


Patient Name : Mrs.MARUPALA ANUSHA	Collected : 09/Mar/2024 07:42AM
Age/Gender : 35 Y 10 M 26 D/F	Received : 09/Mar/2024 10:29AM
UHID/MR No : CASR.0000186336	Reported : 09/Mar/2024 12:11PM
Visit ID : CASROPV221996	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375629	

**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>	12.1	g/dL	12-15	Spectrophotometer
PCV	36.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.28	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	84.3	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,020	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.5	%	40-80	Electrical Impedence
LYMPHOCYTES	<b>42.1</b>	%	20-40	Electrical Impedence
EOSINOPHILS	1	%	1-6	Electrical Impedence
MONOCYTES	4.3	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	0-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2635.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2113.42	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	50.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	215.86	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.02	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.25		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	226000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	8	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC RELATIVE LYMPHOCYTOSIS				

  
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M.B.B.S,DNB(Pathology)  
Consultant Pathologist

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SIN No:BED240062015

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

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

PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology



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Consultant Pathologist

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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	79	mg/dL	70-100	Hexokinase

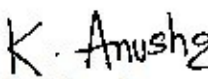
**Comment:**

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.

  
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SIN No:PLF02120274

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	90	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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	4.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	88	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

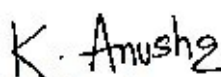
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**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.



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- 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 glycemc 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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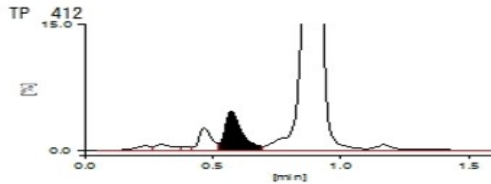
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 ID EDT240028039  
 Sample No. 03090035 SL 0002 - 07  
 Patient ID  
 Name  
 Comment

CALIB			
Name	%	Time	Area
A1A	0.4	0.23	4.54
A1B	0.6	0.30	6.65
F	0.2	0.40	2.13
LA1C+	1.6	0.47	17.35
SA1C	4.7	0.57	39.88
AO	93.5	0.88	986.70
H-V0			
H-V1			
H-V2			

Total Area 1057.25

**HbA1c 4.7 %** **IFCC 28 mmol/mol**  
**HbA1 5.8 %** **HbF 0.2 %**



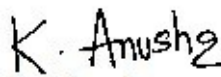
09-03-2024 11:06:53 APOLLO

1 / 1

APOLLO DIAGNOSTICS GLOBAL  
BALANAGER



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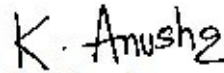
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## DEPARTMENT OF BIOCHEMISTRY

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

  
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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	103	mg/dL	<200	CHO-POD
TRIGLYCERIDES	34	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	64	mg/dL	<130	Calculated
LDL CHOLESTEROL	57.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	6.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.64		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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.20</b>	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	47.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.38	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.08	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

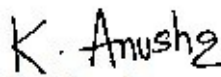
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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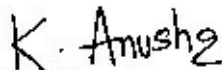
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.58</b>	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	<b>16.00</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.11	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.95	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.38	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.08	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	10.00	U/L	<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)	0.91	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.76	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.611	µIU/mL	0.38-5.33	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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



SIN No:SPL24041013

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

Patient Name	: Mrs.MARUPALA ANUSHA	Collected	: 09/Mar/2024 07:42AM
Age/Gender	: 35 Y 10 M 26 D/F	Received	: 09/Mar/2024 10:56AM
UHID/MR No	: CASR.0000186336	Reported	: 09/Mar/2024 11:41AM
Visit ID	: CASROPV221996	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 375629		

**DEPARTMENT OF IMMUNOLOGY**

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

*K. Anusha*

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

SIN No:SPL24041013

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

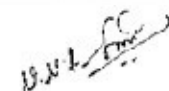


Patient Name : Mrs.MARUPALA ANUSHA	Collected : 09/Mar/2024 07:42AM
Age/Gender : 35 Y 10 M 26 D/F	Received : 09/Mar/2024 02:54PM
UHID/MR No : CASR.0000186336	Reported : 09/Mar/2024 06:32PM
Visit ID : CASROPV221996	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375629	

**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	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<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	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



**Dr.SRINIVAS N.S.NORI**  
M.B.B.S,M.D(Pathology)  
CONSULTANT PATHOLOGY

SIN No:UR2300334

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

Page 15 of 18  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



Patient Name	: Mrs.MARUPALA ANUSHA	Collected	: 09/Mar/2024 11:00AM
Age/Gender	: 35 Y 10 M 26 D/F	Received	: 09/Mar/2024 02:53PM
UHID/MR No	: CASR.0000186336	Reported	: 09/Mar/2024 04:26PM
Visit ID	: CASROPV221996	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 375629		

**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>URINE GLUCOSE(POST PRANDIAL)</b>	NEGATIVE		NEGATIVE	Dipstick



**Dr. R. SHALINI**  
M.B.B.S., M.D(Pathology)  
Consultant Pathologist

SIN No: UPP016966

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



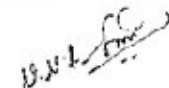


Patient Name : Mrs.MARUPALA ANUSHA	Collected : 09/Mar/2024 07:42AM
Age/Gender : 35 Y 10 M 26 D/F	Received : 09/Mar/2024 02:52PM
UHID/MR No : CASR.0000186336	Reported : 09/Mar/2024 06:31PM
Visit ID : CASROPV221996	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375629	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



**Dr.SRINIVAS N.S.NORI**  
M.B.B.S,M.D(Pathology)  
CONSULTANT PATHOLOGY

SIN No:UF010978

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

Page 17 of 18  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : Mrs.MARUPALA ANUSHA	Collected : 10/Mar/2024 09:18AM
Age/Gender : 25 Y 10 M 27 D/F	Received : 10/Mar/2024 07:05PM
UHID/MR No : CASR.0000186336	Reported : 12/Mar/2024 05:21PM
Visit ID : CASROPV221996	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375629	

**DEPARTMENT OF CYTOLOGY**

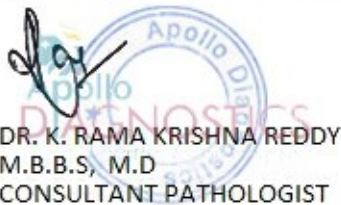
**LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE**

	<b>CYTOLOGY NO.</b>	5360/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<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 \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR



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

SIN No:CS076189

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

Page 18 of 18  
**CAP**  
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**Apollo Clinic**  
PHYSICAL EXAMINATION FORM

**Apollo Clinic**  
*Excellence. Closer to you.*

Date 9/3/24

UHD 186336

Name Mrs. Manupala Anusha

Age 26y/P

Height 161 Cms

Weight 44.4 Kgs

Chest Measurement            (in)cm            (out)cm

Waist            cm

HIP           

Pulse 67 Bt/Min

BMI 17 kgs/cm<sup>2</sup>

BP 90/80 mm/Hg

SPO2 98 %

Apollo Clinic, A.S. Rao Nagar.

186336  
26 years

MKS. M. Anusha  
Female

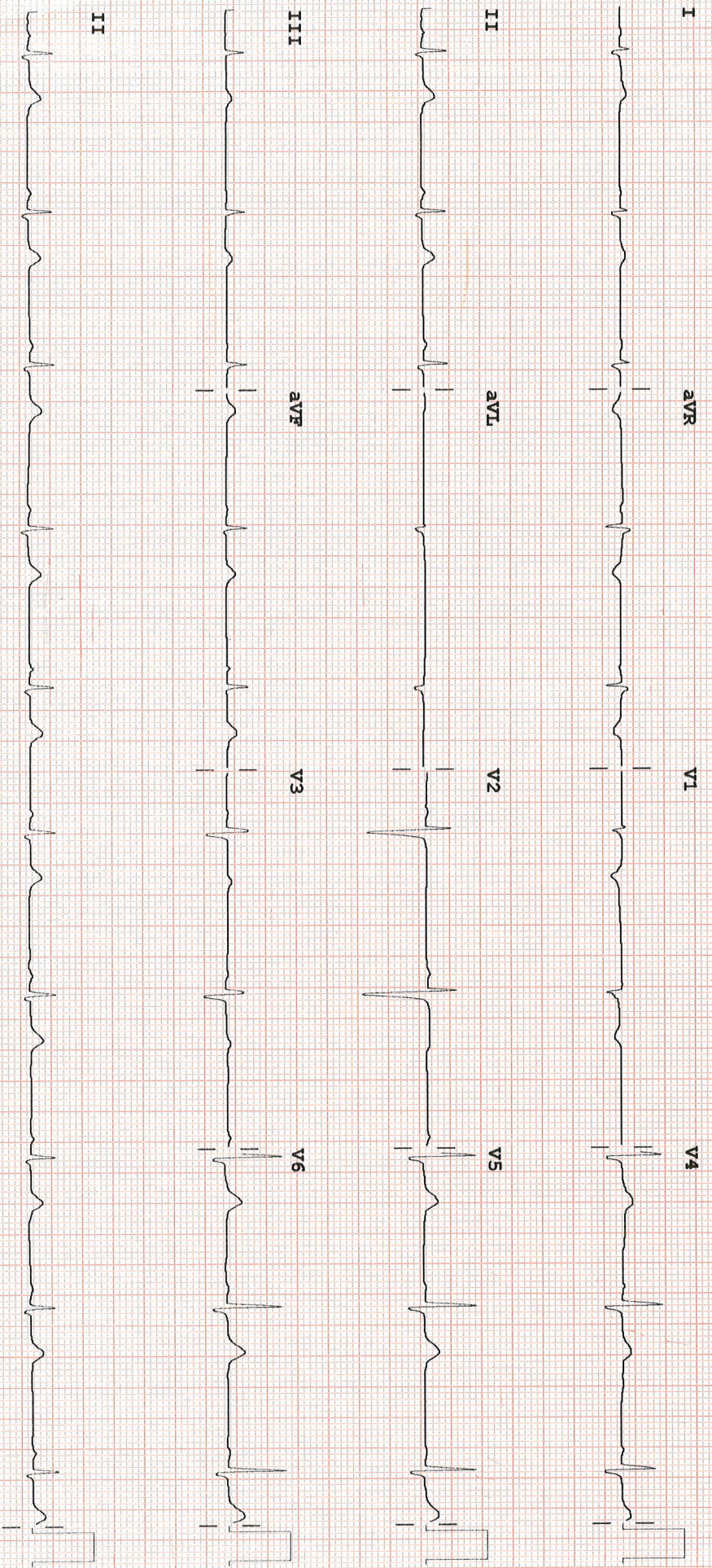
08-Mar-24 19:02:01

Apollo Clinic A S Rao Nagar

Rate 58 . Sinus rhythm.....normal P axis, V-rate 50- 99  
PR 134 . Low voltage, extremity leads.....all extremity leads <0.5mV  
QRSD 91 . Baseline wander in lead(s) V1  
QT 416  
QTc 409

--AXIS--  
P 40  
QRS 79  
T 57  
12 Lead; Standard Placement

Unconfirmed Diagnosis



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

F 50~ 0.50-100 Hz W

100B CL

P?

PHILIPS

REORDER M3708A

Dr. K. Jayashree  
MBBS DGO

Mr Anandh  
F 27  
9/3/24

M. Chary  
MD

Wb = 12.1

BH  
FB = 79  
Lignif prog  
HST = 1.6  
TSH = 1.6  
Pvnt  
3-4 days

P2 L2 6  
4  
FP - operable  
28-30 -

Plg by antibiotic  
dants of  
Vaginal

16/ Feb 24

A: Cervical Erosion of  
done - sent for  
HPE - Cheryn

U-S-G : ex - mild  
ov - mild  
Mild cervicitis  
ovum free in POC.

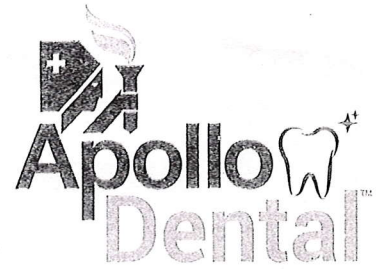
Mr

① 2hr after food  
AZEE - 500 mg  
daily one for 5 days

② ③  
Sunday  
Wednes  
4 + 4

③ clingen for vaginal  
daily one for 7 days  
vaginal insertion

# ORAL EXAMINATION FORM



Date: 9/3/2024

Patient ID: \_\_\_\_\_ MHC

Patient Name: Mrs. M. Anusha Age: 26 Sex: Male  Female

Chief Complaint: Annual checkup

Medical History: NAD-

Drug Allergy: -

Medication currently taken by the Guest :

Initial Screenign Findings :

Dental Caries : -

Missing Teeth : -

Impacted Teeth : -

Attrition / Abrasion : -

Bleeding : +ve

Pockets / Recession : -

Calculus / Stains : ++

Mobility : -

Restored Teeth : -

Non - restorable Teeth for extraction / Root Stumps : -

Malocclusion : -

Others :

Acute

Advice :-

① Advised oral prophylaxis & following

Doctor

Name & Signature :

D. Nair

# POWER PRESCRIPTION

NAME: *Marupala Anusha*

GENDER: M/F

DATE: *9/03/2024*

AGE: *26*

UHID:

## RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	6/6
NEAR	-	-	-	N6

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	6/6
NEAR	-	-	-	N6

COLOUR VISION :

DIAGNOSIS : *norma*

OTHER FINDINGS :

INSTRUCTIONS :

*[Signature]*  
SIGNATURE

Mrs. Marupala Anuha.

09-03-24

35 y/o - female.

BMI =  $\frac{17}{2}$  (18-24).

- 2.5 kg wt. loss in one week.
- unintentionally.

Rx:

① Syp. Aptivale - ITSP - 1-0-1  
morning evening.

② Reduce Occality } 5 times / day.  
Increase frequency.



Patient Name	: Mrs. Marupala Anusha	Age	: 25 Y/F
UHID	: CASR.0000186336	OP Visit No	: CASROPV221996
Reported By:	: Dr. MRINAL .	Conducted Date	: 11-03-2024 12:54
Referred By	: SELF		

---

### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 58 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

#### **Impression:**

NORMAL RESTING ECG.

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

Dr. MRINAL .

**Patient Name** : Mrs. Marupala Anusha

**Age/Gender** : 25 Y/F

**UHID/MR No.** : CASR.0000186336

**OP Visit No** : CASROPV221996

**Sample Collected on** :

**Reported on** : 09-03-2024 13:58

**LRN#** : RAD2260675

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 375629

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**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Prominent broncho vascular markings

Both lung fields and hila are normal .

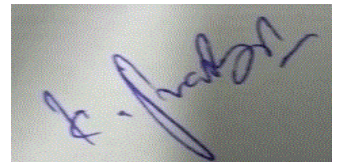
No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**For clinical correlation and furtehr evaluation if necessary.**



**Dr. PRAVEEN BABU KAJA**  
Radiology

<b>Patient Name</b>	: Mrs. Marupala Anusha	<b>Age/Gender</b>	: 25 Y/F
<b>UHID/MR No.</b>	: CASR.0000186336	<b>OP Visit No</b>	: CASROPV221996
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-03-2024 13:04
<b>LRN#</b>	: RAD2260675	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 375629		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** 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.

**Right kidney:95x45 mm**                      **Left kidney:100x42 mm**

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality.

**Uterus:55x41x47 mm** appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures **7.6 mm**.

**Right ovary:26x22 mm**                      **Left ovary:24x23 mm**

Both ovaries appear normal in size, shape and echotexture. No evidence of any adnexal pathology noted.

Cervix mildly bulky  
Minimal free fluid in the pod.


**IMPRESSION:-Mild Cervicitis Changes.**

**Minimal Free Fluid In The POD**

**Suggested clinical correlation and further evaluation if necessary.**

**Patient Name** : Mrs. Marupala Anusha

**Age/Gender** : 25 Y/F



**Dr. PRAVEEN BABU KAJA**  
Radiology



భారత ప్రభుత్వం

Government of India



కంచ మహేష్  
KANCHA MAHESH

తండ్రి : కంచ కొమురయ్య  
Father : KANCHA KOMURIAH

పుట్టిన సంవత్సరం / Year of Birth: 1987  
పురుషుడు / Male



2234 8333 1990

ఆధార్ - సామాన్యని హక్కు

## Asraonagar Apolloclinic

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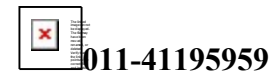
**From:** Mahesh Kancha <mail2kancha@gmail.com>  
**Sent:** 09 March 2024 10:44  
**To:** Asraonagar Apolloclinic  
**Subject:** Fwd: Health Check up Booking Confirmed Request(bobS11607),Package Code-PKG10000377, Beneficiary Code-307940

----- Forwarded message -----

**From:** Mahesh Kancha <[mail2kancha@gmail.com](mailto:mail2kancha@gmail.com)>  
**Date:** Sat, Mar 9, 2024, 7:28 AM  
**Subject:** Fwd: Health Check up Booking Confirmed Request(bobS11607),Package Code-PKG10000377, Beneficiary Code-307940  
**To:** <[asraonagar@apollocliniv.com](mailto:asraonagar@apollocliniv.com)>

----- Forwarded message -----

**From:** Mediwheel <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>  
**Date:** Tue, Mar 5, 2024, 5:56 PM  
**Subject:** Health Check up Booking Confirmed Request(bobS11607),Package Code-PKG10000377, Beneficiary Code-307940  
**To:** <[mail2kancha@gmail.com](mailto:mail2kancha@gmail.com)>  
**Cc:** <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>



Dear **MR. KANCHA MAHESH,**

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

**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 - AS Rao Nagar  
**Address of Diagnostic/Hospital** : A-12, # 1-9-71/A/12/B, Rishabh heights, above vodafone store, beside KFC, A S Rao Nagar, Hyderabad -500062  
**City** : Hyderabad  
**State** :  
**Pincode** : 500062  
**Appointment Date** : 09-03-2024  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 8:30am  
**Booking Status** : Booking Confirmed

<b>Member Information</b>		
<b>Booked Member Name</b>	<b>Age</b>	<b>Gender</b>
Marupala Anusha	25 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

Please Download Mediwheel App



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@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Patient Name : Mrs. Marupala Anusha Age : 25 Y/F  
UHID : CASR.0000186336 OP Visit No : CASROPV221996  
Conducted By: : Dr. SHILPI MOHAN Conducted Date : 09-03-2024 17:03  
Referred By : SELF

---

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed) 2.3 CM  
LA (es) 2.9 CM  
LVID (ed) 4.0 CM  
LVID (es) 2.0 CM  
IVS (Ed) 1.1 CM  
LVPW (Ed) 1.0 CM  
EF 75 %  
%FD 49 %

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

MITRAL -E: 1.1 m/sec A: 0.6 m/sec

PJV- 1.0 m/sec

AJV- 1.3 m/sec

Patient Name : Mrs. Marupala Anusha  
UHID : CASR.0000186336  
Conducted By: : Dr. SHILPI MOHAN  
Referred By : SELF

Age : 25 Y/F  
OP Visit No : CASROPV221996  
Conducted Date : 09-03-2024 17:03

---

**IMPRESSION;**

NORMAL CHAMBER DIMENSION.

NORMAL VALVES.

NO RWMA.

LV EF ;75 %

TRIVIAL MR.

NO CLOTS / VEGETATION.

NO PERICARDIAL EFFUSION.



Dr. SHILPI  
MOHAN