

Patient Name : Mrs.PALLAVI KUMARI	Collected : 24/Aug/2024 09:48AM
Age/Gender : 41 Y 1 M 18 D/F	Received : 24/Aug/2024 05:00PM
UHID/MR No : CSAR.0000144658	Reported : 24/Aug/2024 06:10PM
Visit ID : CSAROPV352466	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E31598	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

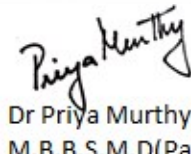
Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13	g/dL	12-15	Spectrophotometer
PCV	40.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.43	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	90.4	fL	83-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,040	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.5	%	40-80	Electrical Impedence
LYMPHOCYTES	25.4	%	20-40	Electrical Impedence
EOSINOPHILS	3.8	%	1-6	Electrical Impedence
MONOCYTES	5.7	%	2-10	Electrical Impedence
BASOPHILS	0.6	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4540.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1788.16	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	267.52	Cells/cu.mm	20-500	Calculated
MONOCYTES	401.28	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42.24	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.54		0.78- 3.53	Calculated
PLATELET COUNT	226000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

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



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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

AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mrs.PALLAVI KUMARI	Collected : 24/Aug/2024 09:48AM
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Visit ID : CSAROPV352466	Status : Final Report
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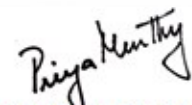
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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

AND LIFESTYLE LIMITED- RRL BANGALORE

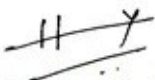


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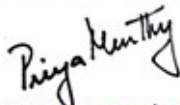
DEPARTMENT OF HAEMATOLOGY

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



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



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



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UHID/MR No : CSAR.0000144658	Reported : 24/Aug/2024 06:03PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	91	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	81	mg/dL	70-140	HEXOKINASE

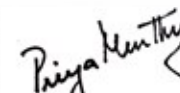
Comment:

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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC

Page 4 of 15


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


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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
SIN No: SAR240800461

Apollo Health and Lifestyle Limited

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ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL	Calculated
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Comment:

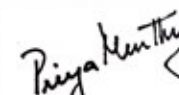
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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)


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


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



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 Karnataka - 560034

Patient Name : Mrs.PALLAVI KUMARI	Collected : 24/Aug/2024 09:48AM
Age/Gender : 41 Y 1 M 18 D/F	Received : 24/Aug/2024 03:56PM
UHID/MR No : CSAR.0000144658	Reported : 24/Aug/2024 05:44PM
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	171	mg/dL	<200	CHO-POD
TRIGLYCERIDES	120	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	56	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.06		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

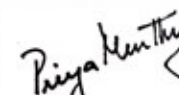
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

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

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.


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


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



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SIN No: SAR240800457

Apollo Health and Lifestyle Limited (CIN - U061107C2800PH6115839)
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Patient Name : Mrs.PALLAVI KUMARI	Collected : 24/Aug/2024 09:48AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.54	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	85.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.35	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		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's diseases, Cirrhosis, but the increase is usually not >2.


2. Cholestatic Pattern:

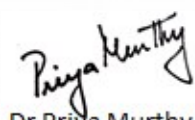
*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*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.


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


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



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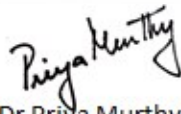
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MSc,PhD(Biochemistry)
Consultant Biochemistry



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



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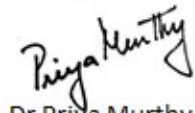
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.59	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	14.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.80	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.13	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.35	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated


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


Dr. Priya Murthy
 M.B.B.S, M.D (Pathology)
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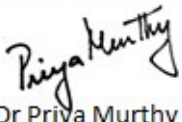
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Patient Name : Mrs.PALLAVI KUMARI	Collected : 24/Aug/2024 09:48AM
Age/Gender : 41 Y 1 M 18 D/F	Received : 24/Aug/2024 03:56PM
UHID/MR No : CSAR.0000144658	Reported : 24/Aug/2024 05:38PM
Visit ID : CSAROPV352466	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E31598	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	<38	IFCC



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



Patient Name : Mrs.PALLAVI KUMARI	Collected : 24/Aug/2024 09:48AM
Age/Gender : 41 Y 1 M 18 D/F	Received : 24/Aug/2024 03:56PM
UHID/MR No : CSAR.0000144658	Reported : 24/Aug/2024 05:02PM
Visit ID : CSAROPV352466	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E31598	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.9	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.491	µIU/mL	0.34-5.60	CLIA

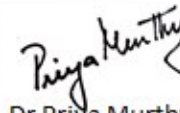
Comment:

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


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


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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: SAR240800460

Apollo Health and Lifestyle Limited (CIN: U061107C2800PH6115849)
 This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034

Patient Name : Mrs.PALLAVI KUMARI	Collected : 24/Aug/2024 09:48AM
Age/Gender : 41 Y 1 M 18 D/F	Received : 24/Aug/2024 03:56PM
UHID/MR No : CSAR.0000144658	Reported : 24/Aug/2024 05:02PM
Visit ID : CSAROPV352466	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E31598	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--

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

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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: SAR240800460

Apollo Health and Lifestyle Limited (CIN - U06110TC2009PLG115819)
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
 32/100/125, Doddabangla Village, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034

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

Patient Name : Mrs.PALLAVI KUMARI	Collected : 24/Aug/2024 09:48AM
Age/Gender : 41 Y 1 M 18 D/F	Received : 24/Aug/2024 05:48PM
UHID/MR No : CSAR.0000144658	Reported : 24/Aug/2024 05:58PM
Visit ID : CSAROPV352466	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E31598	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.004		1.002-1.030	Refractometric
BIOCHEMICAL EXAMINATION				
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	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	1	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

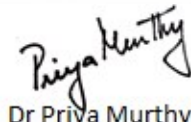
Comment:

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.



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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

AND LIFESTYLE LIMITED- RRL BANGALORE




Patient Name : Mrs.PALLAVI KUMARI	Collected : 24/Aug/2024 09:48AM
Age/Gender : 41 Y 1 M 18 D/F	Received : 24/Aug/2024 05:01PM
UHID/MR No : CSAR.0000144658	Reported : 24/Aug/2024 06:08PM
Visit ID : CSAROPV352466	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E31598	


DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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



Patient Name : Mrs.PALLAVI KUMARI
Age/Gender : 41 Y 1 M 18 D/F
UHID/MR No : CSAR.0000144658
Visit ID : CSAROPV352466
Ref Doctor : Self
Emp/Auth/TPA ID : 22E31598

Collected : 24/Aug/2024 02:28PM
Received : 25/Aug/2024 05:03PM
Reported : 28/Aug/2024 12:45PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

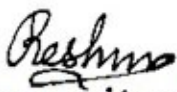
LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	18850/24
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. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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

Page 15 of 15
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
SIN No: SAR240800581

Apollo Health and Lifestyle Limited, Apollo Health & Lifestyle Ltd, Global Reference Laboratory Hyderabad

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

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

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)

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.PALLAVI KUMARI
Age/Gender : 41 Y 1 M 18 D/F
UHID/MR No : CSAR.0000144658
Visit ID : CSAROPV352466
Ref Doctor : Self
Emp/Auth/TPA ID : 22E31598

Collected : 24/Aug/2024 02:28PM
Received : 25/Aug/2024 05:03PM
Reported : 28/Aug/2024 12:45PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

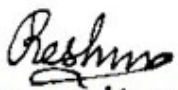
Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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



SIN No: SAR240800581

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

Patient Name	: Mrs. PALLAVI KUMARI	Age	: 41Yrs 1Mths 21Days
UHID	: CSAR.0000144658	OP Visit No.	: CSAROPV352466
Printed On	: 26-08-2024 04:56 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E31598		

DEPARTMENT OF RADIOLOGY

ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER : Normal in size & echotexture normal. No focal lesion. No intra hepatic biliary duct dilatation. Portal & hepatic veins appear normal. PV: Normal. CBD: Normal.

GALL BLADDER : contracted.

PANCREAS : Obscured by bowel gas. However the visualized parts of the pancreas appear grossly normal. Para-Aortic areas could not be seen.

SPLEEN : Normal in size & echotexture normal. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY : 9.2 x 4.2 cms, LEFT KIDNEY : 8.6 x 5.4 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture. No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Normal in wall thickness and lumen are normal. Contents clear. No calculus seen.

UTERUS : Anteverted. Normal in size and echotexture. Endometrial and myometrium appears normal. Endometrial thickness: 8 mm.

POD – clear.

OVARIES : Both ovaries are seen.

IMPRESSION : 1. A cyst seen in the right ovary measuring 2.7 x 3.0 cm. Multiple echo seen within the cyst (Endometrical cyst).

(The sonography findings should always be considered in correlation with the clinical and other investigation findings where applicable). It is only a professional opinion. Not valid for medico-legal purpose) Higher imaging techniques to be done, depending on

the condition of the patient, if clinically needed.

---End Of The Report---



Dr. RAMESH G

--

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Radiology

Patient Name	: Mrs. PALLAVI KUMARI	Age	: 41Yrs 1Mths 21Days
UHID	: CSAR.0000144658	OP Visit No.	: CSAROPV352466
Printed On	: 24-08-2024 10:23 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E31598		

DEPARTMENT OF RADIOLOGY

BILATERAL BREAST SCAN

☑ All four quadrants of each breast were scanned, followed by evaluation of the subareolar region and axillary tails.

☑ Both breasts parenchyma display a uniform echogenicity and echotexture of the fibrofatty and glandular components, which are normal in proportion for this age and parity.

☑ There is no evidence of any mass lesion, cysts, calcification or ductal dilatation seen.

☑ The subcutaneous, subareolar and retromammary soft tissue planes are normal. Both axillary tails are also normal.

☑ There is no evidence of axillary lymphadenopathy.

IMPRESSION: Normal sonomammography of both breasts.

(The sonography findings should always be considered in correlation with the clinical and other investigation findings where applicable).It is only a professional opinion.Not valid for medico-legal purpose) Higher imaging techniques to be done, depending on the condition of the patient, if clinically needed.

---End Of The Report---



Dr. RAMESH G
MBBS, DMRD
27462
Radiology

Patient Name	: Mrs. PALLAVI KUMARI	Age	: 41Yrs 1Mths 21Days
UHID	: CSAR.0000144658	OP Visit No.	: CSAROPV352466
Printed On	: 25-08-2024 10:48 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E31598		

DEPARTMENT OF RADIOLOGY

CHEST PA VIEW

Trachea central.
Mediastinum is central.
Cardiac silhouette appear normal.
visualized lung fields appear normal.
Bilateral hilum appear normal.
CP angles are clear.

IMPRESSION : No obvious gross abnormality noted in the x-ray.

ADVICE : Higher imaging techniques to be done, if clinically needed, depending on the clinical condition of the patient for further evaluation.

---End Of The Report---



Dr. RAMESH G

--
--

Radiology

Patient Name	: Mrs. PALLAVI KUMARI	Age	: 41Yrs 1Mths 19Days
UHID	: CSAR.0000144658	OP Visit No.	: CSAROPV352466
Printed On	: 24-08-2024 07:15 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E31598		

DEPARTMENT OF CARDIOLOGY

2D, TISSUE AND COLOR DOPPLER ECHOCARDIOGRAPHY REPORT

Vital Signs and Body Measurements

HR bpm	B.P	mmHg	Height	mm	Weight	kg	BSA	m ²
M – Mode (Parasternal view)	Conventional and Tissue Doppler							
AO 26	mmLVID – d	45	mm	Mitral Valve	E : 0.8	A : 0.6	m/sec	
LA 31	mmLVID – s	26	mm	Aortic Valve	1.4	-	m/sec	
	IVS – d	10	mm	Pulmonary Valve	0.8	-	m/sec	
	PW – d	10	mm	E' Septal (TDI)	0.10	-	mm/sec	
	EF-	60	%	E' Lateral (TDI)	0.12	-	mm/sec	

RIGHT ATRIUM	Normal in Size
LEFT ATRIUM	Normal in Size
RIGHT VENTRICLE	Normal in Size TAPSE > 18 mm
LEFT VENTRICLE	Normal in Size
WALL MOTION ANALYSIS	No RWMA
TRICUSPID VALVE	Normal, PASP=25 mmHg
MITRAL VALVE	Normal
PULMONIC VALVE	Normal
AORTIC VALVE	Normal
IAS & IVS	Intact
AORTA	Normal in Size
SYSTEMIC & PULMONARY VEINS	Normally Draining
IVC	Normal
PERICARDIUM	Normal

OTHERS

No Intra Cardiac Thrombus, Tumour or Vegetation

IMPRESSION:

Cardiac Chambers & valves are normal

No RWMA

Normal Left Ventricular Systolic Function (LVEF- %)

Trivial TR ,NO PAH

No clot /vegetation/pericardial effusion

Dr. SUMANJITA BORA,MBBS

AMC.PGDCC(Cardiology)

CONSULTANT CARDIOLOGIST

---End Of The Report---



Dr. SUMANJITA BORA
MBBS, PGDCC
MCI-IMR-13/903
Cardiology

Patient Name	: Mrs. PALLAVI KUMARI	Age	: 41Yrs 1Mths 22Days
UHID	: CSAR.0000144658	OP Visit No.	: CSAROPV352466
Printed On	: 27-08-2024 11:13 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E31598		

DEPARTMENT OF CARDIOLOGY

Observation :-


1. Normal Sinus Rhythm.
2. Heart rate is Normal
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:-

NORMAL RESTING ECG.

NOTE:-KINDLY TAKE A PHOTOCOPY OF THE GRAPH FOR FUTURE REFERENCE IF NEEDED

---End Of The Report---



Dr. SUMANJITA BORA
MBBS, PGDCC
MCI-IMR-13/903
Cardiology

**APOLLO CLINIC
CONSENT FORM**

Patient name Pallavi Kumari Age 44/F


UHID Number 144658 Company Name Mediwheel

I Mr/Mrs/Ms _____ Employee of _____

Company want to inform u that I am ~~not~~ interested in getting fitness by gp, OPDial

Dent dental.....And I claim the above statement in my full Consciousness.

Patient signature _____ Date _____

Name : Mis. PALLAVI KUMARI		Age : 41Y 1M 18D	UHID : CSAR.0000144658
Address : Camclaram Bangalore Rural Karnataka INDIA 560035		sex : Female	 CSAR.0000144658
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP No: CSAROPV352466	Bill No: CSAR-OCR-47704 Date: Aug 24th, 2024, 9:00 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324		
1	ULTRASOUND - WHOLE ABDOMEN - 18	Ultrasound Radiology	<input type="checkbox"/>
2	FITNESS BY GENERAL PHYSICIAN - After report	Consultation	<input type="checkbox"/>
3	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>
4	LBC PAP TEST- PAPSURE - 6 - 12.00pm	Histopathology	<input type="checkbox"/>
5	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
6	SONO MAMMOGRAPHY - SCREENING - 12	Mammography	<input type="checkbox"/>
7	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
8	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>
9	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Biochemistry	<input type="checkbox"/>
10	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
11	OPTIHAL BY GENERAL PHYSICIAN - Idrisht	Consultation	<input type="checkbox"/>
12	DIET CONSULTATION - 10	General	<input type="checkbox"/>
13	DENTAL CONSULTATION - 15	Consultation	<input type="checkbox"/>
14	BODY MASS INDEX (BMI)	General	<input type="checkbox"/>
15	X-RAY CHEST PA - 9	X Ray Radiology	<input type="checkbox"/>
16	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
17	PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
18	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
19	2D ECHO - 18	Cardiology	<input type="checkbox"/>
20	GYNACEOLOGY CONSULTATION - 6	Consultation	<input type="checkbox"/>
21	ECG - 10	Cardiology	<input type="checkbox"/>
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>
23	ENT CONSULTATION - 3	Consultation	<input type="checkbox"/>
24	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology	<input type="checkbox"/>
25	URINE GLUCOSE(FASTING)	Clinical Pathology	<input type="checkbox"/>
26	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry	<input type="checkbox"/>
27	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	<input type="checkbox"/>

28, physio-02 - Paid 350/-
30

— Visit D/Lat Bn

— curd

— slm 3/4

— Sun - 10 m/d

— Ex - 30 m/d

— Dinner by 8P

ABC

Papsure

done on

24.8.2024



WT 67.3.

HR 153/m

BMI 28.7.

BP 104/67

P 271.

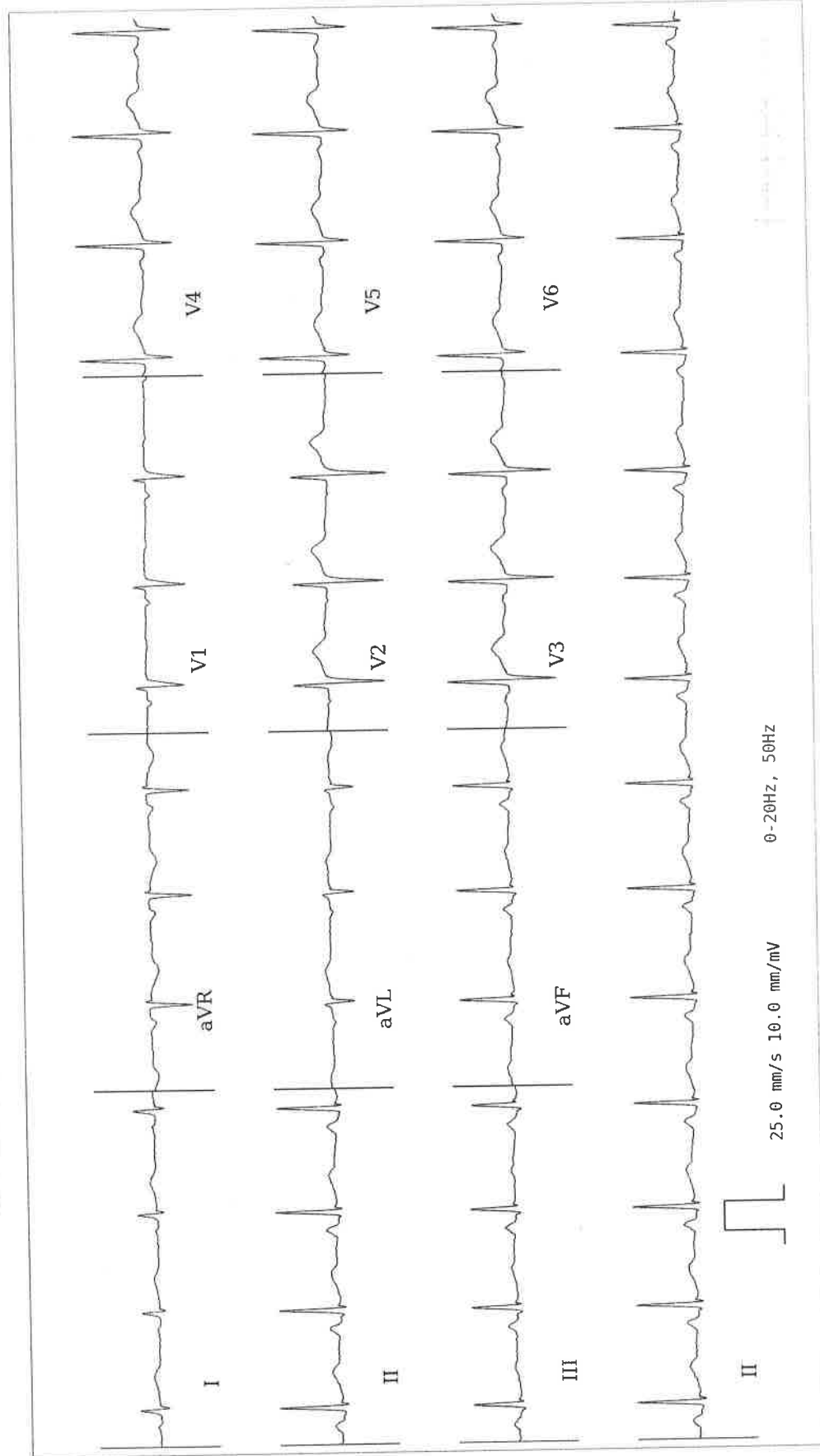
7/07/24



Apollo Clinic, Kaikondrahalli

Date and Time: 23rd Aug 24

Age / Gender: 41 / Female
Patient ID: Mrs.
PALLAVI KUMARI



AR: 84bpm VR: 84bpm QRSD: 84ms QT: 368ms QTcB: 434ms PRI: 134ms P-R-T: 77° 77° 57°

REPORTED BY
Nisar Ahamad K

Dr. Nisar Ahamad K

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

This report is for informational purposes only and should not be used as a substitute for clinical history, symptoms and results of other tests and must be interpreted by a qualified physician.

2D, TISSUE AND COLOR DOPPLER ECHOCARDIOGRAPHY REPORT



Apollo Clinic
Expertise. Closer to you.

NAME	MRS PALLAVI KUMARI		DATE:24/08/24
AGE	41 YEARS	GENDER	FEMALE
REF BY	DR. SUMANJITA BORA	ID	

MEASUREMENTS

Vital Signs and Body Measurements									
HR	bpm	B.P	mmHg	Height	mm	Weight	kg	BSA	m ²
M - Mode (Parasternal view)					Conventional and Tissue Doppler				
AO	26	mm	LVID - d	45	mm	Mitral Valve	E : 0.8	A : 0.6	m/sec
LA	31	mm	LVID - s	26	mm	Aortic Valve	1.4	-	m/sec
			IVS - d	10	mm	Pulmonary Valve	0.8	-	m/sec
			PW - d	10	mm	E' Septal (TDI)	0.10	-	mm/sec
			EF-	60	%	E' Lateral (TDI)	0.12	-	mm/sec

DESCRIPTIVE FINDINGS: Technically Adequate Study. Normal sinus rhythm During Study

RIGHT ATRIUM	Normal in Size
LEFT ATRIUM	Normal in Size
RIGHT VENTRICLE	Normal in Size TAPSE > 18 mm
LEFT VENTRICLE	Normal in Size
WALL MOTION ANALYSIS	No RWMA
TRICUSPID VALVE	Normal, PASP=25 mmHg
MITRAL VALVE	Normal
PULMONIC VALVE	Normal
AORTIC VALVE	Normal
IAS & IVS	Intact
AORTA	Normal in Size
SYSTEMIC & PULMONARY VEINS	Normally Draining
IVC	Normal
PERICARDIUM	Normal
OTHERS	No Intra Cardiac Thrombus, Tumour or Vegetation

IMPRESSION:

Cardiac Chambers & valves are normal
No RWMA
Normal Left Ventricular Systolic Function (LVEF- 60 %)
Trivial TR ,NO PAH
No clot/ vegetation/pericardial effusion

Dr. SUMANJITA BORA, MBBS AMC.PGDCC(Cardiology)
CONSULTANT CARDIOLOGIST

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

Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Mrs Pallavi Kuvani
4/yr / F

Dr. MANUR M. MADK
M.B.B.S M.C. (ENT)
(55472)

24/8/24

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

General Examination / Allergies

History

H/c
do
no complaints

D/E

Bhoomach
Removes < Bhoomach
weber → central
Nose → MAD
mild dry
O2 → MAD
External neck MAD

Clinical Diagnosis & Management Plan

Adm

No Intervention needed with
ENT at present

Follow up date:



Doctor Signature



भारत सरकार
GOVERNMENT OF INDIA

पल्लवी कुमारी
Pallavi Kumari
जन्म तिथि/DOB: 06/11/1983
महिला/ FEMALE

9814 8544 8229



मेरा आधार, मेरी पहचान

प्रति,

समन्वयक,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MS. KUMARI PALLAVI
क.कू.संख्या	165458
पदनाम	BRANCH OPERATIONS
कार्य का स्थान	BANGALORE,H S R LAYOUT
जन्म की तारीख	06-11-1983
स्वास्थ्य जांच की प्रस्तावित तारीख	24-08-2024
बुकिंग संदर्भ सं.	24S165458100111350E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 20-08-2024 से 31-03-2025 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.) से संपर्क करें।)



List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	Kidney Profile
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	General Tests
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation
