


Patient Name : Mrs.SWAPNA JEEJULA	Collected : 09/Mar/2024 07:51AM
Age/Gender : 39 Y 8 M 18 D/F	Received : 09/Mar/2024 10:29AM
UHID/MR No : CASR.0000186338	Reported : 09/Mar/2024 12:10PM
Visit ID : CASROPV221998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375655	

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	7.9	g/dL	12-15	Spectrophotometer
PCV	26.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.29	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	49.6	fL	83-101	Calculated
MCH	14.9	pg	27-32	Calculated
MCHC	30.1	g/dL	31.5-34.5	Calculated
R.D.W	22	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,640	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	47.1	%	40-80	Electrical Impedence
LYMPHOCYTES	38.7	%	20-40	Electrical Impedence
EOSINOPHILS	3.3	%	1-6	Electrical Impedence
MONOCYTES	10.6	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3127.44	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2569.68	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	219.12	Cells/cu.mm	20-500	Calculated
MONOCYTES	703.84	Cells/cu.mm	200-1000	Calculated
BASOPHILS	19.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.22		0.78- 3.53	Calculated
PLATELET COUNT	262000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	74	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC- MICROCYTIC HYPOCHROMIC.MILD DEGREE OF ANISOPOIKILOCYTOSIS WITH TEAR DROP CELLS,ELLIPTOCYTES AND OVALOCYTES SEEN.				


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

Page 1 of 18
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:BED240062045

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

Patient Name : Mrs.SWAPNA JEEJULA
Age/Gender : 39 Y 8 M 18 D/F
UHID/MR No : CASR.0000186338
Visit ID : CASROPV221998
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 375655

Collected : 09/Mar/2024 07:51AM
Received : 09/Mar/2024 10:29AM
Reported : 09/Mar/2024 12:10PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA
KINDLY CORRELATE WITH IRON STUDIES.



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



SIN No:BED240062045

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

Patient Name : Mrs.SWAPNA JEEJULA	Collected : 09/Mar/2024 07:51AM
Age/Gender : 39 Y 8 M 18 D/F	Received : 09/Mar/2024 10:29AM
UHID/MR No : CASR.0000186338	Reported : 09/Mar/2024 02:25PM
Visit ID : CASROPV221998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375655	

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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology



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

SIN No: BED240062045

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



Patient Name : Mrs.SWAPNA JEEJULA	Collected : 09/Mar/2024 07:51AM
Age/Gender : 39 Y 8 M 18 D/F	Received : 09/Mar/2024 10:39AM
UHID/MR No : CASR.0000186338	Reported : 09/Mar/2024 11:41AM
Visit ID : CASROPV221998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375655	

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	98	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.

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

Page 4 of 18
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:PLF02120299

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

Patient Name : Mrs.SWAPNA JEEJULA	Collected : 09/Mar/2024 10:32AM
Age/Gender : 39 Y 8 M 18 D/F	Received : 09/Mar/2024 12:47PM
UHID/MR No : CASR.0000186338	Reported : 09/Mar/2024 01:43PM
Visit ID : CASROPV221998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375655	

DEPARTMENT OF BIOCHEMISTRY

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

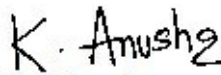
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	146	mg/dL	70-140	HEXOKINASE

Comment:

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



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



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



Patient Name : Mrs.SWAPNA JEEJULA	Collected : 09/Mar/2024 07:51AM
Age/Gender : 39 Y 8 M 18 D/F	Received : 09/Mar/2024 10:35AM
UHID/MR No : CASR.0000186338	Reported : 09/Mar/2024 01:04PM
Visit ID : CASROPV221998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375655	

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

Page 6 of 18
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:EDT240028059

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

Patient Name : Mrs.SWAPNA JEEJULA	Collected : 09/Mar/2024 07:51AM
Age/Gender : 39 Y 8 M 18 D/F	Received : 09/Mar/2024 10:35AM
UHID/MR No : CASR.0000186338	Reported : 09/Mar/2024 01:04PM
Visit ID : CASROPV221998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375655	

DEPARTMENT OF BIOCHEMISTRY

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

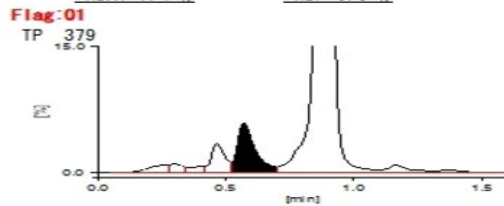
Chromatogram Report

HLC72368 V5.28 1 2024-03-09 11:05:15
 ID EDT240028059
 Sample No. 03090034 SL 0002 - 06
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.8	0.23	5.64
A1B	0.6	0.30	3.70
F	0.5	0.39	3.36
LA1C+	2.1	0.46	14.03
SA1C	6.0	0.57	32.38
AO	91.7	0.88	614.90
H-V0			
H-V1			
H-V2			

Total Area 674.01

HbA1c 6.0 % **IFCC 42 mmol/mol**
 HbA1 7.4 % HbF 0.5 %



K. Anusha

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

SIN No:EDT240028059

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



Patient Name	: Mrs.SWAPNA JEEJULA	Collected	: 09/Mar/2024 07:51AM
Age/Gender	: 39 Y 8 M 18 D/F	Received	: 09/Mar/2024 10:35AM
UHID/MR No	: CASR.0000186338	Reported	: 09/Mar/2024 01:04PM
Visit ID	: CASROPV221998	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 375655		

DEPARTMENT OF BIOCHEMISTRY

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:EDT240028059

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



Patient Name : Mrs.SWAPNA JEEJULA	Collected : 09/Mar/2024 07:51AM
Age/Gender : 39 Y 8 M 18 D/F	Received : 09/Mar/2024 10:56AM
UHID/MR No : CASR.0000186338	Reported : 09/Mar/2024 01:09PM
Visit ID : CASROPV221998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375655	

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	132	mg/dL	<200	CHO-POD
TRIGLYCERIDES	88	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	33	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	99	mg/dL	<130	Calculated
LDL CHOLESTEROL	81.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.00		0-4.97	Calculated

Comment:

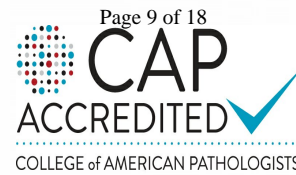
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.

Maruthi
Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

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



Patient Name : Mrs.SWAPNA JEEJULA	Collected : 09/Mar/2024 07:51AM
Age/Gender : 39 Y 8 M 18 D/F	Received : 09/Mar/2024 10:56AM
UHID/MR No : CASR.0000186338	Reported : 09/Mar/2024 01:09PM
Visit ID : CASROPV221998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375655	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.57	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	82.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.40	g/dL	6.6-8.3	Biuret
ALBUMIN	3.70	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.70	g/dL	2.0-3.5	Calculated
A/G RATIO	0.79		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:

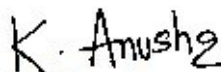
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



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



Patient Name : Mrs.SWAPNA JEEJULA	Collected : 09/Mar/2024 07:51AM
Age/Gender : 39 Y 8 M 18 D/F	Received : 09/Mar/2024 10:56AM
UHID/MR No : CASR.0000186338	Reported : 09/Mar/2024 01:09PM
Visit ID : CASROPV221998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375655	

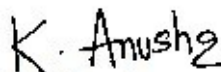
DEPARTMENT OF BIOCHEMISTRY

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	0.62	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	15.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.48	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.45	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	8.40	g/dL	6.6-8.3	Biuret
ALBUMIN	3.70	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.70	g/dL	2.0-3.5	Calculated
A/G RATIO	0.79		0.9-2.0	Calculated



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



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



Patient Name : Mrs.SWAPNA JEEJULA	Collected : 09/Mar/2024 07:51AM
Age/Gender : 39 Y 8 M 18 D/F	Received : 09/Mar/2024 10:56AM
UHID/MR No : CASR.0000186338	Reported : 09/Mar/2024 11:44AM
Visit ID : CASROPV221998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375655	

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	14.00	U/L	<38	IFCC

K. Anusha

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

SIN No:SE04654576

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



Patient Name : Mrs.SWAPNA JEEJULA	Collected : 09/Mar/2024 07:51AM
Age/Gender : 39 Y 8 M 18 D/F	Received : 09/Mar/2024 10:56AM
UHID/MR No : CASR.0000186338	Reported : 09/Mar/2024 11:51AM
Visit ID : CASROPV221998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375655	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.05	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.93	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.218	µIU/mL	0.38-5.33	CLIA

Comment:

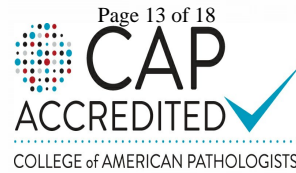
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- 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

Maruthi
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist


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

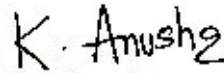


Patient Name : Mrs.SWAPNA JEEJULA	Collected : 09/Mar/2024 07:51AM
Age/Gender : 39 Y 8 M 18 D/F	Received : 09/Mar/2024 10:56AM
UHID/MR No : CASR.0000186338	Reported : 09/Mar/2024 11:51AM
Visit ID : CASROPV221998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375655	

DEPARTMENT OF IMMUNOLOGY

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


Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist


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

Page 14 of 18
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

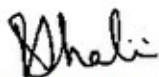


Patient Name : Mrs.SWAPNA JEEJULA	Collected : 09/Mar/2024 07:51AM
Age/Gender : 39 Y 8 M 18 D/F	Received : 09/Mar/2024 10:41AM
UHID/MR No : CASR.0000186338	Reported : 09/Mar/2024 11:35AM
Visit ID : CASROPV221998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375655	

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	HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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	POSITIVE +		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5-6	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No: UR2300356

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



Patient Name : Mrs.SWAPNA JEEJULA	Collected : 09/Mar/2024 10:32AM
Age/Gender : 39 Y 8 M 18 D/F	Received : 09/Mar/2024 02:52PM
UHID/MR No : CASR.0000186338	Reported : 09/Mar/2024 04:26PM
Visit ID : CASROPV221998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375655	

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



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

SIN No: UPP016954

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



Patient Name : Mrs.SWAPNA JEEJULA	Collected : 09/Mar/2024 07:51AM
Age/Gender : 39 Y 8 M 18 D/F	Received : 09/Mar/2024 10:41AM
UHID/MR No : CASR.0000186338	Reported : 09/Mar/2024 11:09AM
Visit ID : CASROPV221998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375655	

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



SIN No:UF010979

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

Patient Name	: Mrs.SWAPNA JEEJULA	Collected	: 10/Mar/2024 09:16AM
Age/Gender	: 39 Y 8 M 19 D/F	Received	: 10/Mar/2024 07:04PM
UHID/MR No	: CASR.0000186338	Reported	: 12/Mar/2024 06:31PM
Visit ID	: CASROPV221998	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 375655		

DEPARTMENT OF CYTOLOGY

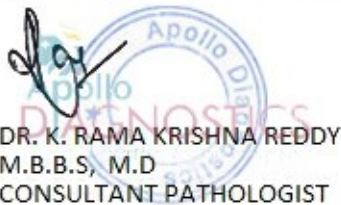
LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	5358/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	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:CS076187

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

Page 18 of 18
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS





Apollo Clinic

PHYSICAL EXAMINATION FORM

Apollo Clinic
Together, We Can Do It.

Date 9/3/24

UHID 186338

Name Mrs Swapna. J

Age 39y1F

Height 160 Cms

Weight 87.2 Kgs

Chest Measurement (in)cm (out)cm

Waist cm HIP kgs/cm²

Pulse 81 Bt/Min BMI 34

BP 110/70 mm/Hg SPO2 98 %

Apollo Clinic, A.S. Rao Nagar.

Srinivas Jayaram
P 3am

Dr. Jayaram
MBBS D.O.

13/24

P2 L2 - 15
13

no P.P. of
penicillin.

- Temp -

12m
- 2 more 3m
Bhaji 5 dr
Feb - 14
24

Abseam : at @
EM 7am

2 ml

Pop - some in
level of 140E
↓
PVE Rights

Both are @.
ex mild, better
mild constit

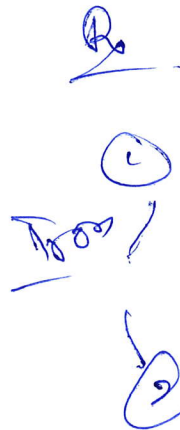
2: constit + mild.
ant Academy +

184 - 2.2

46 = 79
B 4m

183 98
46 100 = 6
2m - @
2m - @

venin - 4/5



New Rednid 14b, 17b
1/2 day x (6) day.

Dexarange - 8mg
2x6
mildly
fard

(3) 17b AZEE 500mg 1/day (3)

(2) 17b Fluimucil - 200mg
Stat + 1st time

Exopl. daily once

(3) candid V. vaginal gel
at Bed time / 10P
into vagina - 1st time

POWER PRESCRIPTION

NAME: J. Swapna

GENDER: M/F

DATE: 09-03-24

AGE: 39

UHID:

RIGHT EYE

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

LEFT EYE

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

COLOUR VISION :

DIAGNOSIS : normal

OTHER FINDINGS :

INSTRUCTIONS :

gen
SIGNATURE

ORAL EXAMINATION FORM



Date: 9/3/2024

Patient ID: _____ MHC

Patient Name: J. Swapna Age: 39 Sex: Male Female

Chief Complaint: General checkup

Medical History: NAD-

Drug Allergy:

Medication currently taken by the Guest:

Initial Screenign Findings:

Dental Caries:

Missing Teeth: 7

Impacted Teeth:

Attrition / Abrasion:

Bleeding: ++

Pockets / Recession:

Calculus / Stains: ++

Mobility:

Restored Teeth:

Non - restorable Teeth for extraction / Root Stumps:

Malocclusion:

Others:

Advice :- ① advised oral prophylaxis & follow up

Doctor Name & Signature: D. Mounika

AHC

Swarna J
394 F

09/3/24

AHC

ENT Asymptomatic

TMs intact

cleaning WNC

Nose
Oropharynx) NAD
Nech



Dr. K.V. SINGH
MBBS, MS (ENT), DNB (ENT)
Reg. No. 10371

186338
39 Years

MKS. SWAPNA J
Female

08-Mar-24 19:22:26

Apollo Clinic A S Rao Nagar

Rate 69 . Sinus rhythm.....normal P axis, V-rate 50- 99

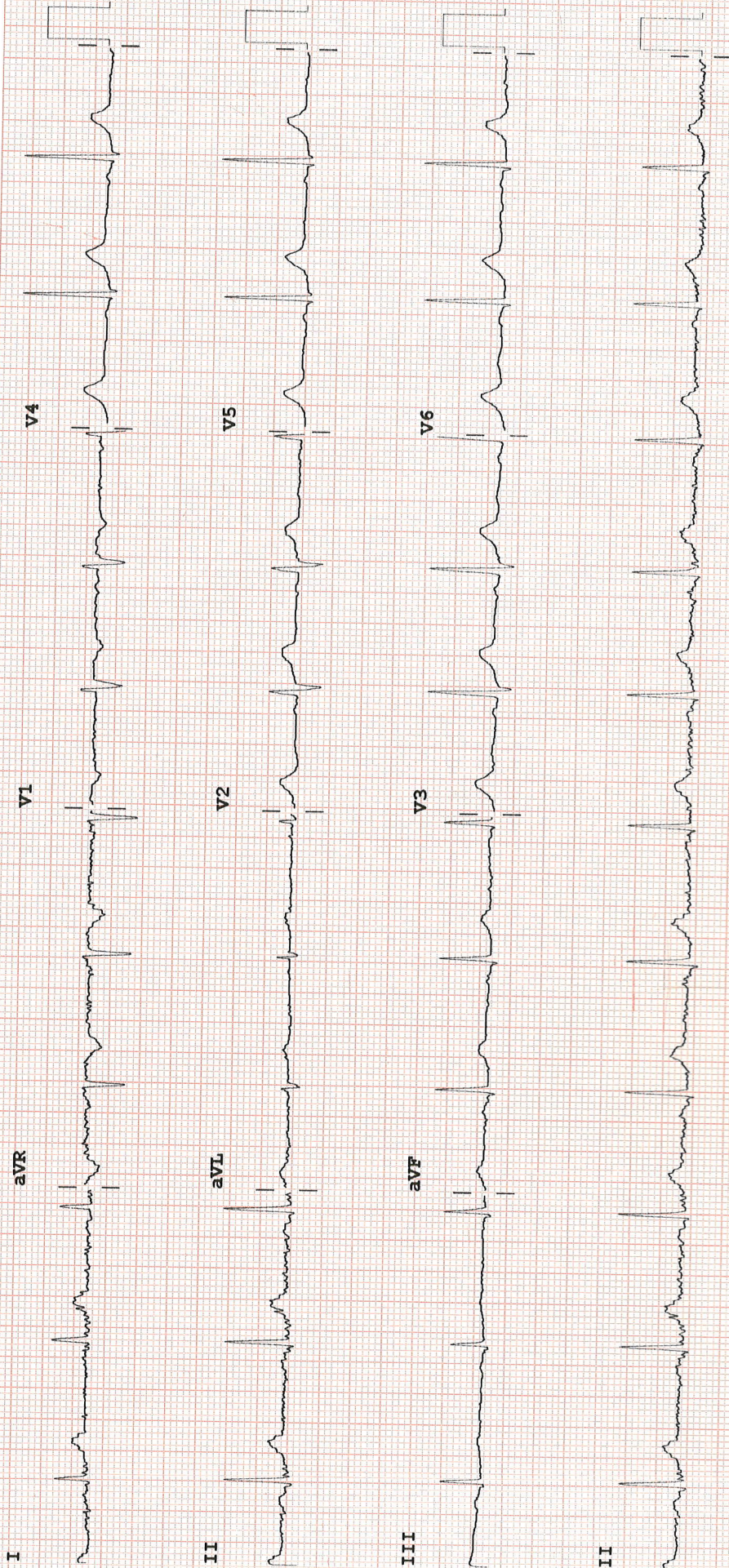
PR 137
QRS 85
QT 399
QTc 428

--AXIS--

P 50
QRS 58
T 37

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

Patient Name	: Mrs. Swapna Jeejula	Age	: 39 Y/F
UHID	: CASR.0000186338	OP Visit No	: CASROPV221998
Reported By:	: Dr. MRINAL .	Conducted Date	: 11-03-2024 12:48
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 69 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. Swapna Jeejula

Age/Gender : 39 Y/F

UHID/MR No. : CASR.0000186338

OP Visit No : CASROPV221998

Sample Collected on :

Reported on : 09-03-2024 14:03

LRN# : RAD2260699

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 375655

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

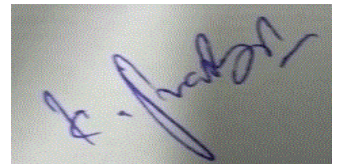
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name	: Mrs. Swapna Jeejula	Age/Gender	: 39 Y/F
UHID/MR No.	: CASR.0000186338	OP Visit No	: CASROPV221998
Sample Collected on	:	Reported on	: 09-03-2024 13:46
LRN#	: RAD2260699	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 375655		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size with increased 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:95x41 mm **Left kidney:101x42 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:58x54x49 mm Retroverted appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures **7mm**

Right ovary:26x22 mm **Left ovary:23x24 mm**

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

Cervix mildly bulky.


IMPRESSION:-Grade I Fatty Liver.

Mild Cervicitis Changes.

Suggested clinical correlation and further evaluation if necessary.



Patient Name : Mrs. Swapna Jeejula

Age/Gender : 39 Y/F




Dr. PRAVEEN BABU KAJA
Radiology

భారత ప్రభుత్వం
Government of India



Download Date: 30/01/2021



రాజ్ కుమార్ జీజులా
Raj Kumar Jeejula
పుట్టిన తేదీ/DOB: 25/10/1979
పురుషుడు/ MALE

Issue Date: 20/01/2021

2415 2491 2228
VID : 9132 2927 5483 6283

నా ఆధార్, నా గుర్తింపు

భారత ప్రభుత్వం
Government of India



Download Date: 30/01/2021



స్వప్న జీజులా
Swapna Jeejula
పుట్టిన తేదీ/DOB: 21/06/1984
FEMALE

Issue Date: 20/01/2021

9831 1426 7113
VID : 9123 5532 0408 5300

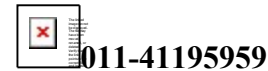
నా ఆధార్, నా గుర్తింపు

Asraonagar Apolloclinic

From: Raj Kumar <jrajkumar20@gmail.com>
Sent: 09 March 2024 07:29
To: Asraonagar Apolloclinic
Subject: Fwd: Health Check up Booking Confirmed Request(bobS11891),Package Code-PKG10000377, Beneficiary Code-308807

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

From: Mediwheel <wellness@mediwheel.in>
Date: Tue, 5 Mar 2024, 17:58
Subject: Health Check up Booking Confirmed Request(bobS11891),Package Code-PKG10000377, Beneficiary Code-308807
To: <jrajkumar20@gmail.com>
Cc: <customercare@mediwheel.in>



Dear **MR. RAJ J KUMAR,**

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

Member Information		
Booked Member Name	Age	Gender
Swapna Jeejula	39 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



You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our [Terms & Conditions](#) for more informaion. [Click here to unsubscribe.](#)

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

Patient Name : Mrs. Swapna Jeejula Age : 39 Y/F
UHID : CASR.0000186338 OP Visit No : CASROPV221998
Conducted By: : Dr. SHILPI MOHAN Conducted Date : 09-03-2024 16:58
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.8 CM
LA (es) 3.8 CM
LVID (ed) 4.5 CM
LVID (es) 2.8 CM
IVS (Ed) 1.2 CM
LVPW (Ed) 1.0 CM
EF 67 %
%FD 37 %

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 BORDERLINE

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

MITRAL -E: 0.9 m/sec A: 0.5 m/sec

PJV- 1.2 m/sec

AJV- 1.0 m/sec

Patient Name : Mrs. Swapna Jeejula
UHID : CASR.0000186338
Conducted By: : Dr. SHILPI MOHAN
Referred By : SELF

Age : 39 Y/F
OP Visit No : CASROPV221998
Conducted Date : 09-03-2024 16:58

IMPRESSION;

BORDERLINE NORMAL LV THICKNESS.

BORDERLINE LA.

NO RWMA.


LV EF ;67 %

TRIVIAL MR.

NORMAL LV DIASTOLIC FUNCTION.

NO CLOTS / VEGETATION.

NO PERICARDIAL EFFUSION.



Dr. SHILPI
MOHAN