

Patient Name : Mrs.NANDAPATTAR	Collected : 29/Mar/2024 08:19AM
Age/Gender : 40 Y 6 M 0 D/F	Received : 29/Mar/2024 11:06AM
UHID/MR No : CINR.0000165095	Reported : 29/Mar/2024 05:00PM
Visit ID : CINROPV223600	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS15231	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	99	mg/dL	70-140	HEXOKINASE

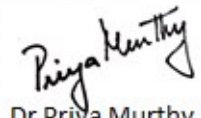
Comment:

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	5.1	%		HPLC


 Govinda Raju N L
 MSc, MPhil, (Phd)
 Consultant Biochemist


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



SIN No:EDT240039987

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
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ESTIMATED AVERAGE GLUCOSE (eAG)	100	mg/dL	Calculated
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Comment:

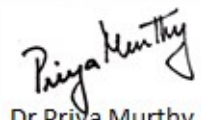
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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

Note: Dietary preparation or fasting is not required.

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


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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	120	mg/dL	<200	CHO-POD
TRIGLYCERIDES	161	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	31	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	89	mg/dL	<130	Calculated
LDL CHOLESTEROL	56.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.87		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.36		<0.11	Calculated

Comment:

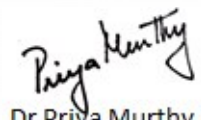
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.


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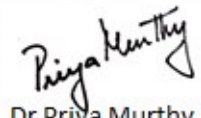
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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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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)	8	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	33.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.26	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		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.

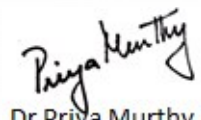
2. Cholestatic Pattern:

- 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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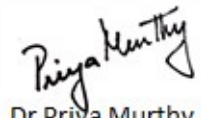
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.62	mg/dL	0.51-0.95	Jaffe's, Method
UREA	13.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.86	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.89	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.26	g/dL	6.6-8.3	Biuret
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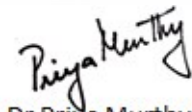
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GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	<38	IFCC



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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 **1860 500 7788**
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Patient Name : Mrs.NANDAPATTAR	Collected : 29/Mar/2024 08:19AM
Age/Gender : 40 Y 6 M 0 D/F	Received : 29/Mar/2024 02:05PM
UHID/MR No : CINR.0000165095	Reported : 29/Mar/2024 03:35PM
Visit ID : CINROPV223600	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS15231	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.95	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.41	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.177	µIU/mL	0.34-5.60	CLIA

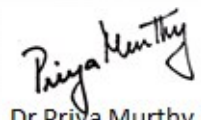
Comment:

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


Govinda Raju N L
 MSc, MPhil, (PhD)
 Consultant Biochemist


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



SIN No: SPL24058460

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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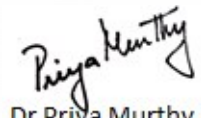

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Patient Name : Mrs.NANDAPATTAR	Collected : 29/Mar/2024 08:19AM
Age/Gender : 40 Y 6 M 0 D/F	Received : 29/Mar/2024 02:05PM
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Emp/Auth/TPA ID : bobS15231	

DEPARTMENT OF IMMUNOLOGY

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


Govinda Raju N L
MSc, MPhil, (Phd)
Consultant Biochemist


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



SIN No: SPL24058460

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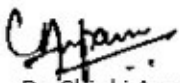
APOLLO CLINICS NETWORK
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Patient Name : Mrs.NANDAPATTAR	Collected : 29/Mar/2024 08:18AM
Age/Gender : 40 Y 6 M 0 D/F	Received : 29/Mar/2024 12:44PM
UHID/MR No : CINR.0000165095	Reported : 29/Mar/2024 03:12PM
Visit ID : CINROPV223600	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS15231	

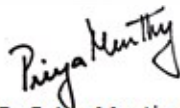
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	6.5		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	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	8-10	/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. 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:UR2319367

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Patient Name : Mrs.NANDAPATTAR	Collected : 29/Mar/2024 11:36AM
Age/Gender : 40 Y 6 M 0 D/F	Received : 29/Mar/2024 04:23PM
UHID/MR No : CINR.0000165095	Reported : 29/Mar/2024 06:55PM
Visit ID : CINROPV223600	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS15231	

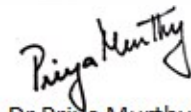
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



Dr. Vidya Aniket Gore
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Consultant Pathologist



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



SIN No:UPP017454

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

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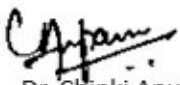
APOLLO CLINICS NETWORK
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | 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)

Patient Name : Mrs.NANDAPATTAR	Collected : 29/Mar/2024 08:18AM
Age/Gender : 40 Y 6 M 0 D/F	Received : 29/Mar/2024 12:44PM
UHID/MR No : CINR.0000165095	Reported : 29/Mar/2024 01:49PM
Visit ID : CINROPV223600	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS15231	

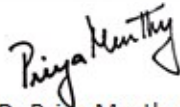
DEPARTMENT OF CLINICAL PATHOLOGY

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

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:UF011502

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Patient Name	: Mrs.NANDAPATTAR	Collected	: 29/Mar/2024 08:19AM
Age/Gender	: 40 Y 6 M 0 D/F	Received	: 30/Mar/2024 10:44AM
UHID/MR No	: CINR.0000165095	Reported	: 02/Apr/2024 04:02PM
Visit ID	: CINROPV223600	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS15231		

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

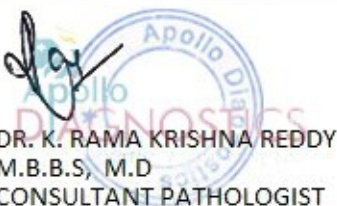
	CYTOLOGY NO.	7917/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. 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:

BLOOD GROUP ABO AND RH FACTOR, HEMOGRAM, PERIPHERAL SMEAR



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

SIN No:CS078076

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

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COLLEGE of AMERICAN PATHOLOGISTS



1860 500 7788
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Name : Mrs. NandaPattar

Age: 40 Y

UHID: CINR.0000165095

Sex: F



Address : blr

OP Number: CINROPV223600

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No : CINR-OCR-95748

Date : 29.03.2024 08:09

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

wt = 91 kg
 wt = 155 lb
 BP = 100/80
 P = 68 bpm
 R = 18 bpm
 BMI = 24.6
 waist = 98 cm

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

~~14.29/2024~~
 Hx of Acute R/L2 non-D R/ly chis temp - 6 days back
 LBC pap
 Adu
 LAR25
 LRA

PA - soft (M1)
 PS - la mild
 Green +



Follow up date:

Doctor Signature

mrs nandapattar,

Patient ID: 165095

29.03.2024 Male 155 cm 59.1 kg

9:09:30am 40 yrs Indian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

Dr. Nandapattar
Dr. Subhadra
Dr. Suman

BRUCE: Exercise Time 07:15
Max HR: 181 bpm 100 % of max predicted 180 bpm HR at rest: 68
Max BP: 155/95 mmHg Max RPP: 27280 mmHg*bp/min

Maximum Workload: 10.00 METS
Max. ST: -2.30 mm, -4.01 mV/s in V6; EXERCISE STAGE 1 2:29

Arrhythmia: A:21, PVC:10, PSVC:1

ST/HR index: 1.10 μ V/bpm

ST/HR slope: 1.09 μ V/bpm (II)

HR reserve used: 100 %

HR recovery: 2 bpm

VE recovery: 0 VE/min

ST/HR hysteresis: -0.003 mV (I)

QRS duration: BASELINE: 76 ms, PEAK EX: 72 ms, REC: 74 ms

Reasons for Termination: Target heart rate achieved

Summary:

Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: good effort tolerance normal hr and bp response no angina and arrhythmia during test stress test is *OK* for the exercise inducible ischemia

Room: * 0 * Location: * 0 *

Phase Name	Stage Name	Time in Stage	Speed [km/h]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [/min]	STLevel V6 [mm]	Comment
PRETEST	SUPINE	00:24	0.00	0.00	1.0	66			0	-0.05	
	STANDING	00:06	0.00	0.00	1.0	65			0	-0.05	
	HYPERV.	00:06	0.00	0.00	1.0	69			0	-0.05	
	WARM-UP	00:57	0.00	0.00	1.0	75			0	-0.05	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	134	129/80	17286	0	-1.15	
	STAGE 2	03:00	4.00	12.00	7.0	164		21156	2	0.15	
	STAGE 3	01:16	5.40	14.00	10.0	157	148/87	23236	2	2.95	
RECOVERY		03:04	0.00	0.00	1.0	105	141/80	14805	0	-0.05	

[Signature]
Dr. Subhadra Rao
Cardiologist
Apollo Hospitals
Chennai

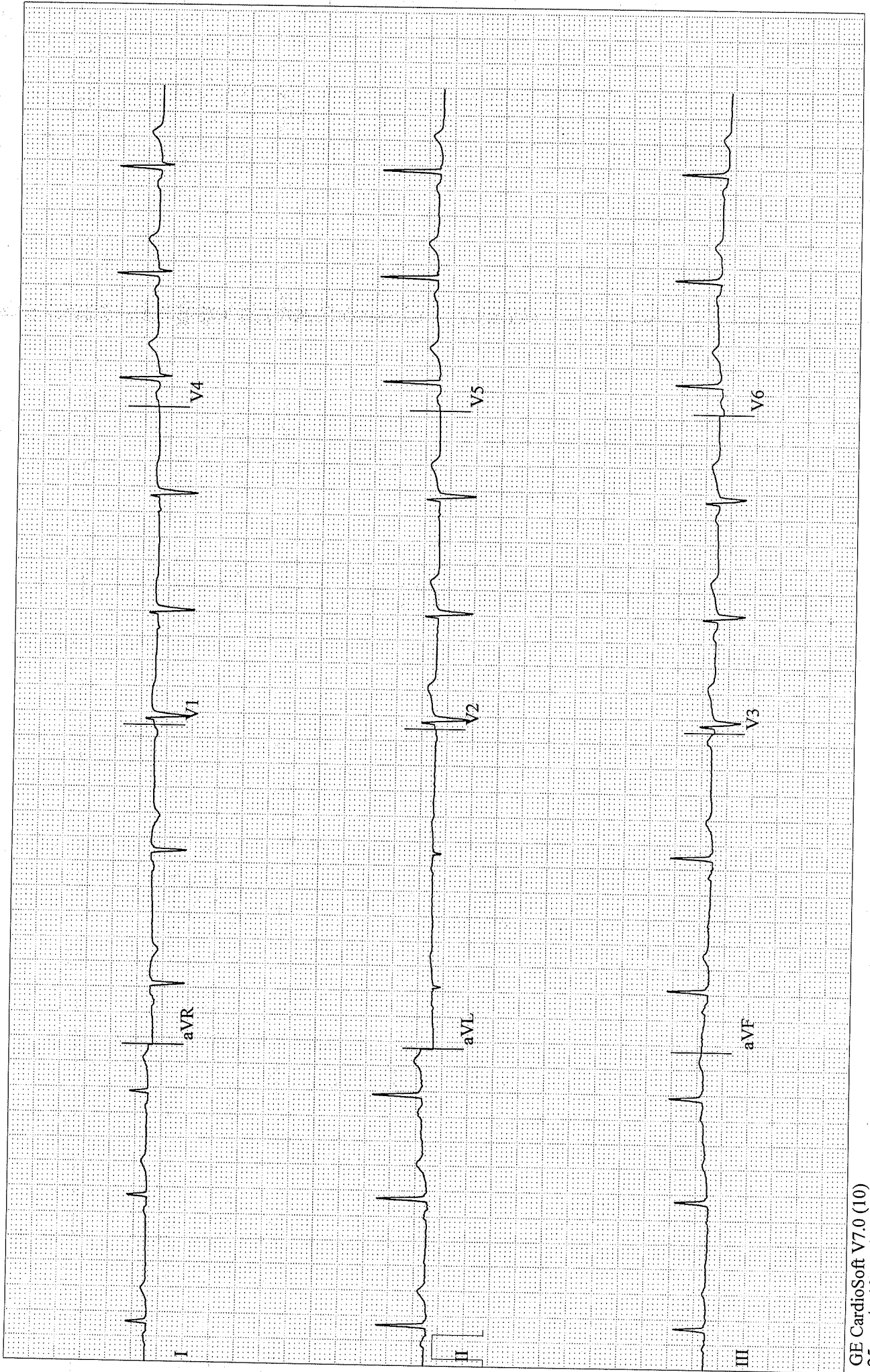
Exercise Test / 12-Lead Report

mrs nandapattar,
Patient ID: 165095
29.03.2024 Male 155 cm 59.1 kg
9:09:58am 40 yrs Indian

BRUCE
0.0 km/h
0.0 %

PRETEST
SUPINE
00:21

64 bpm



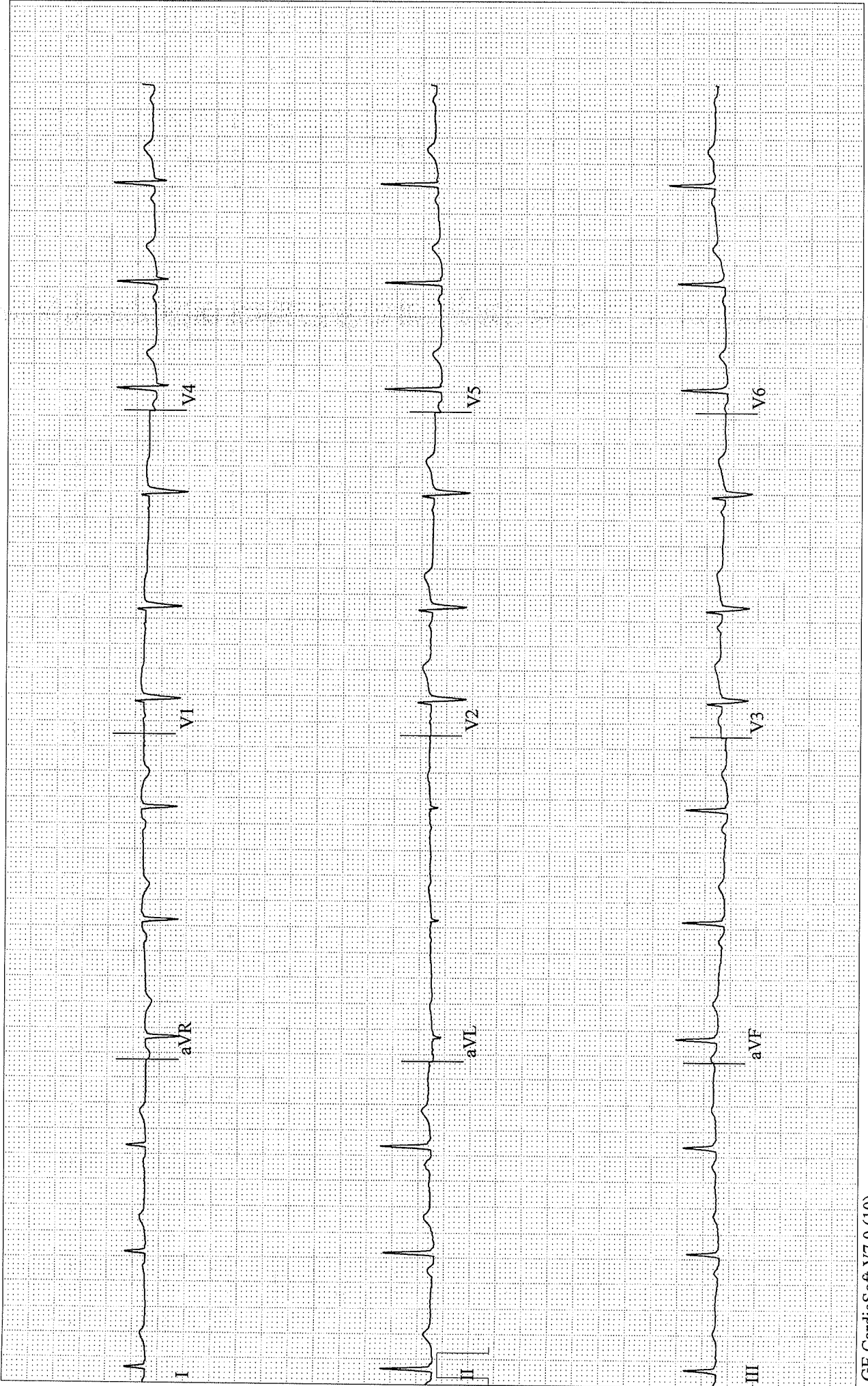
Exercise Test / 12-Lead Report

mrs nandapattar,
Patient ID: 165095
29.03.2024 Male 155 cm 59.1 kg
9:10:04am 40 yrs Indian

BRUCE
0.0 km/h
0.0 %

PRETEST
STANDING
00:28

66 bpm



Exercise Test / 12-Lead Report

mrs **nandapattar,**

Patient ID: 165095

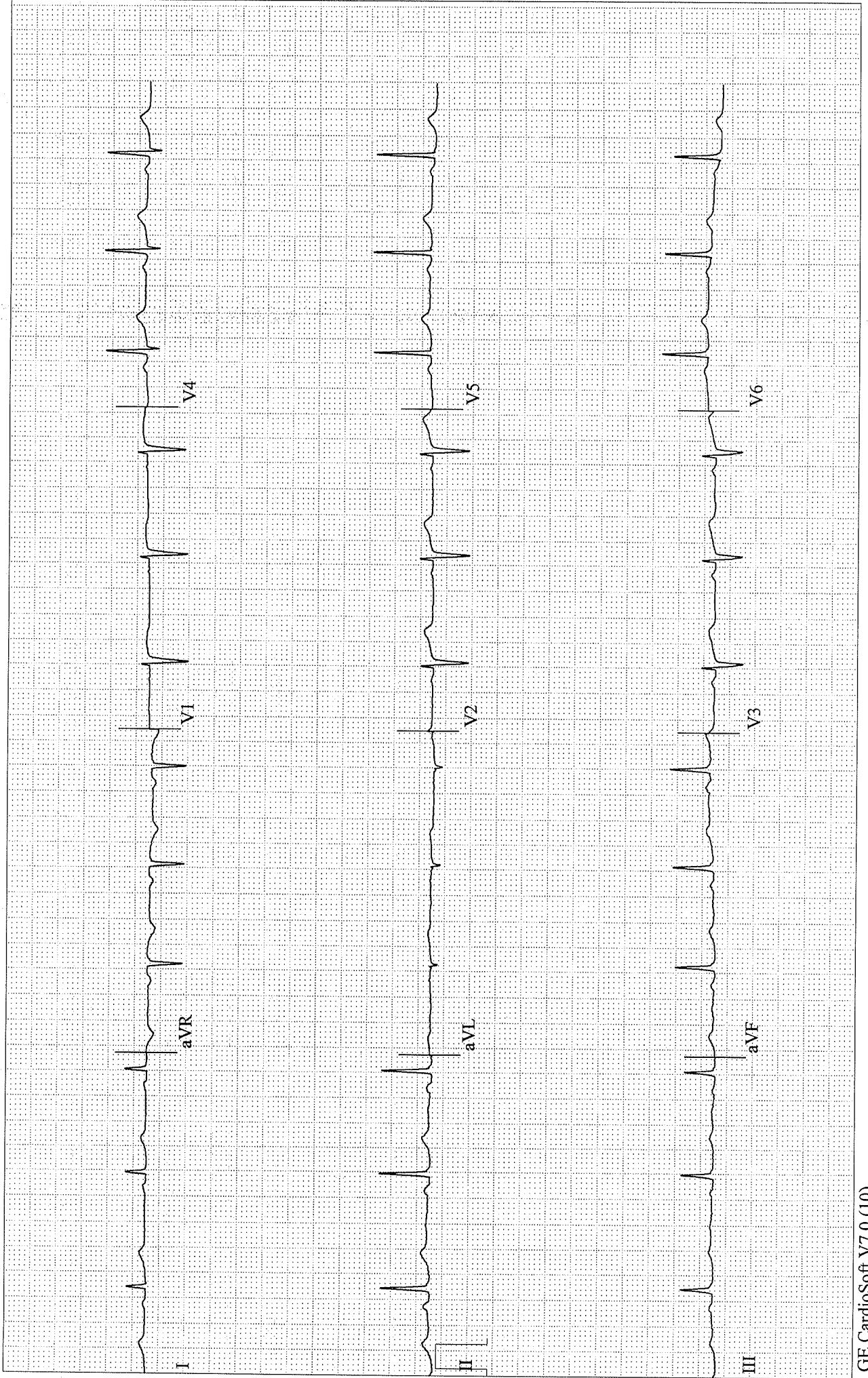
29.03.2024 Male 155 cm 59.1 kg

9:10:10am 40 yrs Indian

BRUCE
0.0 km/h
0.0 %

PRETEST
HYPERV.
00:33

68 bpm



Exercise Test / 12-Lead Report

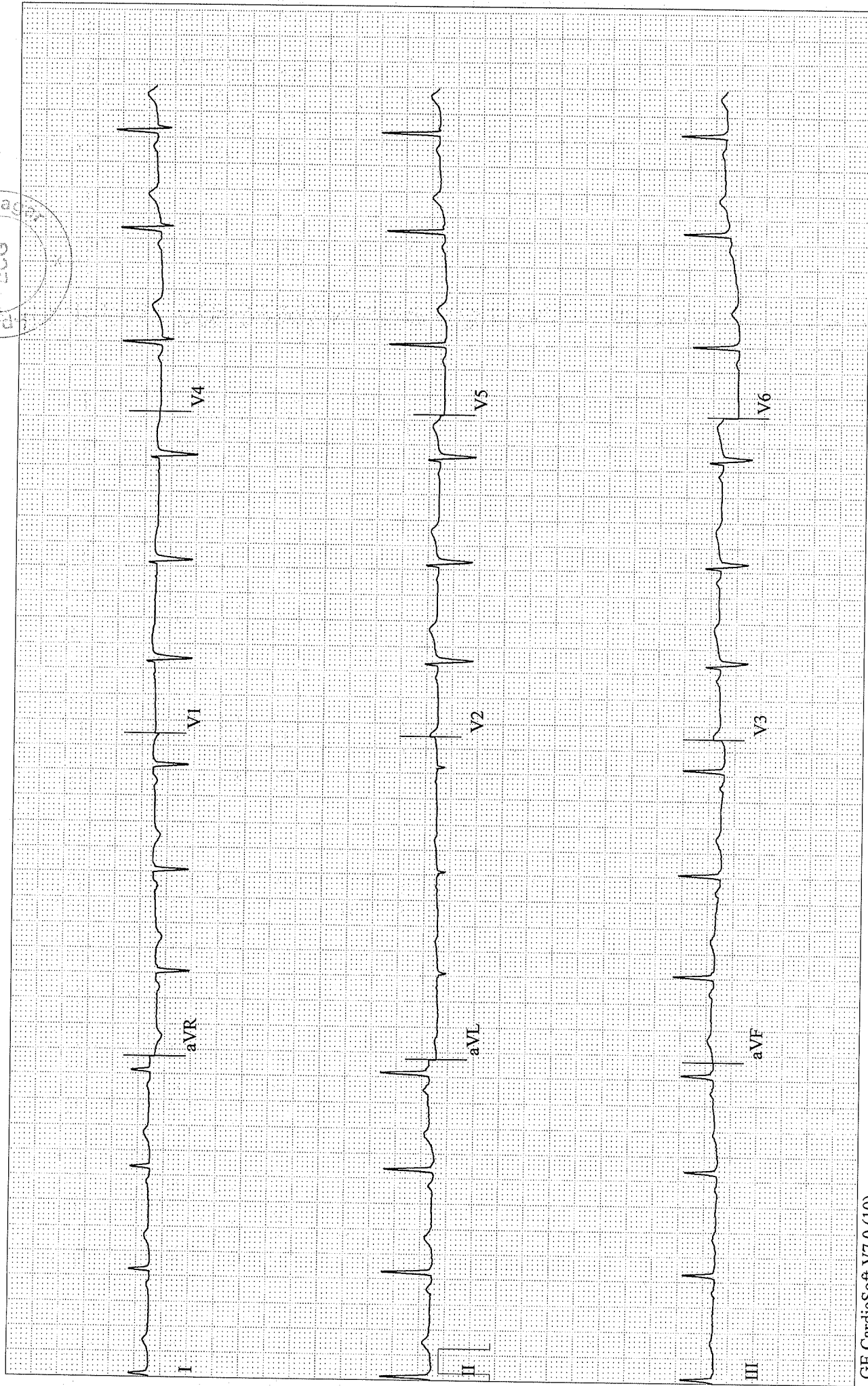
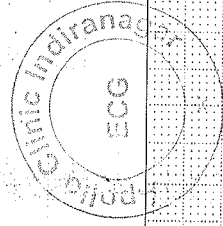
mrs nandapattar,
Patient ID: 165095
29.03.2024 Male 155 cm 59.1 kg
9:10:47am 40 yrs Indian

77 bpm

PRETEST
~~WARMUP~~
01:11

BRUCE
0.0 km/h
0.0 %

APOLLO CLINIC



mrs nandapattar,
Patient ID: 165095

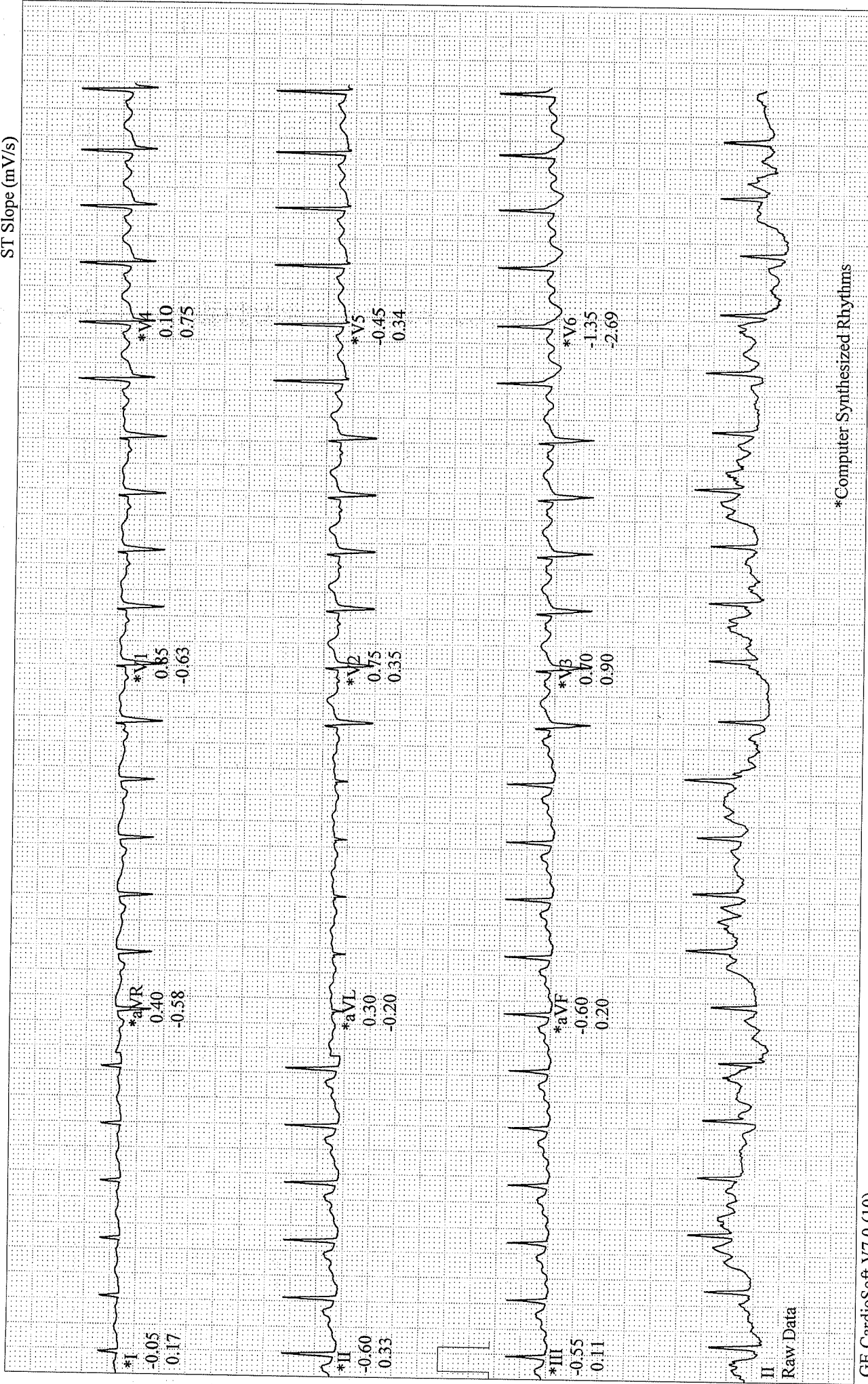
29.03.2024 Male 155 cm 59.1 kg
9:13:52am 40 yrs Indian

Exercise Test / Linked Medians

EXERCISE STAGE I
02:50
134 bpm
129/80 mmHg

APOLLO CLINIC

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

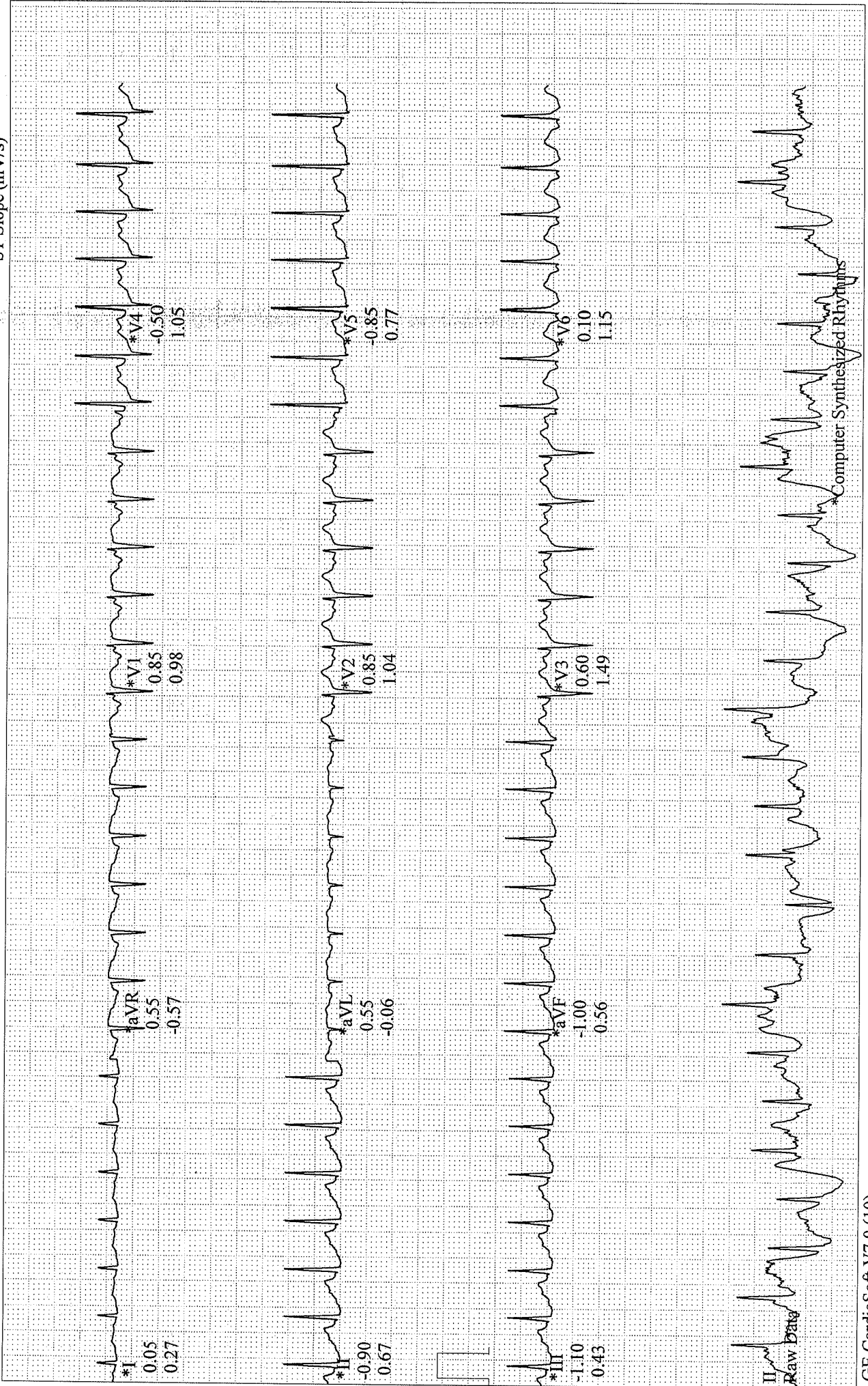
mrs nandapattar,
Patient ID: 165095
29.03.2024 Male 155 cm 59.1 kg
9:16:52am 40 yrs Indian

BRUCE
4.0 km/h
12.0 %

EXERCISE
STAGE 2
05:50

160 bpm

Lead
ST Level (mm)
ST Slope (mV/s)



Computer Synthesized Rhythms

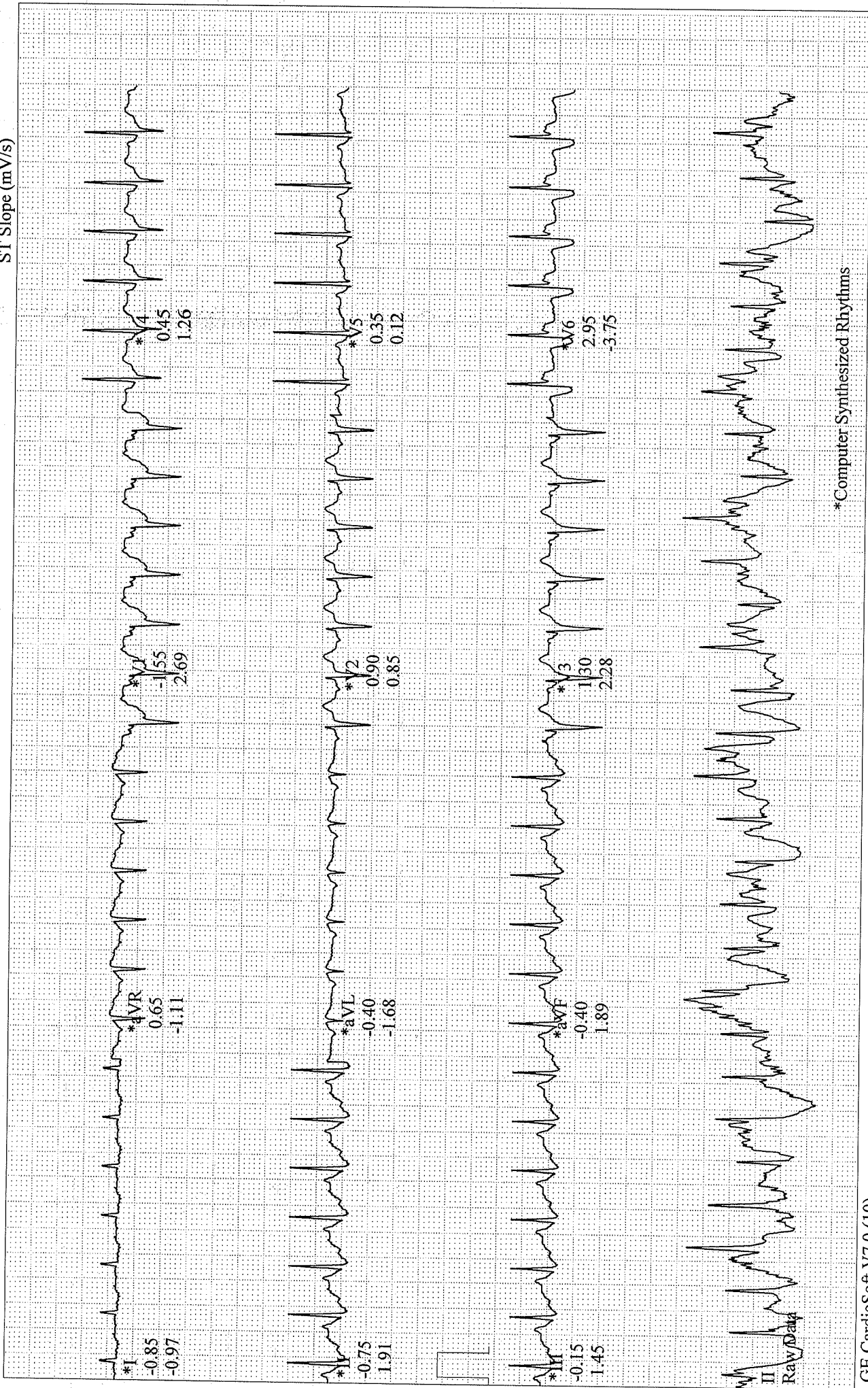
Exercise Test / Linked Medians (PEAK EXERCISE)

APOLLO CLINIC

mrs nandapattar,
Patient ID: 165095
29.03.2024 Male 155 cm 59.1 kg
9:18:18am 40 yrs Indian

EXERCISE
STAGE 3
07:16
157 bpm
BRUCE
5.4 km/h
14.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



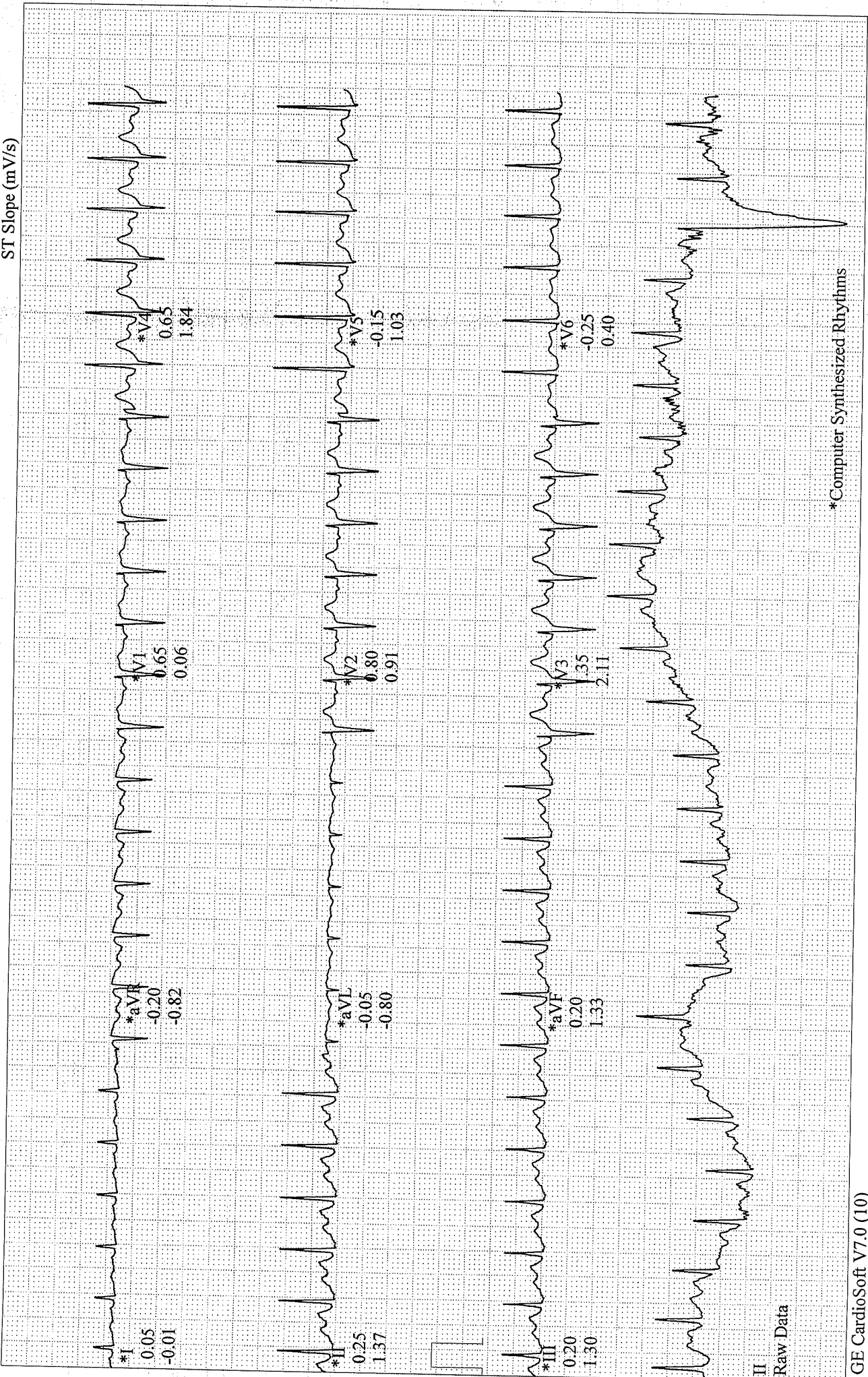
*Computer Synthesized Rhythms

mrs nandapattar,
 Patient ID: 165095
 29.03.2024 Male 155 cm 59.1 kg
 9:19:17am 40 yrs Indian

Exercise Test / Linked Medians
 RECOVERY #1 01:00
 148 bpm
 155/95 mmHg

BRUCE
 0.0 km/h
 0.0 %

APOLLO CLINIC



Exercise Test / Linked Medians

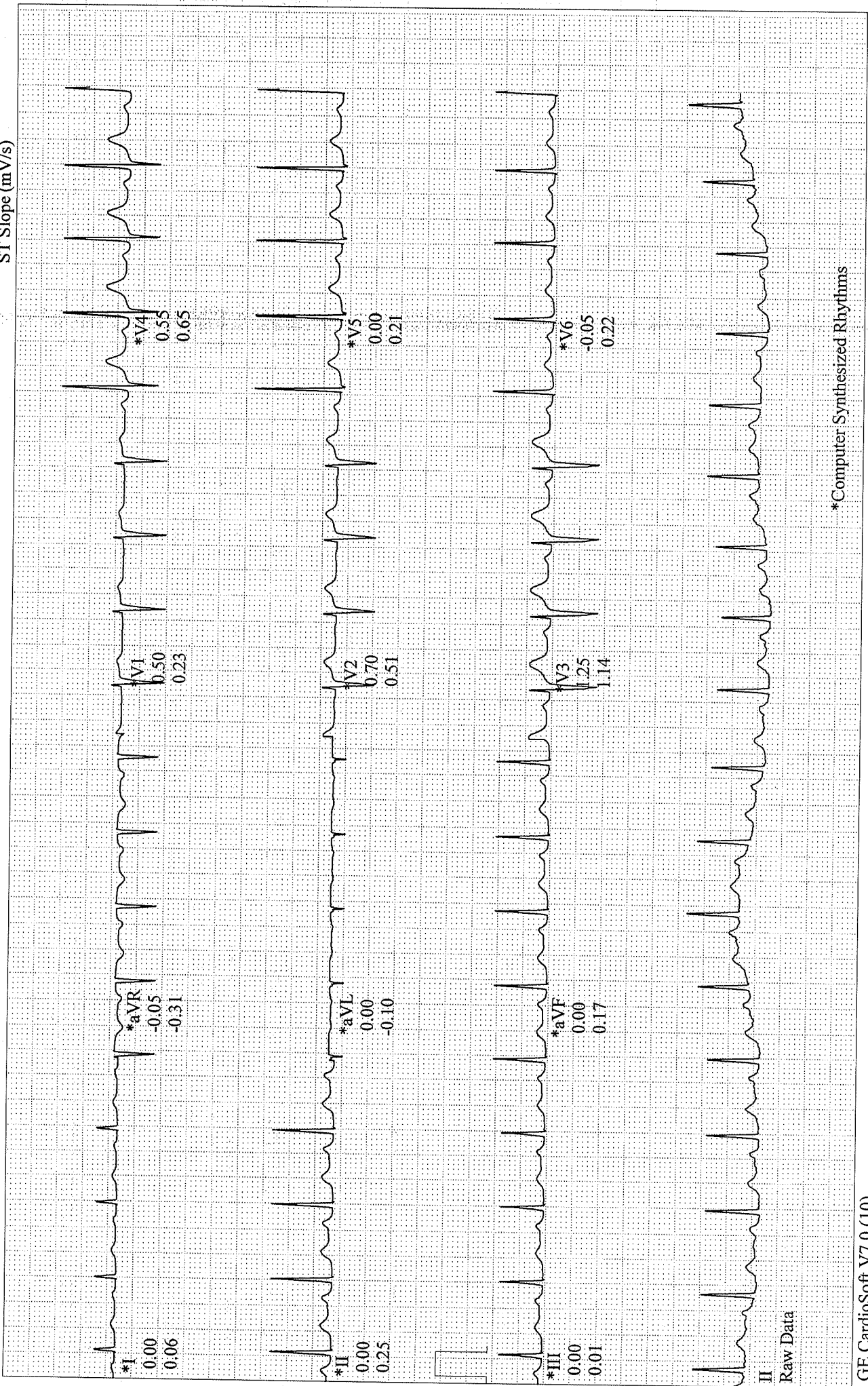
mrs **mandapattar**,
Patient ID: 165095
29.03.2024 Male 155 cm 59.1 kg
9:21:17am 40 yrs Indian

BRUCE
0.0 km/h
0.0 %

RECOVERY
#1
03:00

104 bpm
141/80 mmHg

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

Raw Data

Breast Health Report

Thermalytix[®] 180

Patient ID: CINR_165095

General Details

Name:	NANDA PATTAR	Centre:	Apollo Clinic Indiranagar
Age:	40	Report Generation Date:	Mar 29, 2024, 2:40 PM
Gender:	Female	Scan Date:	Mar 29, 2024, 11:53 AM

Clinical Details

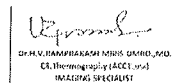
LMP:	21/03/2024	Hormone Therapy:	None.
Pregnant/Lactating:	No.	Number of children breast-fed:	2
Patient Complaints:	None		
Cancer History:	No patient cancer history. No family cancer history.		
Surgeries:	None.		

Thermalytix Scores

Body Temperature:	26.62 °C to 34.76 °C		
Hotspot Score:	0.1	Hotspot Symmetry:	100 %
Areolar Score:	0.02	Areolar Symmetry:	100 %
Vascular Score:	0.23	Ensemble Score:	0.03
B Score:	1		

Thermal Analysis

Thermal Parameters	Right Breast	Left Breast
Number of Hotspots	0	0
Extent	N/A	N/A
Hotspot Shape	N/A	N/A
Temperature	N/A	N/A
Areolar Hotspot Detected	No	No
Lump Detected	N/A	N/A



DR. H. V. RAMPRAKASH, MBBS, DNB, MCh,
 CC, Breast Imaging (FACCT, IASG)
 IMAGING SPECIALIST

Breast Health Report

Thermalytix® 180

Patient ID: CINR_165095

About Niramai

Indication of Use :

Thermalytix® is a medical device intended to be used for screening and early diagnosis of breast cancer in women above 18 years in a hospital, healthcare practitioner facilities, or in an environment where patient care is provided by healthcare personnel. It can also be used as an adjunct to screening mammography or breast ultrasound. Women who are found to be suspicious for malignancy by Thermalytix® should be referred for a confirmatory diagnostic test. Primary diagnostic and patient management decisions are made by a qualified healthcare professional.

Intended Use :

Thermalytix® is a medical device for the detection of breast lesions with suspected malignancy. The device is intended to assist a trained healthcare professional in risk assessment, screening, and early diagnosis of breast cancer in both asymptomatic and symptomatic women.



No Touch



No Pain



No See



No Radiation

This report has been generated using novel algorithm developed by Niramai which uses artificial intelligence for quantitative analysis of thermal images.

NIRAMAI is a health tech company with a mission to save lives by enabling early detection of breast cancer. Thermalytix® is an AI-based computer-aided diagnostic engine developed by Niramai that detects breast abnormalities in privacy aware manner.

Thermalytix® uses a high resolution thermal sensing device and an intelligent software solution for analysing thermal images for reliable, early and accurate breast cancer screening.

To know more about Thermalytix® <https://www.niramai.com/about/thermalytix/>



011-41195959

Dear **Virupakshi A,**

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

Hospital Package Name : Mediwheel Full Body Annual Plus Check Advanced - Female
Patient Package Name : Mediwheel Full Body Health Checkup Female Above 40
Name of Diagnostic/Hospital : Apollo Clinic - Indiranagar
Address of Diagnostic/Hospital- : 2012, 1st floor, Above vision express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038
City : Bangalore
State : Karnataka
Pincode : 560038
Appointment Date : 29-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 9:00am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Nanda Pattar	40 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.



GOVERNMENT OF INDIA

இந்திய அரசு
Government of India

இந்திய அடையாள அமைப்பு
Unique Identification Authority of India

பதிவேட்டு எண் / Enrolment No.: 0648/01031/56451

To
நந்தா பட்டார்
Nanda Pattar
C/O: Vrupakshi A Pathar
290,
Amin Road 4th Cross
Hebbala
Hebbal Village
Bengaluru Karnataka - 560024
9886697435



உங்கள் ஆதார் எண் / Your Aadhaar No. :
4988 5571 6821
VID : 9157 6110 9018 4987

எனது ஆதார் எண்/ அமைப்பு



இந்திய அரசு
Government of India



நந்தா பட்டார்
Nanda Pattar
C/O: Vrupakshi A Pathar
290,
Amin Road 4th Cross
Hebbala
Hebbal Village
Bengaluru Karnataka - 560024

4988 5571 6821



GOVERNMENT OF INDIA
AADHAAR

உங்கள் அடையாளத்திற்கான எனது குடியியலக்த உல்ல
பதிவேட்டு எண்/ அமைப்பு
C/O: Vrupakshi A Pathar
290,
Amin Road 4th Cross
Hebbala
Hebbal Village
Bengaluru Karnataka - 560024

INFORMATION

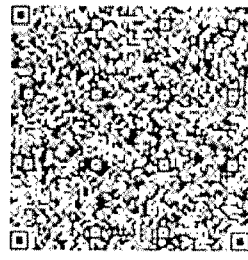
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- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

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- பல்வேறு அரசு மற்றும் தனியார் சேவைகளை எளிதில் பெற ஆதார் உதவுகிறது
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் இவ்வை ஆதாரில் புதுப்பிக்கவும்
- மொபைல் சேவையின் மூலம் உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் சேவைகளை எளிதில் பெற ஆதார் உதவுகிறது
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Unique Identification Authority of India

முகவரி:
C/O: Vrupakshi A Pathar, 290, Amin Road
4th Cross, Hebbala, Bengaluru
Karnataka - 560024



Address:
C/O: Vrupakshi A Pathar, 290, Amin Road
4th Cross, Hebbala, Bengaluru
Karnataka - 560024

Patient Name : Mrs. NandaPattar

Age/Gender : 40 Y/F

UHID/MR No. : CINR.0000165095

OP Visit No : CINROPV223600

Sample Collected on :

Reported on : 29-03-2024 19:28

LRN# : RAD2285628

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS15231

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. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mrs. NandaPattar

Age/Gender : 40 Y/F

UHID/MR No. : CINR.0000165095

OP Visit No : CINROPV223600

Sample Collected on :

Reported on : 29-03-2024 16:15

LRN# : RAD2285628

Specimen :


Ref Doctor : SELF

Emp/Auth/TPA ID : bobS15231

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

THERMAL SONO MAMMOGRAPHY DONE.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name	: Mrs. NandaPattar	Age/Gender	: 40 Y/F
UHID/MR No.	: CINR.0000165095	OP Visit No	: CINROPV223600
Sample Collected on	:	Reported on	: 29-03-2024 15:22
LRN#	: RAD2285628	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS15231		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears **enlarged** in size 17.0cm, shape and echopattern **mildly increased**. 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.

Right kidney measuring 10.0x3.6 cm.

Left kidney measuring 10.6x4.3 cm.

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:

HEPATOMEGALY WITH GRADE I FATTY LIVER.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY