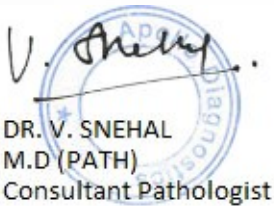
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	NEGATIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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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	109	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

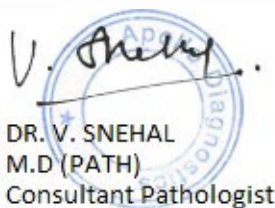
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	117	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated



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SIN No:EDT240028008

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**DEPARTMENT OF BIOCHEMISTRY**

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

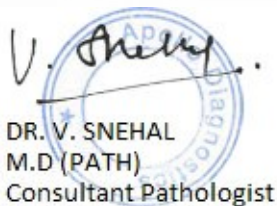
**Comment:**

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 HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

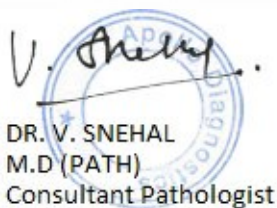
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	199	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	87	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	51	mg/dL	30-85	Direct
NON-HDL CHOLESTEROL	<b>148</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>130.23</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.41	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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.46	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>46.9</b>	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>39.1</b>	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	75.80	U/L	42-98	IFCC
PROTEIN, TOTAL	<b>8.41</b>	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.79	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	<b>3.62</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		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:

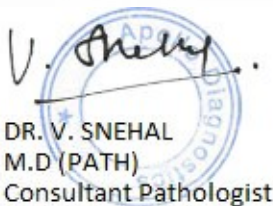
**1. Hepatocellular Injury:**

- 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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’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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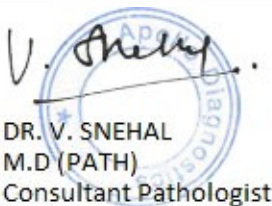
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.80	mg/dL	0.5-0.9	Jaffe
UREA	18.22	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	8.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.97	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	10.20	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.35	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	135	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	<b>8.41</b>	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.79	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	<b>3.62</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		0.9-2.0	Calculated



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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	19.70	U/L	0-38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

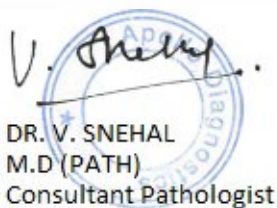
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.12	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	7.13	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.280</b>	µIU/mL	0.3-4.5	CLIA

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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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SIN No:SPL24040979

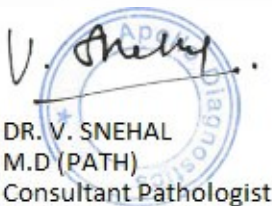
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. V. SNEHAL  
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SIN No:UR2300295

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

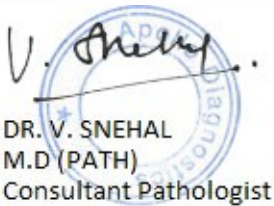
Patient Name : Mrs.RAJANI RAMARAO DODLA	Collected : 09/Mar/2024 07:12AM
Age/Gender : 33 Y 2 M 1 D/F	Received : 09/Mar/2024 12:55PM
UHID/MR No : CVIS.0000124313	Reported : 09/Mar/2024 02:58PM
Visit ID : CVISOPV122213	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 373257	

**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. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



SIN No:UF010975

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.RAJANI RAMARAO DODLA	Collected : 09/Mar/2024 11:38AM
Age/Gender : 33 Y 2 M 1 D/F	Received : 10/Mar/2024 07:07PM
UHID/MR No : CVIS.0000124313	Reported : 13/Mar/2024 11:44AM
Visit ID : CVISOPV122213	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 373257	

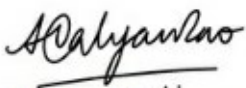
**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	5377/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

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



Dr.A. Kalyan Rao  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

Page 13 of 13  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS076000

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

## Physical Medical Examination Format

NAME:- <u>D. Rajani Ramareddy</u>	DATE:- <u>9/3/24</u>
DESIGNATION:- <u>-</u>	AGE:- <u>33/F</u>
EMP CODE:- <u>-</u>	UNIT/DEPARTMENT:- <u>-</u>
BLOOD GROUP:- <u>-</u>	MARTIAL STATUS:- <u>MARRIED/UNMARRIED</u>

### MEDICAL EXAMINATION

Complaints (if any)	Nil
Personal /family history	Nil
Past Medical /Surgical	Nil
Sensitivity/Allergy (if any)	Nil
Habits	Nil
Occupational History	-

Height:- <u>149.</u>	Weight:- <u>52</u>	BMI <u>23.42</u>	Pulse <u>78</u>
Temp:- <u>98.6</u>	SPO2 <u>99</u>	Resp:- <u>18</u>	B.P <u>100/60</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. D. Rajani Ramareddy for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically..... fit

Fit

Unfit

Rajani  
Signature Of Employee

Dr. G. INDIRA MBBS  
Signature & Seal Of Medical Examiner With  
Regd. No. 63148  
Registration No. Family Physician  
Apollo Clinic, Seethammampet, Vizag

**Apollo Health and Lifestyle Limited**

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name:

Mrs. R. Soma Devi

Age/Sex:

F 37y

Date:

9/2/24

For routine checkup

O/E

Both Ears

WNL

Throat

) NAD

Hoarse WNL clinically with  
TF

Nal ENT

NAD

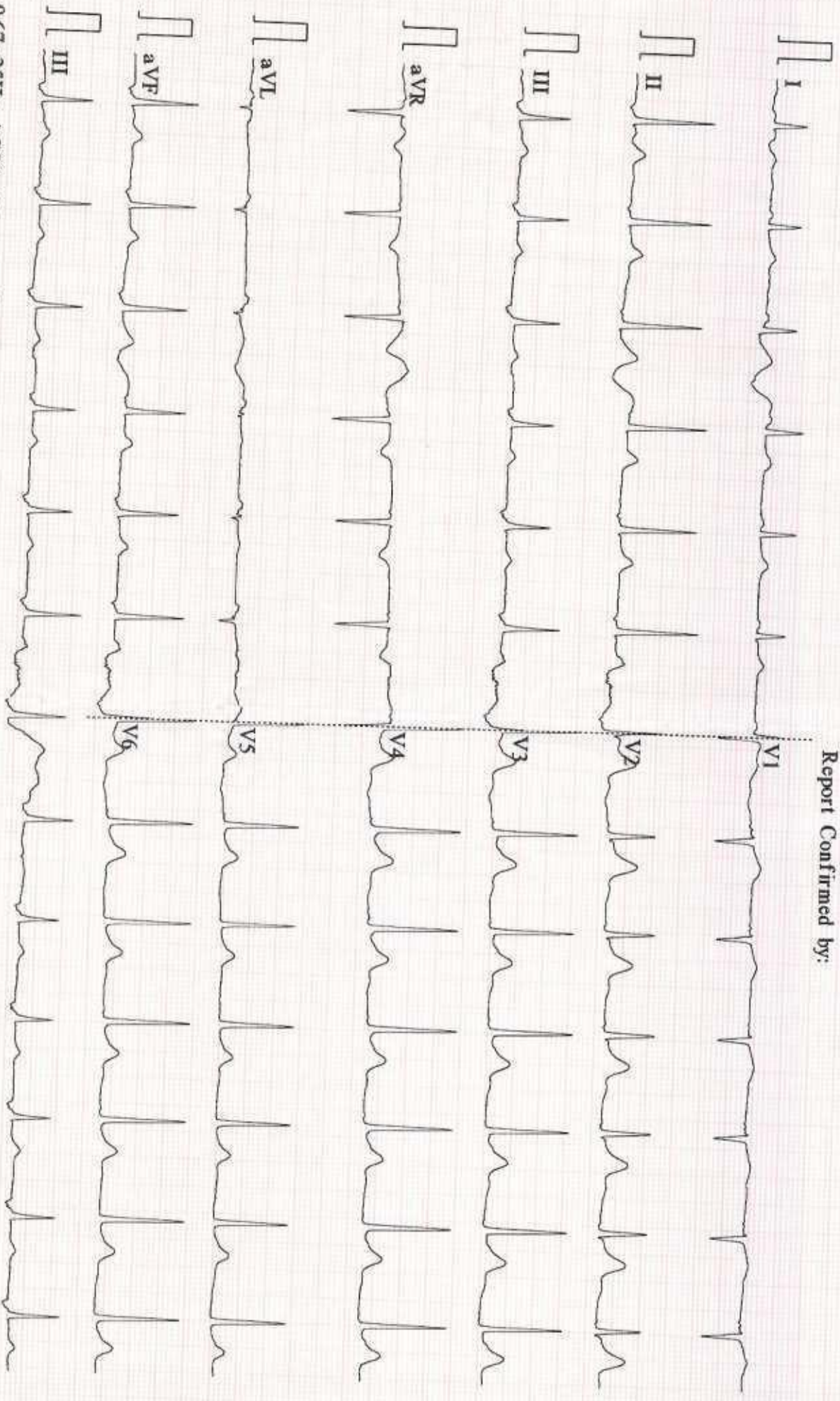
ID: 124313  
d rajani  
Female 33Years  
Req. No. :

09-03-2024 11:36:32

HR : 78 bpm  
P : 128 ms  
PR : 140 ms  
QRS : 70 ms  
QT/QTcBz : 372/424 ms  
P/QRS/T : -46/65/60 °  
RV5/SV1 : 0.000/0.672 mV

**Diagnosis Information:**  
Possible ectopic atrial rhythm  
Lead(s) unsuitable for analysis: V5  
Anterolateral ST-T abnormality is age and gender related  
Abnormal ECG

Report Confirmed by:



0.67~35Hz ACS50 25mm/s 10mm/mV Lead Off 2\*5.0s+1r CARDIART 9108 D V1.46 Glasgow V28.6.7 APOLLO CLINIC VIZAG



Patient Name : Mrs. Rajani Ramarao Dodla  
UHID : CVIS.0000124313  
Reported By : Dr. APPALA NAIDU L S  
Referred By : SELF

Age : 33 Y/F  
OP Visit No : CVISOPV122213  
Conducted Date : 09-03-2024 15:50

### ECG REPORT

#### Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 78 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 seen.

#### Impression:

NORMAL RESTING ECG.

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

Dr. APPALA NAIDU L S

BANK OF BARUDA

NAME

: MYS. D. RAJANI RAHARAO

GENDER

:

F

AGE

: 33

DATE

:

9/3/24

**OPHTHALMOLOGY SCREENING REPORT**

VISION

:

(OD) 6/6

(DS) 6/6

DISTANCE

:

N6

N6

NEAR VISION

:

COLOUR VISION

:

— CNV —

ANT.SEGMENT

:

— CNV —

CONJUNCTIVA

:

— CNV —

CORNEA

:

PUPIL

:

— CNV —

FUNDUS

:

IMPRESSION

:

— CNV —

*H. Khan*

SIGNATURE

**Dr NAMRATHA ARISETTY**  
M.B.B.S, D,G,O  
**Consultant Obstetrician & Gynecologist**  
Reg No: -55899

Patient Name: - Mrs Rajani Age/Sex: - F Date: - 9/3/24  
33yrs

P/L2

LCB - 6yrs

O/E - G.C. Sm.

CVS/RS - NAD

P/A - Soft

LMP - 14/2/24

PMH - Reg/28/4/5 dgs

Neck - NO LN pr

Breast - No lumps pr

No of Thyroid dysf -  
NO/HT/DM.

F/H - No Sgifs - 17/1

P/H - No significant  
test

HPV -

Sch

W: & P: 3

[Signature]

Tab Az 7 (10)<sup>100</sup>

Name: Mrs. Rajani Ramarao Dodla  
 Age/Gender: 33 Y/F  
 Address: vskp  
 Location: VISAKHAPATNAM, ANDHRA PRADESH  
 Doctor:  
 Department: LABORATORY  
 Rate Plan: VISHAKAPATNAM\_06042023  
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124313  
 Visit ID: CVISOPV122213  
 Visit Date: 09-03-2024 07:03  
 Discharge Date:  
 Referred By: SELF

**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
09-03-2024 14:12	78 Beats/min	100/60 mmHg	18 Rate/min	98.6 F	149 cms	52 Kgs	%	%	Years	23.42	cms	cms	cms		AHLL06520

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 Vizag (Seethamma Peta)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs. Rajani Ramarao Dodla	Age	: 33 Y/F
UHID	: CVIS.0000124313	OP Visit No	: CVISOPV122213
Conducted By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 09-03-2024 14:39
Referred By	: SELF		

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:	
Ao (ed)	2.3 CM
LA (es)	3.2 CM
LVID (ed)	4.1 CM
LVID (es)	2.4 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	60.00%
%FD	33.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES :

PF: 1.0m/sec  
MF: E>A  
AF: 0.9m/sec

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

IMPRESSION :

NORMAL CARDIAC SIZE.  
NO RWMA.  
GOOD LV SYSTOLIC FUNCTION.  
NO PERICARDIAL EFFUSION.  
LVEF:60%

---

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs. Rajani Ramarao Dodla	Age	: 33 Y F
UHID	: CVIS.0000124313	OP Visit No	: CVISOPV122213
Reported on	: 09-03-2024 16:32	Printed on	: 09-03-2024 16:32
Adm/Consult Doctor	:	Ref Doctor	: SELF

## 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.

Printed on:09-03-2024 16:32

---End of the Report---

**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology

Patient Name	: Mrs. Rajani Ramarao Dodla	Age	: 33 Y F
UHID	: CVIS.0000124313	OP Visit No	: CVISOPV122213
Reported on	: 09-03-2024 16:51	Printed on	: 09-03-2024 16:52
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** 13.3cm. appears normal in size 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. 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 : 9.1 x 4.0 cm

Left kidney : 9.5 x 4.8 cm

**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. It shows normal shape and echo pattern.It measures 7.1 x 4.6 x 4.4 cm. Endometrial echo-complex appears normal and measures 6 mm.No intra/extra uterine gestational sac seen.

**Both ovaries** :Normal in size and echotexture.

Right ovary: 3.6 x 1.8 cm.

Left ovary: 3 x 2.3 cm.



Patient Name : Mrs. Rajani Ramarao Dodla  
UHID : CVIS.0000124313  
Reported on : 09-03-2024 16:51  
Adm/Consult Doctor :

Age : 33 Y F  
OP Visit No : CVISOPV122213  
Printed on : 09-03-2024 16:52  
Ref Doctor : SELF

There is no evidence of ascites/ pleural effusion seen.

**IMPRESSION:-**

**\*No significant abnormality detected.**

**For clinico-lab correlation / follow - up / further work up.  
This is only a screening test.**

Printed on:09-03-2024 16:51

---End of the Report---

**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology

Patient Name : Mrs. RAJANI RAMARAO DODLA  
Age/Gender : 33 Y 2 M 1 D/F  
UHID/MR No : CVIS.0000124313  
Visit ID : CVISOPV122213  
Ref Doctor : Dr. SELF  
Emp/Auth/TPA ID : 373257

Collected : 09/Mar/2024 07:12AM  
Received : 09/Mar/2024 12:13PM  
Reported : 09/Mar/2024 02:43PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF HAEMATOLOGY

### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen, no NRBC. No polychromatophilia, No target cells seen. No intracellular hemo-parasite seen.

TLC within normal limits. No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers.

Microcytic hypochromic anemia.

Page 1 of 12



*V. Snehal*

DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist

SIN No: BED240061964

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
**Apollo Health and Lifestyle Limited**

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs. RAJANI RAMARAO DODLA	Collected : 09/Mar/2024 07:12AM
Age/Gender : 33 Y 2 M 1 D/F	Received : 09/Mar/2024 12:13PM
UHID/MR No : CVIS.0000124313	Reported : 09/Mar/2024 02:43PM
Visit ID : CVISOPV122213	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 373257	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.5</b>	g/dL	12-15	Spectrophotometer
PCV	<b>32.40</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.18	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>77</b>	fL	83-101	Calculated
MCH	<b>25.1</b>	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,700	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	53.4	%	40-80	Electrical Impedance
LYMPHOCYTES	37.8	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3043.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2154.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	176.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	324.9	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.41		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>328000</b>	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>35</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

*V. Snehal*  
**DR. V. SNEHAL**  
 M.D (PATH)  
 Consultant Pathologist



SIN No: BED240061964

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

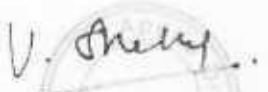
**1860 500 7788**

Patient Name : Mrs.RAJANI RAMARAO DODLA	Collected : 09/Mar/2024 07:12AM
Age/Gender : 33-Y 2 M 1 D/F	Received : 09/Mar/2024 12:13PM
UHID/MR No : CVIS.0000124313	Reported : 09/Mar/2024 02:43PM
Visit ID : CVISOPV122213	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 373257	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	NEGATIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:BED240061964

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

**Apollo Health and Lifestyle Limited**

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs. RAJANI RAMARAO DODLA  
 Age/Gender : 33 Y 2 M 1 D/F  
 UHID/MR No : CVIS.0000124313  
 Visit ID : CVISOPV122213  
 Ref Doctor : Dr. SELF  
 Emp/Auth/TPA ID : 373257

Collected : 09/Mar/2024 07:12AM  
 Received : 09/Mar/2024 12:13PM  
 Reported : 09/Mar/2024 02:43PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### 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	109	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL.

70-100 mg/dL	Interpretation
	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)	117	mg/dL	70-140	GOD - POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated



*V. Snehal*  
 DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist

SIN No: EDT240028008

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
**Apollo Health and Lifestyle Limited**

(CIN - U35110TG2000PLC04C089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apoliohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)  
 Vizag (Seethamma Peta)

Online appointments, www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mrs. RAJANI RAMARAO DODLA  
 Age/Gender : 33 Y 2 M 1 D/F  
 UHID/MR No : CVIS.0000124313  
 Visit ID : CVISOPV122213  
 Ref Doctor : Dr. SELF  
 Emp/Auth/TPA ID : 373257

MC-2373

Collected : 09/Mar/2024 07:12AM  
 Received : 09/Mar/2024 12:13PM  
 Reported : 09/Mar/2024 02:43PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

**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
  - HbF >25%
  - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



*V. Snehal*

DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist

SIN No: EDT240028008

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
**Apollo Health and Lifestyle Limited**

(CIN - U8511CTG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

**APOLLO CLINICS NETWORK TELANGANA & AP**  
 Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)  
 Vizag (Snehamma Feta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mrs. RAJANI RAMARAO DODLA	Collected : 09/Mar/2024 07:12AM
Age/Gender : 33 Y 2 M 1 D/F	Received : 09/Mar/2024 11:42AM
UHID/MR No : CVIS.0000124313	Reported : 09/Mar/2024 02:42PM
Visit ID : CVISOPV122213	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 373257	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	199	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	87	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	51	mg/dL	30-85	Direct
NON-HDL CHOLESTEROL	<b>148</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>130.23</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.41	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

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 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.

*V. Snehal*

DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:SE04654487

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

**Apollo Health and Lifestyle Limited**

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

**APOLLO CLINICS NETWORK TELANGANA & AP**

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)  
Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mrs.RAJANI RAMARAO DODLA	Collected : 09/Mar/2024 07:12AM
Age/Gender : 33 Y 2 M 1 D/F	Received : 09/Mar/2024 11:42AM
UHID/MR No : CVIS.0000124313	Reported : 09/Mar/2024 02:42PM
Visit ID : CVISOPV122213	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 373257	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.46	mg/dL	0.10-1.20	Diazotized 2,4-Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	0.0-0.20	Diazotized 2,4-Dichloroaniline
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>46.9</b>	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>39.1</b>	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	75.80	U/L	42-98	IFCC
PROTEIN, TOTAL	<b>8.41</b>	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.79	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	<b>3.62</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		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:

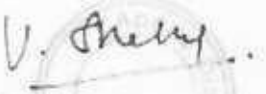
**1. Hepatocellular Injury:**

- 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. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist



SIN No:SE04654487

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

**Apollo Health and Lifestyle Limited**

(CIN - U82110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID:enquiry@apollocl.com


APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakurta | Nizampet | Uppal )

Vizag (Seethamma Peta)

Online appointments:www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



Patient Name : Mrs. RAJANI RAMARAO DODLA  
Age/Gender : 33 Y 2 M 1 D/F  
UHID/MR No : CVIS.0000124313  
Visit ID : CVISOPV122213  
Ref Doctor : Dr. SELF  
Emp/Auth/TPA ID : 373257

Collected : 09/Mar/2024 07:12AM  
Received : 09/Mar/2024 11:42AM  
Reported : 09/Mar/2024 02:42PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

MC-2373

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.80	mg/dL	0.5-0.9	Jaffe
UREA	18.22	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	8.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.97	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	10.20	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.35	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	135	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	<b>8.41</b>	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.79	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	<b>3.62</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		0.9-2.0	Calculated

*V. Snehal*

DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist

Page 8 of 12



SIN No: SE04654487

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apolloh.com

**APOLLO CLINICS NETWORK TELANGANA & AP**  
Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nailakunta | Nizampet | Uppal)  
Vizag (eethamma Feta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mrs. RAJANI RAMARAO DODLA  
 Age/Gender : 33 Y 2 M 1 D/F  
 UHID/MR No : CVIS.0000124313  
 Visit ID : CVISOPV122213  
 Ref Doctor : Dr. SELF  
 Emp/Auth/TPA ID : 373257

Collected : 09/Mar/2024 07:12AM  
 Received : 09/Mar/2024 11:42AM  
 Reported : 09/Mar/2024 01:25PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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	19.70	U/L	0-38	IFCC



*V. Snehal*  
 DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist

SIN No: SE04654487

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

**Apollo Health and Lifestyle Limited**

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**APOLLO CLINICS NETWORK TELANGANA & AP**

Hyderabad (AS Rao Nagar | Charanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakurta | Nizampet | Uppal)  
 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs. RAJANI RAMARAO DODLA  
Age/Gender : 33 Y 2 M 1 D/F  
UHID/MR No : CVIS.0000124313  
Visit ID : CVISOPV122213  
Ref Doctor : Dr. SELF  
Emp/Auth/TPA ID : 373257

Collected : 09/Mar/2024 07:12AM  
Received : 09/Mar/2024 11:42AM  
Reported : 09/Mar/2024 02:42PM  
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**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.12	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	7.13	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.28</b>	µIU/mL	0.3-4.5	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



*V. Snehal*  
DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist

SIN No: SPL24040979

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

**APOLLO CLINICS NETWORK TELANGANA & AP**

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)  
Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mrs. RAJANI RAMARAO DODLA  
 Age/Gender : 33 Y 2 M 1 D/F  
 UHID/MR No. : CVIS.0000124313  
 Visit ID : CVISOPV122213  
 Ref Doctor : Dr. SELF  
 Emp/Auth/TPA ID : 373257

Collected : 09/Mar/2024 07:12AM  
 Received : 09/Mar/2024 12:55PM  
 Reported : 09/Mar/2024 03:00PM  
 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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



*V. Snehal*  
 DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist

SIN No: UR2300295

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal )  
 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mrs. RAJANI RAMARAO DODLA  
 Age/Gender : 33 Y 2 M 1 D/F  
 UHID/MR No : CVIS.0000124313  
 Visit ID : CVISOPV122213  
 Ref Doctor : Dr. SELF  
 Emp/Auth/TPA ID : 373257

Collected : 09/Mar/2024 07:12AM  
 Received : 09/Mar/2024 12:55PM  
 Reported : 09/Mar/2024 02:58PM  
 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
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)



*V. Snehal*

DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist

SIN No:UF010975

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
**Apollo Health and Lifestyle Limited**

(CIN - UP5110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP  
 Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nailakunta | Nizampet | Uppal )  
 Vizag (Seetamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

राज्य सरकार  
MAHARASHTRA GOVT

राजेशी रामराव दोंडण

Rajeshi Ramrao Dodla

जन्म तारीख/DOB 08/01/1991

महिता / FEMALE



3454 7799 7614

आधार-सामान्य माणसाचा अधिकार

Member Information		
Booked Member Name	Age	Gender
Rajani Ramarao Dodla	33 year	Female

**Note - Please note to not pay any amount at the center.**

**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  
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<b>Patient Name</b>	: Mrs. Rajani Ramarao Dodla	<b>Age/Gender</b>	: 33 Y/F
<b>UHID/MR No.</b>	: CVIS.0000124313	<b>OP Visit No</b>	: CVISOPV122213
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-03-2024 16:52
<b>LRN#</b>	: RAD2260598	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 373257		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** 13.3cm. appears normal in size 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. 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 : 9.1 x 4.0 cm

Left kidney : 9.5 x 4.8 cm

**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. It shows normal shape and echo pattern.It measures 7.1 x 4.6 x 4.4 cm. Endometrial echo-complex appears normal and measures 6 mm.No intra/extra uterine gestational sac seen.

**Both ovaries** :Normal in size and echotexture.

Right ovary: 3.6 x 1.8 cm.

Left ovary: 3 x 2.3 cm.

There is no evidence of ascites/ pleural effusion seen.

### **IMPRESSION:-**

**\*No significant abnormality detected.**



**Patient Name** : Mrs. Rajani Ramarao Dodla

**Age/Gender** : 33 Y/F

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**For clinico-lab correlation / follow - up / further work up.  
This is only a screening test.**

**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology

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**DEPARTMENT OF RADIOLOGY**

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**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. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology