

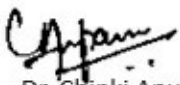
| | |
|----------------------------------|--|
| Patient Name : Mrs.ANUPAM KUMARI | Collected : 23/Mar/2024 10:56AM |
| Age/Gender : 35 Y 2 M 26 D/F | Received : 23/Mar/2024 01:31PM |
| UHID/MR No : CINR.0000164817 | Reported : 23/Mar/2024 04:23PM |
| Visit ID : CINROPV223050 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 8127169193 | |

DEPARTMENT OF HAEMATOLOGY

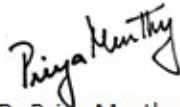
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|---------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 12.6 | g/dL | 12-15 | Spectrophotometer |
| PCV | 38.70 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.76 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 81.3 | fL | 83-101 | Calculated |
| MCH | 26.6 | pg | 27-32 | Calculated |
| MCHC | 32.7 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.1 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,330 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 50.5 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 39.3 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 2 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 8 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.2 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3196.65 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2487.69 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 126.6 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 506.4 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 12.66 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.28 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 157000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 30 | mm at the end of 1 hour | 0-20 | Modified Westgren method |
| PERIPHERAL SMEAR | | | | |

RBCs: are normocytic normochromic



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SIN No:BED240080347

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Patient Name : Mrs.ANUPAM KUMARI
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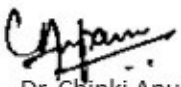
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

WBCs: are normal in total number with normal distribution and morphology.

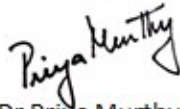
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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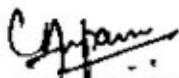
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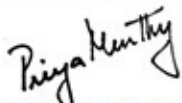
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|-----------------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | A | | | Microplate Hemagglutination |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



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| | |
|----------------------------------|--|
| Patient Name : Mrs.ANUPAM KUMARI | Collected : 23/Mar/2024 10:56AM |
| Age/Gender : 35 Y 2 M 26 D/F | Received : 23/Mar/2024 04:35PM |
| UHID/MR No : CINR.0000164817 | Reported : 23/Mar/2024 06:26PM |
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| Emp/Auth/TPA ID : 8127169193 | |

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 | 89 | 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 $>$ 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) | 131 | mg/dL | 70-140 | HEXOKINASE |

Comment:

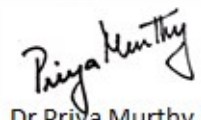
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 6 | % | | HPLC |

Page 4 of 15


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SIN No: EDT240036938

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| | |
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| Patient Name : Mrs.ANUPAM KUMARI | Collected : 23/Mar/2024 10:56AM |
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DEPARTMENT OF BIOCHEMISTRY

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

| | | | |
|---------------------------------|-----|-------|------------|
| ESTIMATED AVERAGE GLUCOSE (eAG) | 126 | mg/dL | Calculated |
|---------------------------------|-----|-------|------------|

Comment:

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

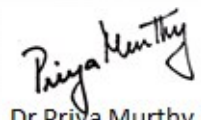
| REFERENCE GROUP | HBA1C % |
|------------------------|-----------|
| NON DIABETIC | <5.7 |
| PREDIABETES | 5.7 – 6.4 |
| DIABETES | ≥ 6.5 |
| DIABETICS | |
| EXCELLENT CONTROL | 6 – 7 |
| FAIR TO GOOD CONTROL | 7 – 8 |
| UNSATISFACTORY CONTROL | 8 – 10 |
| POOR CONTROL | >10 |

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)



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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 221 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 95 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 68 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 153 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 133.9 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 19 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.25 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | < 0.01 | | <0.11 | Calculated |

Comment:

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

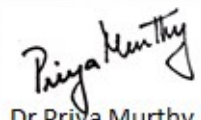
| | Desirable | Borderline High | High | Very High |
|------------------------|-------------------------------------|-----------------|-----------|-----------|
| TOTAL CHOLESTEROL | < 200 | 200 - 239 | ≥ 240 | |
| TRIGLYCERIDES | <150 | 150 - 199 | 200 - 499 | ≥ 500 |
| LDL | Optimal < 100; Near Optimal 100-129 | 130 - 159 | 160 - 189 | ≥ 190 |
| HDL | ≥ 60 | | | |
| NON-HDL CHOLESTEROL | Optimal <130; Above Optimal 130-159 | 160-189 | 190-219 | >220 |
| ATHEROGENIC INDEX(AIP) | <0.11 | 0.12 – 0.20 | >0.21 | |

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.

Page 6 of 15


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SIN No:SE04673480

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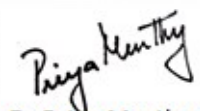
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).


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SIN No:SE04673480

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| Visit ID : CINROPV223050 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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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 |
|--|--------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.61 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.09 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.52 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 23 | U/L | <35 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 24.0 | U/L | <35 | IFCC |
| ALKALINE PHOSPHATASE | 62.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.15 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.51 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.64 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.71 | | 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.

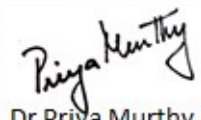
2. Cholestatic Pattern:

- 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.


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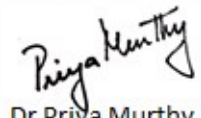
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.48 | mg/dL | 0.51-0.95 | Jaffe's, Method |
| UREA | 19.10 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 8.9 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.45 | mg/dL | 2.6-6.0 | Uricase PAP |
| CALCIUM | 9.30 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.36 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 139 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 3.7 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 106 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.15 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.51 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.64 | g/dL | 2.0-3.5 | Calculated |
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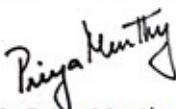
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 14.00 | 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 |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.1 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 9.2 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 3.794 | µIU/mL | 0.34-5.60 | CLIA |

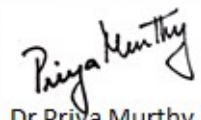
Comment:

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

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

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


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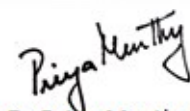

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DEPARTMENT OF IMMUNOLOGY

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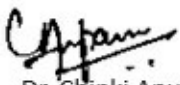
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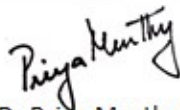
DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 6.5 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.010 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 1-2 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 2-3 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |



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APOLLO CLINICS NETWORK

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

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

 1860 500 7788
www.apolloclinic.com

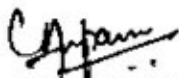
| | |
|----------------------------------|--|
| Patient Name : Mrs.ANUPAM KUMARI | Collected : 23/Mar/2024 10:56AM |
| Age/Gender : 35 Y 2 M 26 D/F | Received : 23/Mar/2024 05:23PM |
| UHID/MR No : CINR.0000164817 | Reported : 23/Mar/2024 09:16PM |
| Visit ID : CINROPV223050 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 8127169193 | |

DEPARTMENT OF CLINICAL PATHOLOGY

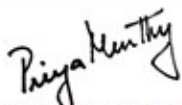
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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



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



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



SIN No:UF011397

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

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

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

 1860 500 7788
www.apolloclinic.com

| | | | |
|-----------------|---------------------|--------------|-------------------------------|
| Patient Name | : Mrs.ANUPAM KUMARI | Collected | : 23/Mar/2024 03:07PM |
| Age/Gender | : 35 Y 2 M 26 D/F | Received | : 24/Mar/2024 01:13PM |
| UHID/MR No | : CINR.0000164817 | Reported | : 26/Mar/2024 10:06AM |
| Visit ID | : CINROPV223050 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 8127169193 | | |

DEPARTMENT OF CYTOLOGY

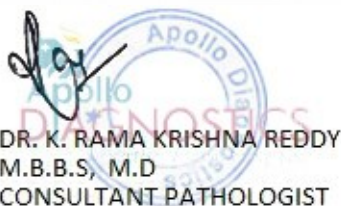
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

| | | |
|------------|----------------------------------|--|
| | CYTOLOGY NO. | 6965/24 |
| I | SPECIMEN | |
| a | SPECIMEN ADEQUACY | ADEQUATE |
| b | SPECIMEN TYPE | LIQUID-BASED PREPARATION (LBC) |
| | SPECIMEN NATURE/SOURCE | CERVICAL SMEAR |
| c | ENDOCERVICAL-TRANSFORMATION ZONE | PRESENT WITH ENDOCERVICAL CELLS |
| d | COMMENTS | SATISFACTORY FOR EVALUATION |
| II | MICROSCOPY | Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy. |
| III | RESULT | |
| a | EPITHELIAL 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:CS077496

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

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK


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

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

Page 15 of 15
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



 **1860 500 7788**
www.apolloclinic.com

| | | |
|--|---|---|
| Name : Mrs. Anupam Kumari Address : BANGALORE Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT | Age : 35 Y Sex : F | UHID :CINR.0000164817  <small>* CINR . 0 0 0 0 1 6 4 8 1 7 *</small> OP Number :CINROPV223050 Bill No :CINR-OCR-95521 Date : 23.03.2024 10:15 |
|--|---|---|

| Sno | Service Type/ServiceName | Department |
|---------------|---|------------|
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 | |
| 1 | GAMMA GLUTAMYL TRANSFERASE (GGT) | |
| 2 | 2 D ECHO - 9 | |
| 3 | LIVER FUNCTION TEST (LFT) | |
| 4 | GLUCOSE, FASTING | |
| 5 | HEMOGRAM + PERIPHERAL SMEAR | |
| 6 | GYNAECOLOGY CONSULTATION ✓ | |
| 7 | DIET CONSULTATION | |
| 8 | COMPLETE URINE EXAMINATION | |
| 9 | URINE GLUCOSE(POST PRANDIAL) | |
| 10 | PERIPHERAL SMEAR | |
| 11 | ECG - 0 ✓ | |
| 12 | LBC PAP TEST- PAPSURE ✓ | |
| 13 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| 14 | DENTAL CONSULTATION | |
| 15 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) | |
| 16 | URINE GLUCOSE(FASTING) | |
| 17 | HbA1c, GLYCATED HEMOGLOBIN | |
| 18 | X-RAY CHEST PA - 16 AM ✓ | |
| 19 | ENT CONSULTATION | |
| 20 | FITNESS BY GENERAL PHYSICIAN | |
| 21 | BLOOD GROUP ABO AND RH FACTOR | |
| 22 | LIPID PROFILE | |
| 23 | BODY MASS INDEX (BMI) | |
| 24 | OPHTHAL BY GENERAL PHYSICIAN | |
| 25 | ULTRASOUND - WHOLE ABDOMEN - 9 | |
| 26 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |



Date HOSPITALS: 23-03-2024

Department : GENERAL

MR NO : CINR.0000164817

Doctor :

Name : Mrs. Anupam Kumari

Registration No :

Age/ Gender : 35 Y / Female

Qualification :

Consultation Timing: 10:15

| | | | |
|----------------|------------------|-----------------------------|---------------------|
| Height: 164 cm | Weight: 63.81 kg | BMI: 23.7 kg/m ² | Waist Circum: 95 cm |
| Temp: 98.6 °F | Pulse: 96 bpm | Resp: 18 bpm | B.P: 120/75 mmHg |

General Examination / Allergies History

Clinical Diagnosis & Management Plan

~~11/23/2024~~

Comp mch 8th Pz (2 (LSCS) R/cyclus
 CBC pap T ent P^o E LCB-2 1/2 yrs
 PA - soft mtr
 PS -
 CX healthy

Adv

Adv vaccine
Nivamai

Tab My 20

— $\frac{1}{1}$
 food
 in ent

Follow up date:

Doctor Signature

OPHTHAL PRESCRIPTION

PATIENT NAME : Mrs Anupam Jainani DATE : 23/3/24

UHID NO : 164810

AGE : 35

OPTOMETRIST NAME: Ms.Swathi

GENDER: ♀

This is to certify that I have examined
years and findings of his/her eye examination are as follows,

| | RIGHT EYE | | | | LEFT EYE | | | |
|----------|-----------|-----|------|------|----------|-----|------|------|
| | SPH | CYL | AXIS | BCVA | SPH | CYL | AXIS | BCVA |
| Distance | | | 100 | | | | 100 | |
| Add | | | | | | | | |

PD - RE: 31 - LE: 31 -

Colour Vision: normal (36)

Remarks:


Apollo clinic Indiranagar

28.12.1988
35 Years

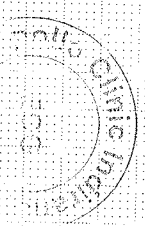
Female

23.03.2024 13:53:23
APOLLO CLINIC
INDIRANAGAR
BANGALORE

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

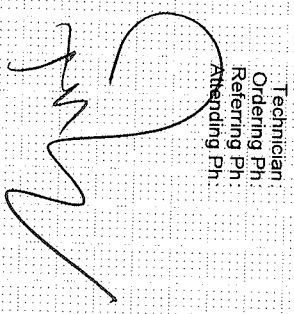
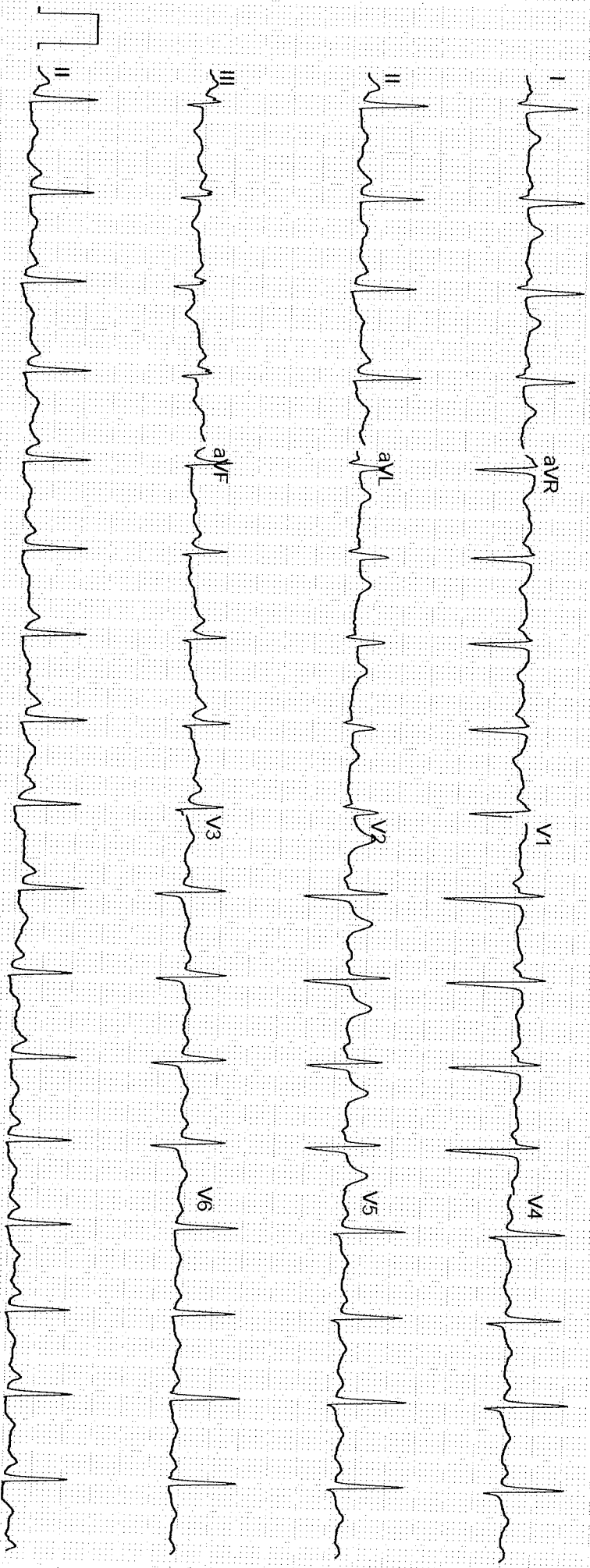
103 bpm
--/-- mmHg

| | |
|-----------|---------------------|
| QRS | 80 ms |
| QT/QTcBaz | 346 / 453 ms |
| PR | 142 ms |
| P | 124 ms |
| RR/PP | 580 / 582 ms |
| P/ORS/T | 68 / 37 / 8 degrees |



Nov 2024

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

GE MACC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

4x2.5x3_25_R1

1/1

Unconfirmed

| | | |
|--------------------------|------------------|-------------------|
| NAME: MRS ANUPAMA KUMARI | AGE/SEX: 35Y/F | OP NUMBER: 164813 |
| Ref By : SLEF | DATE: 23-03-2024 | |

M mode and doppler measurements:

| CM | CM | M/sec | |
|---------|---------------|----------------|-------------|
| AO: 2.6 | IVS(D): 1.2 | MV: E Vel: 0.9 | A Vel : 0.9 |
| LA: 3.6 | LVIDD(D): 5.2 | AV Peak: 1.4 | |
| | LVPW(D): 1.2 | PV peak: 0.8 | |
| | IVS(S): 1.25 | | |
| | LVID(S): 3.58 | | |
| | LVPW(S): 1.4 | | |
| | LVEF: 55% | | |
| | TAPSE: 2.0 | | |

Descriptive findings:

| | |
|------------------|---------------------|
| Left Ventricle | Mild concentric LVH |
| Right Ventricle: | Normal |
| Left Atrium: | Normal |
| Right Atrium: | Normal |
| Mitral Valve: | Normal |
| Aortic Valve: | Normal |
| Tricuspid Valve: | Normal |
| IAS: | Normal |
| IVS: | Normal |

| | |
|--------------|--------|
| Pericardium: | Normal |
| IVC: | Normal |
| Others | --- |
| | |

IMPRESSION :

Mild concentric LVH

No Regional wall motion abnormality

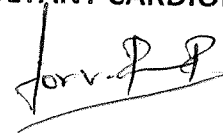
No MR/AR/TR

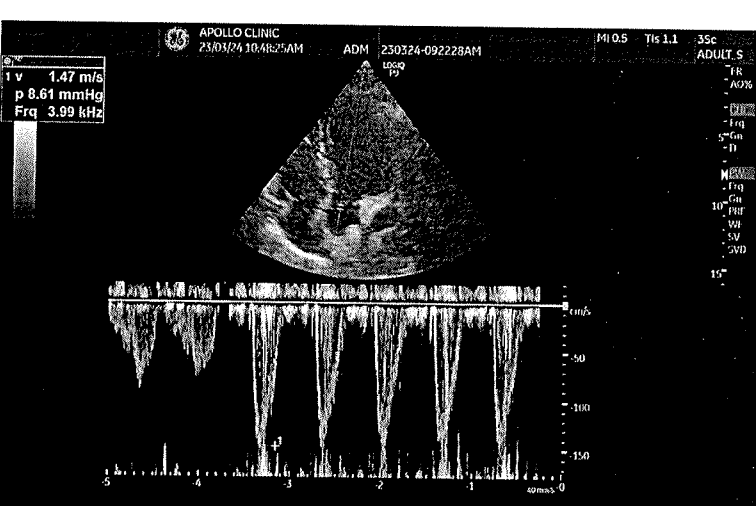
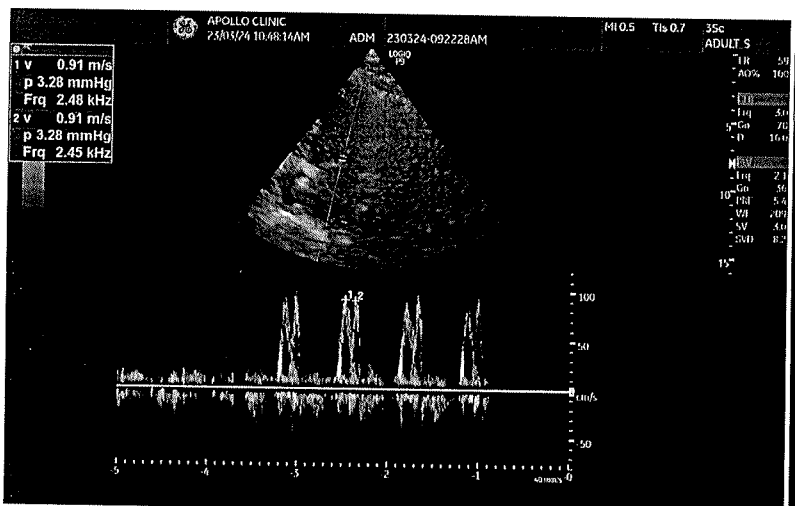
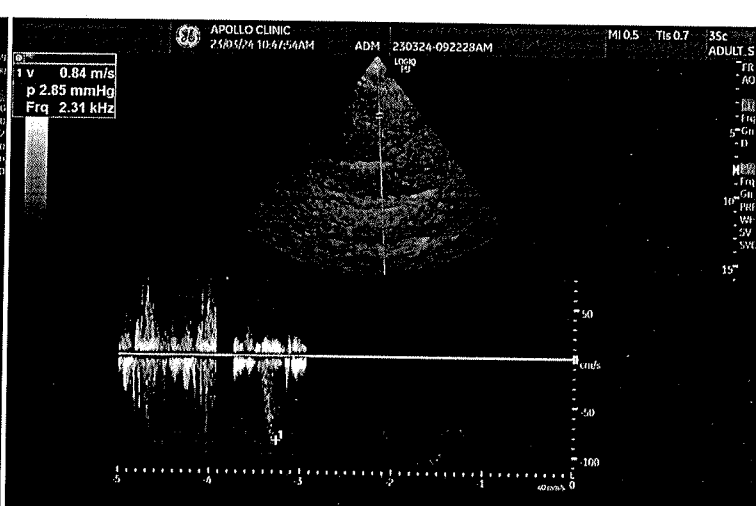
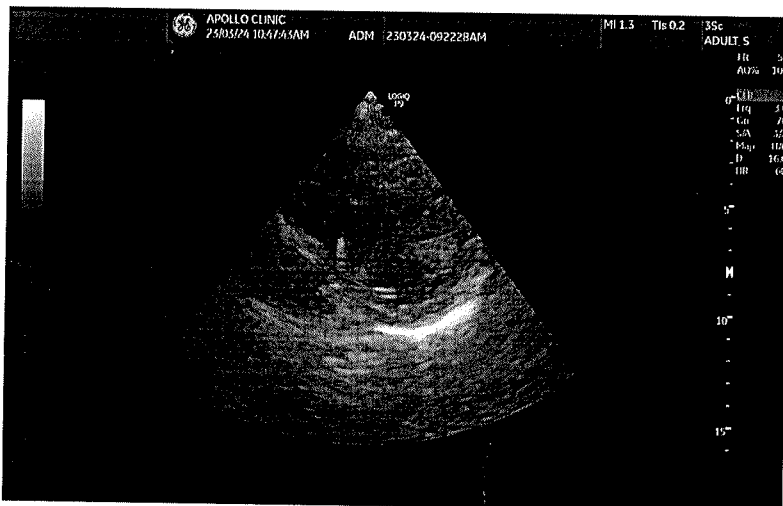
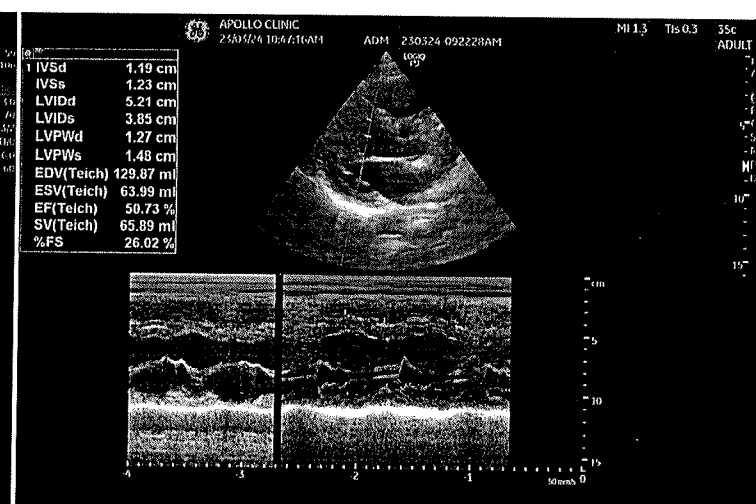
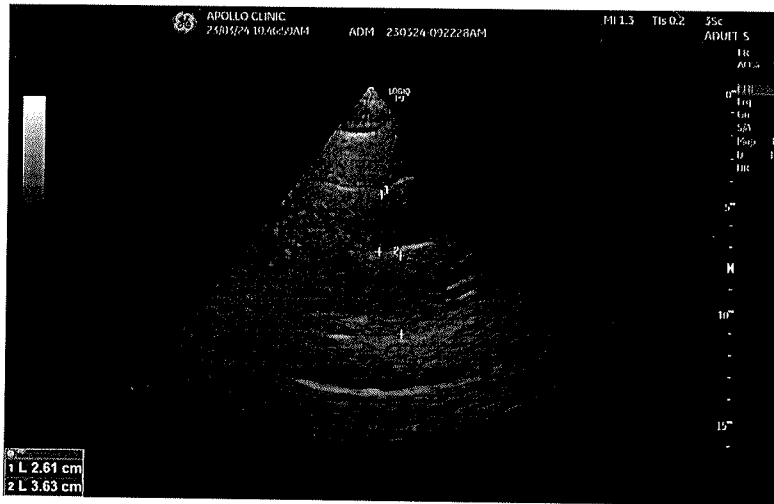
No clot/vegetation/pericardial effusion

Normal LV systolic function - LVEF= 55%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST





To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

77, 78

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

| PARTICULARS OF HEALTH CHECK UP BENEFICIARY | |
|---|---------------------------|
| NAME | ANUPAM KUMARI |
| DATE OF BIRTH | 28-12-1988 |
| PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE | 23-03-2024 |
| BOOKING REFERENCE NO. | 23M102241100098996S |
| SPOUSE DETAILS | |
| EMPLOYEE NAME | MR. KUMAR SHARAD |
| EMPLOYEE EC NO. | 102241 |
| EMPLOYEE DESIGNATION | FACULTY |
| EMPLOYEE PLACE OF WORK | BANGALORE, BARODA ACADEMY |
| EMPLOYEE BIRTHDATE | 05-01-1986 |

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **11-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

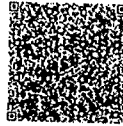
(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



भारत सरकार
Government of India



अनुपम कुमारी
Anupam Kumari
जन्म तिथि/DOB: 28/12/1988
महिला/ FEMALE



9015 0648 1674

VID: 9140 2130 2583 9221

मेरा आधार, मेरी पहचान



Patient Name : Mrs. Anupam Kumari

Age/Gender : 35 Y/F

UHID/MR No. : CINR.0000164817

OP Visit No : CINROPV223050

Sample Collected on :

Reported on : 23-03-2024 21:53

LRN# : RAD2279095

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8127169193

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

NOT DONE.

Patient Name : Mrs. Anupam Kumari

Age/Gender : 35 Y/F

UHID/MR No. : CINR.0000164817

OP Visit No : CINROPV223050

Sample Collected on :

Reported on : 23-03-2024 17:24

LRN# : RAD2279095

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8127169193

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.


UTERUS: Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 9 mm.

OVARIES: Both ovaries appearing normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology