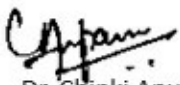


Patient Name : Mrs.CHANDRAKALA V	Collected : 04/Mar/2024 09:01AM
Age/Gender : 48 Y 3 M 17 D/F	Received : 04/Mar/2024 11:27AM
UHID/MR No : CINR.0000071505	Reported : 04/Mar/2024 02:07PM
Visit ID : CINROPV220944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9980385069	

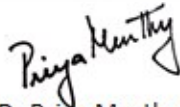
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.5	g/dL	12-15	Spectrophotometer
PCV	32.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.4	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	73.9	fL	83-101	Calculated
MCH	23.9	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,790	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	62.6	%	40-80	Electrical Impedance
LYMPHOCYTES	26.8	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	8.4	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5502.54	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2355.72	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	184.59	Cells/cu.mm	20-500	Calculated
MONOCYTES	738.36	Cells/cu.mm	200-1000	Calculated
BASOPHILS	8.79	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.34		0.78- 3.53	Calculated
PLATELET COUNT	245000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	39	mm at the end of 1 hour	0-20	Modified Westgren method
PERIPHERAL SMEAR				



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SIN No:BED240057197

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Karnataka- 560034

 1860 500 7788
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Patient Name : Mrs.CHANDRAKALA V
Age/Gender : 48 Y 3 M 17 D/F
UHID/MR No : CINR.0000071505
Visit ID : CINROPV220944
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9980385069

Collected : 04/Mar/2024 09:01AM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

RBCs: Show mild anisocytosis with microcytic hypochromic RBCs. Few tear drop cells seen.

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

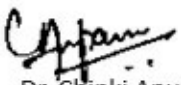
PLATELETS: appear adequate.

HEMOPARASITES: negative

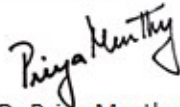
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA

Note: Kindly evaluate for iron deficiency status.

Kindly correlate clinically.



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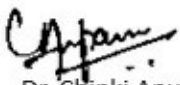
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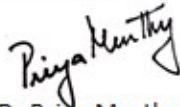
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mrs.CHANDRAKALA V	Collected : 04/Mar/2024 09:01AM
Age/Gender : 48 Y 3 M 17 D/F	Received : 04/Mar/2024 11:48AM
UHID/MR No : CINR.0000071505	Reported : 04/Mar/2024 02:05PM
Visit ID : CINROPV220944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9980385069	

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	117	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)	173	mg/dL	70-140	HEXOKINASE

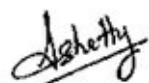
Comment:

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	7.2	%		HPLC

Page 4 of 16



DR.SHIVARAJA SHETTY
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CONSULTANT BIOCHEMIST

SIN No:EDT240025827

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

ESTIMATED AVERAGE GLUCOSE (eAG)	160	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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	224	mg/dL	<200	CHO-POD
TRIGLYCERIDES	144	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	172	mg/dL	<130	Calculated
LDL CHOLESTEROL	142.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.30		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.




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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	12.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	75.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.76	g/dL	6.6-8.3	Biuret
ALBUMIN	3.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.15		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, 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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UHID/MR No : CINR.0000071505	Reported : 04/Mar/2024 02:09PM
Visit ID : CINROPV220944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9980385069	

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.47	mg/dL	0.51-0.95	Jaffe's, Method
UREA	26.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.98	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.16	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	131	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	99	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.76	g/dL	6.6-8.3	Biuret
ALBUMIN	3.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.15		0.9-2.0	Calculated



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04649588

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

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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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)

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Karnataka- 560034



1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.CHANDRAKALA V	Collected : 04/Mar/2024 09:01AM
Age/Gender : 48 Y 3 M 17 D/F	Received : 04/Mar/2024 11:53AM
UHID/MR No : CINR.0000071505	Reported : 04/Mar/2024 12:34PM
Visit ID : CINROPV220944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9980385069	

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	11.00	U/L	<38	IFCC



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04649588

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Patient Name : Mrs.CHANDRAKALA V	Collected : 04/Mar/2024 09:01AM
Age/Gender : 48 Y 3 M 17 D/F	Received : 04/Mar/2024 11:31AM
UHID/MR No : CINR.0000071505	Reported : 04/Mar/2024 12:48PM
Visit ID : CINROPV220944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9980385069	

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)	1.05	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.09	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.657	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




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24037808

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APOLLO CLINICS NETWORK

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Karnataka- 560034

 **1860 500 7788**
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Patient Name	: Mrs.CHANDRAKALA V	Collected	: 04/Mar/2024 09:01AM
Age/Gender	: 48 Y 3 M 17 D/F	Received	: 04/Mar/2024 11:31AM
UHID/MR No	: CINR.0000071505	Reported	: 04/Mar/2024 12:48PM
Visit ID	: CINROPV220944	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9980385069		

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24037808

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APOLLO CLINICS NETWORK

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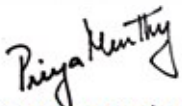


Patient Name : Mrs.CHANDRAKALA V	Collected : 04/Mar/2024 09:01AM
Age/Gender : 48 Y 3 M 17 D/F	Received : 04/Mar/2024 11:45AM
UHID/MR No : CINR.0000071505	Reported : 04/Mar/2024 02:40PM
Visit ID : CINROPV220944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9980385069	

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	CLEAR		CLEAR	Visual
pH	5.5		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
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



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

SIN No:UR2296935

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

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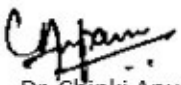
 1860 500 7788
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Patient Name : Mrs.CHANDRAKALA V	Collected : 04/Mar/2024 09:01AM
Age/Gender : 48 Y 3 M 17 D/F	Received : 04/Mar/2024 04:16PM
UHID/MR No : CINR.0000071505	Reported : 04/Mar/2024 05:42PM
Visit ID : CINROPV220944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9980385069	

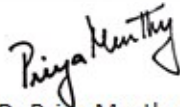
DEPARTMENT OF CLINICAL PATHOLOGY

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. 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:UPP016851

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

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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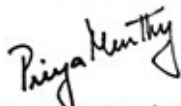
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Patient Name : Mrs.CHANDRAKALA V	Collected : 04/Mar/2024 09:01AM
Age/Gender : 48 Y 3 M 17 D/F	Received : 04/Mar/2024 11:45AM
UHID/MR No : CINR.0000071505	Reported : 04/Mar/2024 02:27PM
Visit ID : CINROPV220944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9980385069	

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



SIN No:UF010887

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Karnataka - 560034

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

Patient Name	: Mrs.CHANDRAKALA V	Collected	: 04/Mar/2024 12:50PM
Age/Gender	: 48 Y 3 M 17 D/F	Received	: 05/Mar/2024 11:11AM
UHID/MR No	: CINR.0000071505	Reported	: 06/Mar/2024 03:37PM
Visit ID	: CINROPV220944	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9980385069		

DEPARTMENT OF CYTOLOGY


LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	4821/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
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	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	FUNGAL ELEMENTS MORPHOLOGICALLY CONSISTENT WITH CANDIDA
IV	INTERPRETATION	CANDIDIASIS

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

Page 16 of 16
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ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS075684

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

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Karnataka- 560034

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

Name : Mrs. Chandrakala V

Age: 48 Y

Sex: F

UHID: CINR.0000071505



OP Number: CINROPV220944

Bill No : CINR-OCR-94694

Date : 04.03.2024 08:36

Address : bnagalore

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	SONO MAMOGRAPHY - SCREENING	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2D ECHO - 9 9:30 AM	
6	LIVER FUNCTION TEST (LFT)	
7	X-RAY CHEST PA	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNACCOLOGY CONSULTATION ✓	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	ECG - 6	
18	BLOOD GROUP ABO AND RH FACTOR	
19	LIPID PROFILE	
20	BODY MASS INDEX (BMI) - 6 ✓	
21	LBC PAP TEST- PAPSURE - 3 ✓ after 11am	
22	OPHTHAL BY GENERAL PHYSICIAN - 5 ✓	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN - 9 ✓	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION - 1 ✓	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

Physiotherapy - Vit. D₃ Assay.



Date: 04-03-2024
MR NO: CINR.0000071505
Name: Mrs. Chandrakala V
Age/ Gender: 48 Y / Female

Department: GENERAL
Doctor:
Registration No:
Qualification:

Consultation Timing: 08:35

Height: 158-c	Weight: 79.1 kg	BMI: 31.71 kg/m ²	Waist Circum: 102-c
Temp: 98.6 F	Pulse: 75-bw	Resp: 18bw	B.P: 100/78-cw

General Examination / Allergies History

16.6.2024

Clinical Diagnosis & Management Plan

100% Family
4 syn P.C, R/lycler, Camp - Dec 22nd
P.E

Cinc pap Boneae ✓ PA- soft mtd
As - ex healing

Adv

CA 125

Adv

CE A

[scan pelvis]

This CA 123 Total — $\frac{N}{11}$

x food intolerance

Follow up date:

Doctor Signature

Chandrakala
ID: 71505

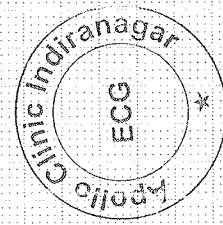
04.03.2024 10:07:33
APOLLO CLINIC
INDIRANAGAR
BANGALORE

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

75 bpm
- / - mmHg

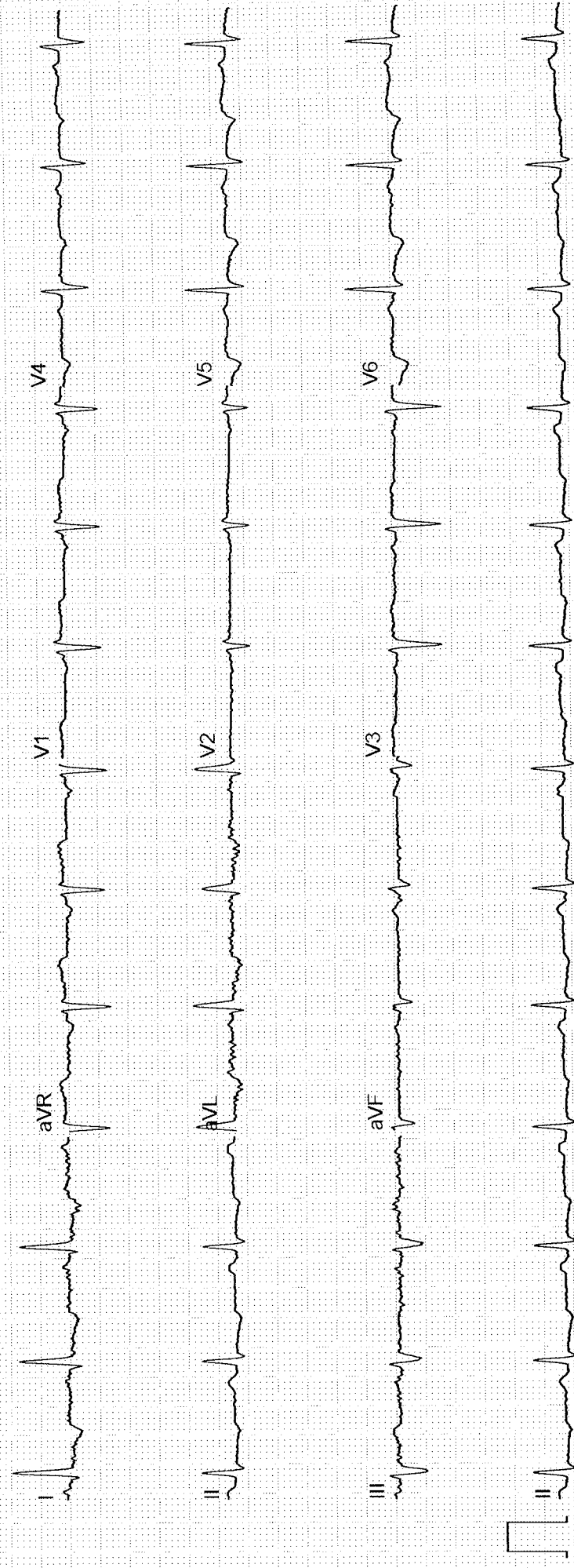
Female
QRS 88 ms
QT / QTcBaz 414 / 462 ms
PR 146 ms
P 96 ms
RR / PP 798 / 800 ms
P / QRS / T 63 / 13 / 167 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



[Handwritten signature]

Dr. M. SUDHAKAR RAO
Dr. (Cardiol), FACC, FESC, FSCAI
MBBS, MD, DM (Cardiol), FACC, FESC, FSCAI
Consultant Cardiologist
KMC Reg No. CTG0000018KTK
Apollo Clinic



NAME: MRS CHANDRAKALA V	AGE/SEX: 48Y/F	OP NUMBER: 71505
Ref By : SELF	DATE: 04-03-2024	

M mode and doppler measurements:

CM	CM	M/sec	
AO:2.6	IVS(D): 1.1	MV: E Vel: 0.8	MV: A Vel : 0.6
LA: 3.4	LVIDD(D): 4.2	AV Peak0.9	
	LVPW(D):1.1	PV peak:0.6	
	IVS(S): 1.4		
	LVID(S): 2.4		
	LVEF: 60%		
	LVPW(S): 1.5		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Mild TR - PASP 40mmHg
IAS:	Normal
IVS:	Normal
Pericardium:	Normal

Apollo Health and Lifestyle Limited

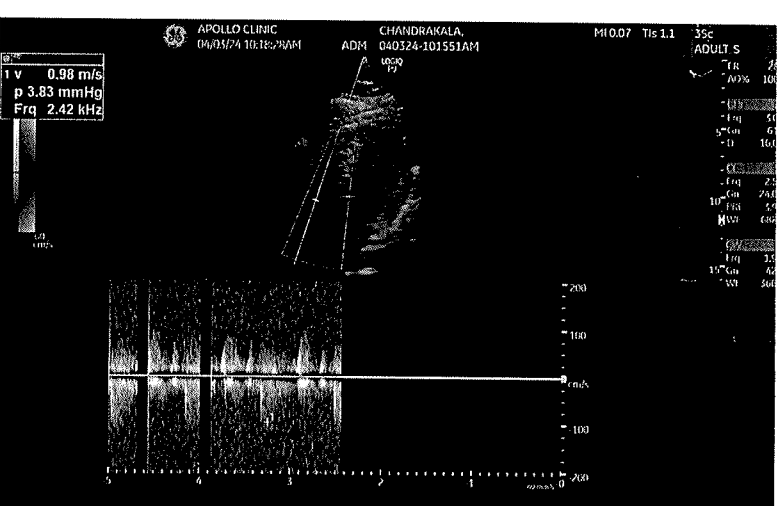
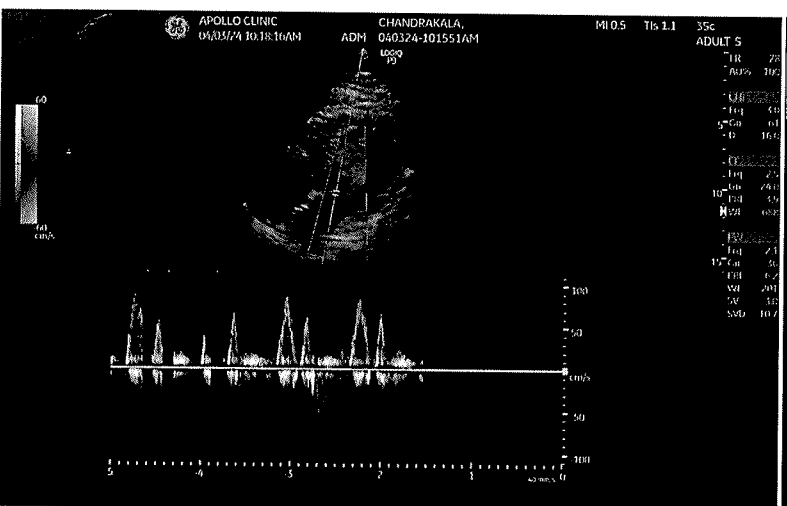
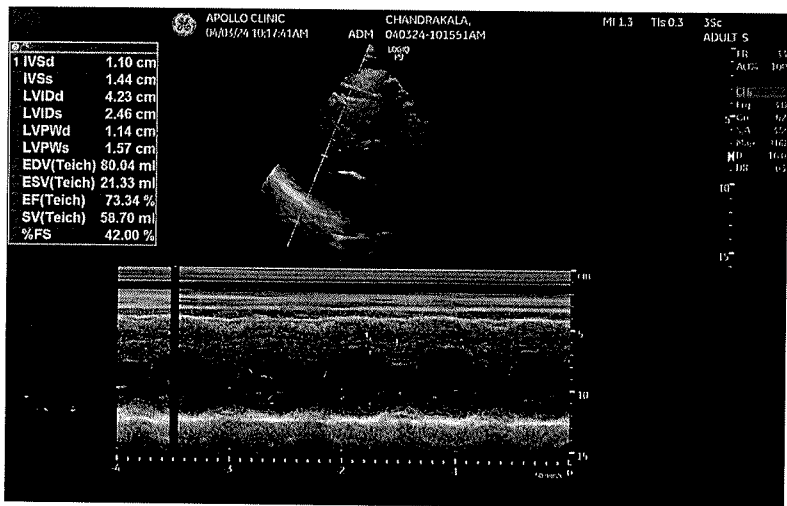
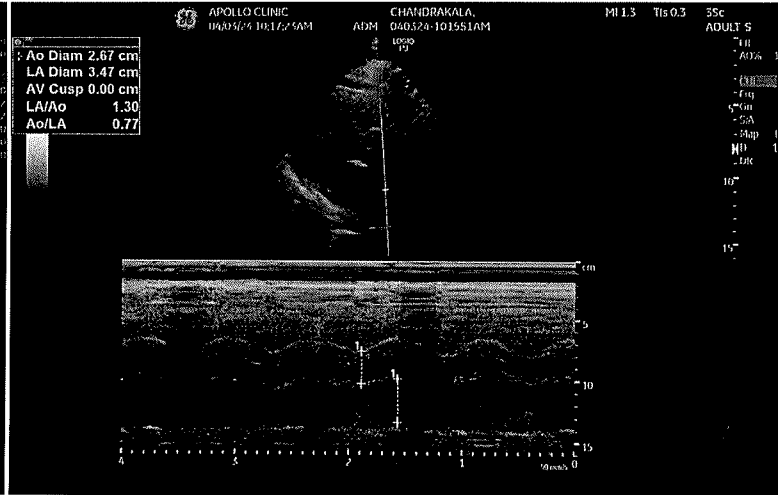
(CIN=U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

TO BOOK AN APPOINTMENT



Fwd: Health Check up Booking Confirmed Request(bobS8877),Package Code-PKG10000376, Beneficiary Code-301991

srinivasa c.p <srinivasa.cp1@gmail.com>

Sat 02/03/2024 16:56

To:Domlur , Bengaluru South Region <VJDOML@bankofbaroda.com>

You don't often get email from srinivasa.cp1@gmail.com. [Learn why this is important](#)

ध्यान: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक
TION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CL

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

From: **Mediwheel** <wellness@mediwheel.in>

Date: Sat, Mar 2, 2024, 12:39 PM

Subject: Health Check up Booking Confirmed Request(bobS8877),Package Code-PKG10000376, Beneficiary Code-301991

To: <srinivasa.cp1@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear SRINIVASA C P,

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 :
Pincode : 560038
Appointment Date : 04-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:00am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಚಂದ್ರಕಲಾ ವಿ
Chandrakala V
ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1975
ಸ್ತ್ರೀ / Female



8926 6662 9996

ಆಧಾರ್ - ಶ್ರೀನಾಮಾನ್ಯನ ಅಧಿಕಾರ

Patient Name : Mrs. Chandrakala V

Age/Gender : 48 Y/F

UHID/MR No. : CINR.0000071505

OP Visit No : CINROPV220944

Sample Collected on :

Reported on : 04-03-2024 16:37

LRN# : RAD2255746

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9980385069

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

ULTRASOUND OF BOTH BREASTS

Bilateral breast shows predominantly fatty and glandular breast parenchyma in all the quadrants of the both breasts.

RIGHT BREAST : shows echogenic area measuring 1.7x1.0cm. with no colour flow doppler.

No evidence of any architectural distortion noted.

No ductal ectasia noted.

Skin and Subcutaneous tissue appears normal.

Right and left axilla: No significant lymphadenopathy .

IMPRESSION :

LIPOMA IN RIGHT BREAST



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mrs. Chandrakala V

Age/Gender : 48 Y/F

UHID/MR No. : CINR.0000071505

OP Visit No : CINROPV220944

Sample Collected on :

Reported on : 04-03-2024 16:02

LRN# : RAD2255746

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9980385069

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

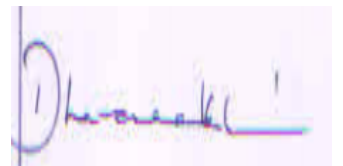
Both costophrenic and cardiophrenic angles are clear .

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. Chandrakala V	Age/Gender	: 48 Y/F
UHID/MR No.	: CINR.0000071505	OP Visit No	: CINROPV220944
Sample Collected on	:	Reported on	: 04-03-2024 12:56
LRN#	: RAD2255746	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9980385069		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears **enlarged** in size(18.7cm), 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.

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 11.5x4.4 cm.

Left kidney measuring 13.0x5.1 cm.

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

UTERUS: Anteverted and appears normal in size. **Few fibroids seen.** The endometrial lining appears intact. Endometrium measures 10 mm.

OVARIES: Both ovaries appearing normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

- HEPATOMEGALY WITH GRADE I FATTY LIVER.**
- FEW FIBROIDS SEEN IN THE UTERUS LARGEST MEASURING 1.5x1.6cm.**

Dr. RAMESH G
MBBS DMRD
RADIOLOGY