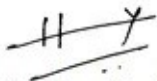


Patient Name : Mrs.VERMA MANSI	Collected : 10/Aug/2024 09:15AM
Age/Gender : 31 Y 9 M 18 D/F	Received : 10/Aug/2024 12:33PM
UHID/MR No : CJPN.000096975	Reported : 10/Aug/2024 02:36PM
Visit ID : CJPNOPV203402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29636	

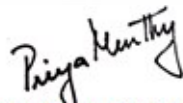
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.8	g/dL	12-15	Spectrophotometer
PCV	39.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.33	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	92	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,800	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57.8	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	5.6	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3930.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2312	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	170	Cells/cu.mm	20-500	Calculated
MONOCYTES	380.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.7		0.78- 3.53	Calculated
PLATELET COUNT	242000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-20	Modified Westgren method
<b>PERIPHERAL SMEAR</b>				



Dr. Harshitha Y  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist



Dr. Priya Murthy  
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Consultant Pathologist



SIN No: BED240208551

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

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Karnataka - 560034

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Patient Name : Mrs.VERMA MANSI	Collected : 10/Aug/2024 09:15AM
Age/Gender : 31 Y 9 M 18 D/F	Received : 10/Aug/2024 12:33PM
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Visit ID : CJPNOPV203402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29636	

### DEPARTMENT OF HAEMATOLOGY

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

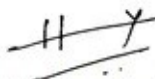
RBCs: are normocytic normochromic

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

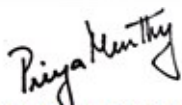
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



Dr. Harshitha Y  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist



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



SIN No: BED240208551

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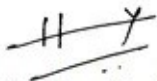
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Age/Gender : 31 Y 9 M 18 D/F	Received : 10/Aug/2024 12:33PM
UHID/MR No : CJPN.0000096975	Reported : 10/Aug/2024 03:08PM
Visit ID : CJPNOPV203402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29636	

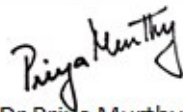
**DEPARTMENT OF HAEMATOLOGY**

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

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



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



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



SIN No: BED240208551

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Karnataka - 560034

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Patient Name : Mrs.VERMA MANSI	Collected : 10/Aug/2024 01:07PM
Age/Gender : 31 Y 9 M 18 D/F	Received : 10/Aug/2024 04:47PM
UHID/MR No : CJPN.000096975	Reported : 10/Aug/2024 05:54PM
Visit ID : CJPNOPV203402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29636	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	104	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

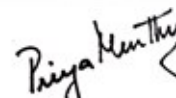
Note:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	107	mg/dL	70-140	HEXOKINASE

Comment:

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

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



SIN No:PLP1481387

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 Karnataka- 560034

  
 1860 500 7788  
 www.apolloclinic.com

Patient Name : Mrs.VERMA MANSI	Collected : 10/Aug/2024 09:15AM
Age/Gender : 31 Y 9 M 18 D/F	Received : 10/Aug/2024 01:51PM
UHID/MR No : CJPN.000096975	Reported : 10/Aug/2024 04:01PM
Visit ID : CJPNOPV203402	Status : Final Report
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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. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	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.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. 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.


4. 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.

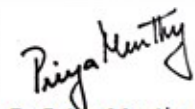
5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

  
**Dr. Govinda Raju N L**  
 MSc, PhD (Biochemistry)  
 Consultant Biochemistry

  
**Dr Priya Murthy**  
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 Consultant Pathologist



SIN No: EDT240085325

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 Karnataka - 560034

  
**1860 500 7788**  
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Patient Name : Mrs.VERMA MANSI	Collected : 10/Aug/2024 09:15AM
Age/Gender : 31 Y 9 M 18 D/F	Received : 10/Aug/2024 12:44PM
UHID/MR No : CJPN.000096975	Reported : 10/Aug/2024 02:17PM
Visit ID : CJPNOPV203402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29636	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	216	mg/dL	<200	CHO-POD
TRIGLYCERIDES	181	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	169	mg/dL	<130	Calculated
LDL CHOLESTEROL	133.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.60		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.23		<0.11	Calculated


**Comment:**

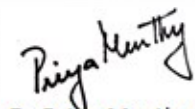
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

  
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Consultant Pathologist



SIN No: SE04805296

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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. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.86	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.75	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	114.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.59	g/dL	6.6-8.3	Biuret
ALBUMIN	4.69	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		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:

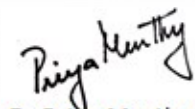
\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.  
 \*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. 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. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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



SIN No:SE04805296

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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Patient Name : Mrs.VERMA MANSI	Collected : 10/Aug/2024 09:15AM
Age/Gender : 31 Y 9 M 18 D/F	Received : 10/Aug/2024 12:44PM
UHID/MR No : CJPN.000096975	Reported : 10/Aug/2024 02:17PM
Visit ID : CJPNOPV203402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29636	

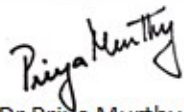
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\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.  
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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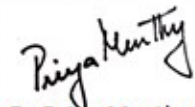
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.58	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	11.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.86	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.88	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.59	g/dL	6.6-8.3	Biuret
ALBUMIN	4.69	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		0.9-2.0	Calculated

  
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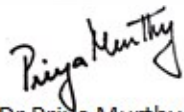
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	24.00	U/L	<38	IFCC



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Patient Name : Mrs.VERMA MANSI	Collected : 10/Aug/2024 09:15AM
Age/Gender : 31 Y 9 M 18 D/F	Received : 10/Aug/2024 01:24PM
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Visit ID : CJPNOPV203402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29636	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.96	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.72	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.480	µIU/mL	0.35-4.94	CMIA


Comment:

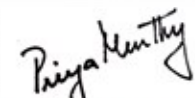
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- 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

Page 11 of 16

  
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SIN No: SPL24130458

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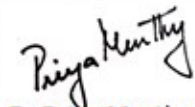
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Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

  
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DEPARTMENT OF CLINICAL PATHOLOGY

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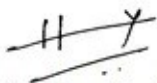
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.004		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	POSITIVE+		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	7	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

**Comment:**

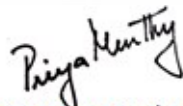
All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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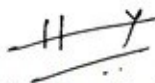
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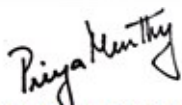
DEPARTMENT OF CLINICAL PATHOLOGY

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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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,  
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Karnataka - 560034

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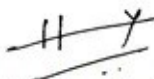
Patient Name : Mrs.VERMA MANSI	Collected : 10/Aug/2024 09:15AM
Age/Gender : 31 Y 9 M 18 D/F	Received : 10/Aug/2024 01:23PM
UHID/MR No : CJPN.0000096975	Reported : 10/Aug/2024 02:32PM
Visit ID : CJPNOPV203402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29636	

DEPARTMENT OF CLINICAL PATHOLOGY

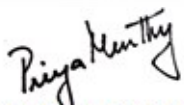
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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



Dr. Harshitha Y  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist



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



SIN No: UF012029

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Patient Name	: Mrs.VERMA MANSI	Collected	: 10/Aug/2024 02:41PM
Age/Gender	: 31 Y 9 M 18 D/F	Received	: 11/Aug/2024 01:19PM
UHID/MR No	: CJPN.0000096975	Reported	: 13/Aug/2024 05:53PM
Visit ID	: CJPNOPV203402	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E29636		

**DEPARTMENT OF CYTOLOGY**

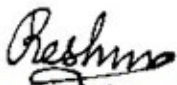
**LBC PAP SMEAR , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	17808/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

\*\*\* End Of Report \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR



Dr. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist

SIN No:CS084650

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

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Karnataka- 560034

Page 16 of 16  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



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<b>Name</b> : Mrs. VERMA MANSI  <b>Address</b> : blr  <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 31 Y <b>Sex</b> : F	<b>UHID</b> :CJPN.0000096975  <b>OP Number</b> :CJPNOPV203402 <b>Bill No</b> :CJPN-OCR-73411 <b>Date</b> : 10.08.2024 09:10
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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	D ECHO <i>pending</i>	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNACEOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
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	
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	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

DENTAL  15  
 OPHTHAL  15  
 PHYSIO - 04  
 AUDIO - 21  
 DIET  18

Ht - 166cm.  
 wt - 67.2kg  
 BP - 133/89  
 P 91

## Apollo Clinic

### CONSENT FORM

Patient Name: ..... Veema mansi ..... Age: ..... 37 .....

UHID Number: ..... Company Name: .....

I Mr/Mrs/Ms ..... Employee of .....

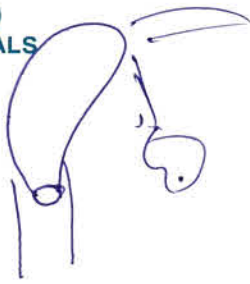
(Company) Want to inform you that I am ~~not~~ interested in getting ..... E.N.T. consultation .....

Tests done which is a part of my routine health check package. with Report, Diet

And I claim the above statement in my full consciousness. Echo, is pending

Patient Signature: ..... Mansi Veema .....

Date: ..... 10-08-2024 .....



Mrs. Vanna Nani 31/12

MSR 440 P16

10/2/13

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

General Examination / Allergies History

Comp! Endo of July.

M111 2-3ch → Regular  
30-35 ↓ most pass

0111 P16

~~Comp~~ P16  
3 3ch

Clinical Diagnosis & Management Plan

HTO Pcos

P111 med → MS  
St → MS.

P111 no conc

oic  
Lc  
Myo

P111

be  
P111 Cy / Health  
Ruled @ on Dnca  
P111: L111, MS  
MSL for min hrs  
nt

Advice

Regular exercise

diet

Monthly breast diff examination after periods.

Follow up date:

Dr. S...  
M.D.  
Fellow  
Gynecologist  
Sunologist

Doctor Signature

Name: *Varma Anusi*

Age: *31 year*

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

*Optmet*

Un : *6/6* *NG*

m : *6/6* *NG*

*Color vision test Normal*

*RE -1.25 / ± 6/6*

*LE -0.75 / ± 6/6*

*Near Normal NG*

Follow up date:

*after 6 month*

Doctor Signature



आधार - आग आदमी का अधिकार

आपकी वर्ष  
Maspal Verma

जन्म वर्ष / Year of Birth : 1992  
पत्निका / Female

27/3 5242 3991



Corporate Health  
Checks

**19/65**

Search for appointments using the search bar below

Search with Mobile No. or Appointment ID

Choose Date

10-08-2024



### Patient Details

Patient First Name

**MRS. VERMA**

Patient Last Name

**MANSI**

Patient Mobile Number

**7007544971**

Patient E-mail ID

**mansiverma2392@gmail.com**

Date of Birth

**29-07-2024**

Gender

**female**

Client

**ARCOFEMI HEALTHCARE LIMITED**

Agreement Name

**(1) ARCOFEMI MEDIWHEEL FEMALE AHC**

10.08.2024 11:43:31

Apollo Clinic  
J.P. Nagar  
Bangalore

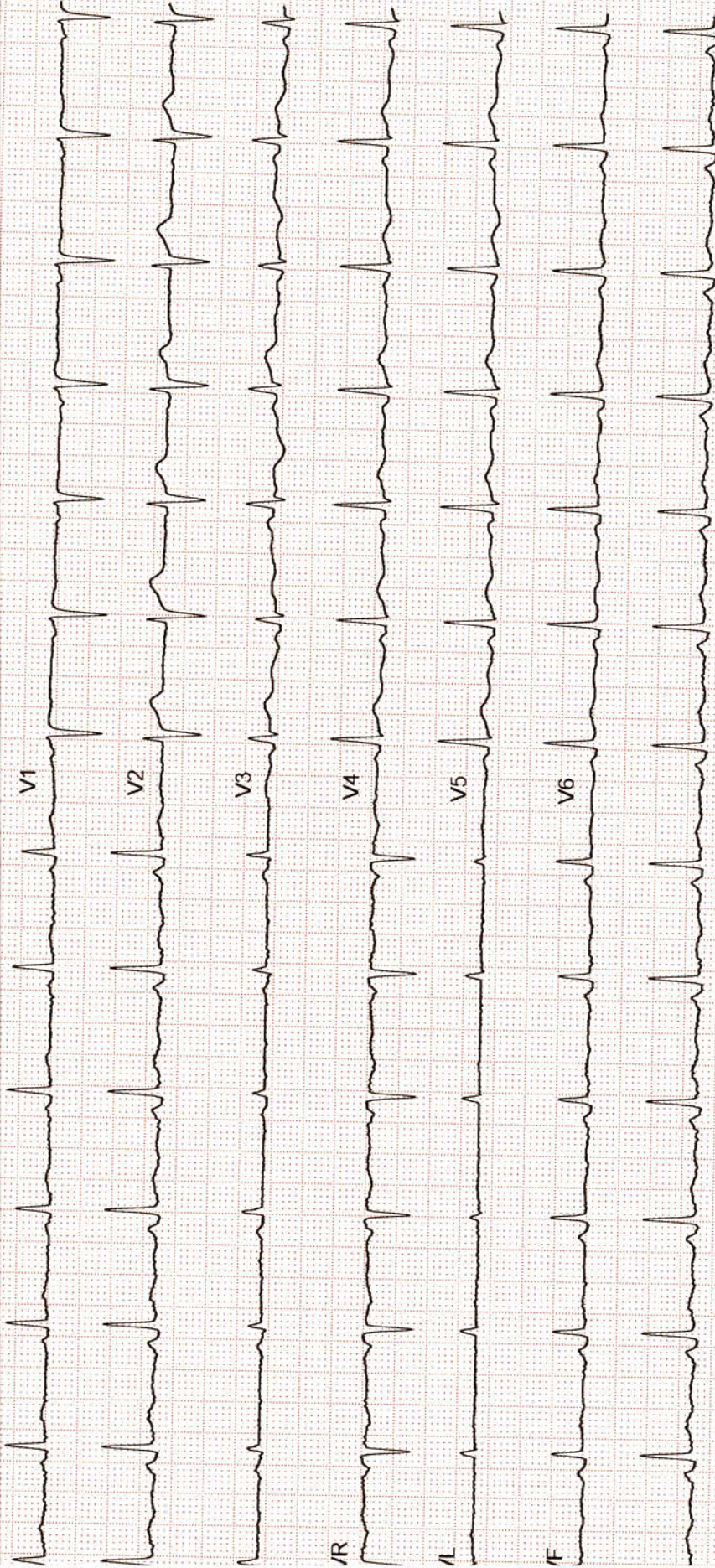
80 bpm  
133 / 89 mmHg

Normal sinus rhythm  
Normal ECG

QRS 68 ms  
QT / QTcBaz 344 / 396 ms  
PR 136 ms  
P 94 ms  
RR / PP 752 / 750 ms  
P / QRS / T 61 / 52 / 54 degrees

166 cm Female  
67.0 kg

*Handwritten signature*



**Patient Name** : Mrs. VERMA MANSI

**Age/Gender** : 31 Y/F

**UHID/MR No.** : CJPN.0000096975

**OP Visit No** : CJPNOPV203402

**Sample Collected on** :

**Reported on** : 10-08-2024 19:08

**LRN#** : RAD2400070

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 22E29636

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

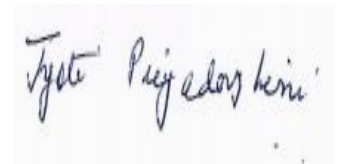
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.



**Dr. JYOTI PRIYADARSHINI**  
MBBS, MD



**Patient Name** : Mrs. VERMA MANSI

**Age/Gender** : 31 Y/F

**UHID/MR No.** : CJP.N.0000096975

**OP Visit No** : CJPNOPV203402

**Sample Collected on** :

**Reported on** : 10-08-2024 10:15

**LRN#** : RAD2400070

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 22E29636

---

**DEPARTMENT OF RADIOLOGY**

---

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : Normal in size( 12.5cm) and increased in echotexture. No focal lesion seen.  
No intra hepatic biliary / venous radicular dilation.  
CBD and Main Portal vein appear normal.

**GALL BLADDER** : Well distended. Normal in internal contents. Wall Thickness is normal.

**SPLEEN** : Normal in size(7.0 cm) and echotexture. No focal lesion was seen.

**PANCREAS** : Normal to the visualized extent.

**KIDNEYS** : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.

Right kidney measures:9.4 x 1.0 cm.

Left kidney measures :11.2 x 1.2 cm.

**URINARY BLADDER** : Well distended. Normal in internal contents. Wall thickness is normal.

**UTERUS** : Normal in size and echotexture. It measures :4.5 x 2.9 x 4.1 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring-5 mm.

No focal lesion was noted.

**OVARIES** : Both ovaries are normal in size.

Right ovary measures :2.8 x 1.6 cm.

Left ovary measures : 2.2 x 1.9 cm.

No free fluid is seen in the peritoneum. No lymphadenopathy.



**Patient Name** : Mrs. VERMA MANSI

**Age/Gender** : 31 Y/F

---

**IMPRESSION : GRADE I FATTY LIVER.**

Please Note :No preparation done before scanning.

**DR.ABID HUSSAIN  
CONSULTANT RADIOLOGIST**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

**Dr. KUSUMA JAYARAM**  
MBBS,DMRD  
Radiology