

Patient Name : Mrs.SUNEETHA GALLA	Collected : 16/Sep/2024 08:51AM
Age/Gender : 34 Y 2 M 27 D/F	Received : 16/Sep/2024 12:16PM
UHID/MR No : CVIS.0000127240	Reported : 16/Sep/2024 05:14PM
Visit ID : CVISOPV127862	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 585644	

DEPARTMENT OF HAEMATOLOGY


PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen , no NRBC . No polychromatophilia, No target cells seen . No intracellular hemo-parasite seen.

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Microcytic hypochromic anemia.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: VIS240900689


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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	8.3	g/dL	12-15	Spectrophotometer
PCV	27.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.25	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	65	fL	83-101	Calculated
MCH	19.6	pg	27-32	Calculated
MCHC	30	g/dL	31.5-34.5	Calculated
R.D.W	16.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.6	%	40-80	Electrical Impedance
LYMPHOCYTES	34.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2279.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1414.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	102.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	303.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.61		0.78- 3.53	Calculated
PLATELET COUNT	375000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	40	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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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
GLUCOSE, FASTING , NAF PLASMA	113	mg/dL	70-100	GOD - POD

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)	169	mg/dL	70-140	GOD - POD

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	5.9	%		HPLC

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

ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL	Calculated
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Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	136	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	66	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	96	mg/dL	<130	Calculated
LDL CHOLESTEROL	83.08	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.22	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.41		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.58	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.7	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	0-34	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	96.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.34	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.26	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.08	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.62	mg/dL	0.7-1.2	Enzymatic
UREA	19.50	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	9.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.39	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.20	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.34	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.26	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.08	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated



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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.30	U/L	0-38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.23	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	7.95	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	2.240	µIU/mL	0.3-4.5	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



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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DEPARTMENT OF CLINICAL PATHOLOGY


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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	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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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

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

Result/s to Follow:
LBC PAP SMEAR



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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. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:VIS240900690

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name	: Mrs. suneetha galla	Age	: 34Yrs 2Mths 28Days
UHID	: CVIS.0000127240	OP Visit No.	: CVISOPV127862
Printed On	: 16-09-2024 10:01 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 585644		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN FEMALE

Liver 12 cm. appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is distended normal. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys : appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney : 11.2 x 4.8 cm.

Left Kidney : 11.0 x 4.6 cm.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus Retroverted uterus. appears normal in size measures 7.7 x 4.9 x 4.6 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 6 mm.

Both ovaries appear normal in size, shape and echotexture.

Right ovary: 19 x 17 mm

Left ovary : 22 x 20 mm

IMPRESSION:-

***NO SIGNIFICANT ABNORMALITY IS SEEN.**

Suggest – clinical correlation.

(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.

---End Of The Report---

K. Sudha

DR. KARROTU SUDHA
MD RADIOLOGY
56009
Radiology

Patient Name	: Mrs. suneetha galla	Age	: 34Yrs 2Mths 28Days
UHID	: CVIS.0000127240	OP Visit No.	: CVISOPV127862
Printed On	: 16-09-2024 10:09 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 585644		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 71 beats per minutes.
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.

---End Of The Report---



DR. APPALA NAIDU L S
MBBS, PGDCC
46929
Cardiology

Patient Name	: Mrs. suneetha galla	Age	: 34Yrs 2Mths 28Days
UHID	: CVIS.0000127240	OP Visit No.	: CVISOPV127862
Printed On	: 16-09-2024 10:58 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 585644		

DEPARTMENT OF CARDIOLOGY

Ao (ed)	2.4 CM
LA (es)	3.1 CM
LVID (ed)	4.0 CM
LVID (es)	2.8 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	60.00%
%FD	31.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

NO REGIONAL WALL MOTION ABNORMALITY
 NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES:

PF:1.0 m/sec.

MF: E > A

AF:0.9 m/sec.

IMPRESSION :

NORMAL CARDIAC SIZE.

NO RWMA.

NORMAL LV SYSTOLIC FUNCTION.

NO PERICARDIAL EFFUSION.

LVEF:60%

---End Of The Report---



DR. SHASHANKA CHUNDURI

DM Cardiology

005049

Cardiology

Patient Name	: Mrs. suneetha galla	Age	: 34Yrs 2Mths 28Days
UHID	: CVIS.0000127240	OP Visit No.	: CVISOPV127862
Printed On	: 16-09-2024 10:36 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 585644		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

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

For clinical correlation.

---End Of The Report---



DR. KARROTU SUDHA
MD RADIOLOGY
56009
Radiology

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of G. sneetha

on 16/09/2020

After reviewing the medical history and on clinical examination it has been found that he/she is

• Medically Fit	Tick
• Fit with restrictions/recommendations	
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
1..... —	
2..... —	
3..... —	
However the employee should follow the advice/medication that has been communicated to him/her.	
Review after..... —	
• Currently Unfit.	
Review after <u>Advice Iron tablet.</u>	recommended
• Unfit	

Dr. Dr.G. INDIRA ARJUNARSHINI
Medical Officer MBBS

Regd.No. 63148

Apollo Family Physician

Apollo Clinic, Seethanmapet, Vizag

This certificate is not meant for medico-legal purposes

Patient	Mrs. Suneetha Galla	Appt ID	CVISAPT858
Age/Gender	34Y Female	Consult Date	16 Sep 2024
UHID	CVIS.0000127240	Order Bill ID	CVIS-OCR-69400
		Visit Display ID	CVISOPV127862

VITALS

Weight : 65Kgs	Height : 154Cms
Pulse : 71 BPM	Spo2 : 99%
BP : 119 / 88 MmHg	Respiratory Rate : 18 BPM
Temperature : 98.6 °F	



Patient Name	: Mrs. suneetha galla	Age	: 34Yrs 2Mths 27Days
UHID	: CVIS.0000127240	OP Visit No.	: CVISOPV127862
Printed On	: 16-09-2024 04:28 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 585644		

DEPARTMENT OF CARDIOLOGY

Ao (ed)	2.4 CM
LA (es)	3.1 CM
LVID (ed)	4.0 CM
LVID (es)	2.8 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	60.00%
%FD	31.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION


COLOUR AND DOPPLER STUDIES:

PF:1.0 m/sec.
MF: E > A
AF:0.9 m/sec.

IMPRESSION :

NORMAL CARDIAC SIZE.
NO RWMA.
NORMAL LV SYSTOLIC FUNCTION.
NO PERICARDIAL EFFUSION.
LVEF:60%

---End Of The Report---


DR. SHASHANKA CHUNDURI
DM Cardiology
005049
Cardiology

k saraswathi

Female 53Years

Req. No. :

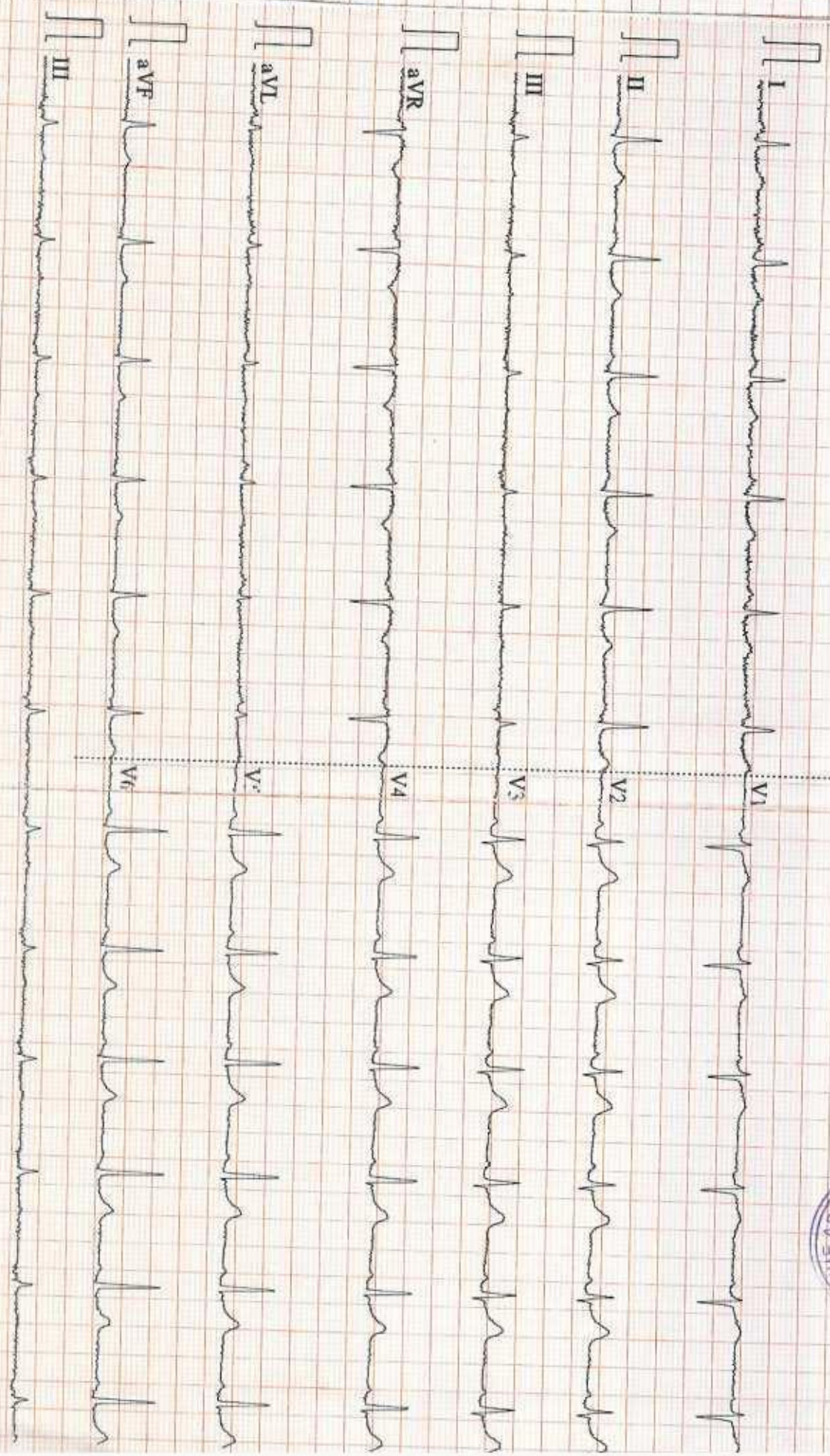
Diagnosis Information:

Sinus rhythm

Normal ECG

HR	: 71	bpm
P	: 110	ms
PR	: 130	ms
QRS	: 78	ms
QT/QTcBz	: 388/422	ms
P/QRS/T	: 8/47/45	°
RV5/SV1	: 0.940/0.595	mV

Report Confirmed by:



0.67~35Hz AC50 25m/s 10mm/mV 2*5.0s+1r CARDIART 9108

V1.46 Glasgow V28.67 APOLLO CLINIC VIZAG

Patient Name	: Mrs. suneetha galla	Age	: 34Yrs 2Mths 27Days
UHID	: CVIS.0000127240	OP Visit No.	: CVISOPVI27862
Printed On	: 16-09-2024 03:39 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 585644		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 71 beats per minutes.
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.

---End Of The Report---



DR. APPALA NAIDU L S
MBBS, PGDCC
46929
Cardiology

Patient Name	: Mrs. suneetha galla	Age	: 34Yrs 2Mths 27Days
UHID	: CVIS.0000127240	OP Visit No.	: CVISOPVI27862
Printed On	: 16-09-2024 03:31 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 585644		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN FEMALE

Liver 12 cm. appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

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Both ovaries appear normal in size, shape and echotexture.

Right ovary: 19 x 17 mm

Left ovary : 22 x 20 mm

IMPRESSION:-

***NO SIGNIFICANT ABNORMALITY IS SEEN.**

Suggest - clinical correlation.

(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.

---End Of The Report---



DR. KARROTU SUDHA
MD RADIOLOGY
56009
Radiology

Patient Name : Mrs.SUNEETHA GALLA
Age/Gender : 34 Y 2 M 27 D/F
UHID/MR No : CVIS.0000127240
Visit ID : CVISOPV127862
Ref Doctor : Self
Emp/Auth/TPA ID : 585644

Collected : 16/Sep/2024 08:51AM
Received : 16/Sep/2024 12:16PM
Reported : 16/Sep/2024 05:14PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

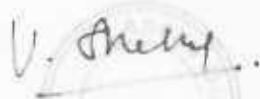
PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen , no NRBC . No polychromatophilia, No target cells seen . No intracellular hemo-parasite seen.

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Microcytic hypochromic anemia.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:VIS240900689

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017



Patient Name : Mrs.SUNEETHA GALLA
 Age/Gender : 34 Y 2 M 27 D/F
 UHID/MR No : CVIS.0000127240
 Visit ID : CVISOPV127862
 Ref Doctor : Self
 Emp/Auth/TPA ID : 585644

Collected : 16/Sep/2024 08:51AM
 Received : 16/Sep/2024 12:16PM
 Reported : 16/Sep/2024 04:55PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti Forward & Reverse Grouping with Slide/Tube Agglutination
Rh TYPE	POSITIVE			

V. Snehal

DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

SIN No: VIS240900689

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017



Patient Name : Mrs.SUNEETHA GALLA
 Age/Gender : 34 Y 2 M 27 D/F
 UHID/MR No : CVIS.0000127240
 Visit ID : CVISOPV127862
 Ref Doctor : Self
 Emp/Auth/TPA ID : 585644

Collected : 16/Sep/2024 08:51AM
 Received : 16/Sep/2024 12:16PM
 Reported : 16/Sep/2024 01:25PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	113	mg/dL	70-100	GOD - POD

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)	169	mg/dL	70-140	GOD - POD

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	5.9	%		HPLC

Page 4 of 12

V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:VIS240900692

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.SUNEETHA GALLA
 Age/Gender : 34 Y 2 M 27 D/F
 UHID/MR No : CVIS.0000127240
 Visit ID : CVISOPV127862
 Ref Doctor : Self
 Emp/Auth/TPA ID : 585644

Collected : 16/Sep/2024 08:51AM
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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG) 123 mg/dL Calculated

Comment:

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

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:VIS240900692

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017



Patient Name : Mrs.SUNEETHA GALLA
 Age/Gender : 34 Y 2 M 27 D/F
 UHID/MR No : CVIS.0000127240
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 Emp/Auth/TPA ID : 585644

Collected : 16/Sep/2024 08:51AM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	136	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	66	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	96	mg/dL	<130	Calculated
LDL CHOLESTEROL	83.08	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.22	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.41		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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.

V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:VIS240900691

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.SUNEETHA GALLA
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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.58	mg/dL	0.10-1.20	Diazotized 2,4-Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.20	Diazotized 2,4-Dichloroaniline
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.7	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	0-34	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	96.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.34	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.26	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.08	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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.

V. Sneh

DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

SIN No: VIS240900691

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017



Patient Name : Mrs.SUNEETHA GALLA
 Age/Gender : 34 Y 2 M 27 D/F
 UHID/MR No : CVIS.0000127240
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 Ref Doctor : Self
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DEPARTMENT OF BIOCHEMISTRY

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

SIN No:VIS240900691

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017



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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.62	mg/dL	0.7-1.2	Enzymatic
UREA	19.50	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	9.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.39	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.20	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.34	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.26	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.08	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated

V. Snehal

DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

SIN No:VIS240900691

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017



Patient Name : Mrs.SUNEETHA GALLA
 Age/Gender : 34 Y 2 M 27 D/F
 UHID/MR No : CVIS.0000127240
 Visit ID : CVISOPV127862
 Ref Doctor : Self
 Emp/Auth/TPA ID : 585644

Collected : 16/Sep/2024 08:51AM
 Received : 16/Sep/2024 12:16PM
 Reported : 16/Sep/2024 01:21PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	14.30	U/L	0-38	IFCC

V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No: VIS240900691

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Regd. Office: 1-10-60/52, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
 www.apollohsl.com | Email ID: enquiry@apollohsl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

GSTIN: 37AADCA0733E1Z6

Address: 39-81 1/2, Plot no. 5, Seethanmapeta, Visakhapatnam, Andhra Pradesh

1860 500 7788
 www.apolloclinic.com

APOLLO CLINIC NETWORK:
 Bangalore | Hyderabad | 40 Feet Nagar | Charolu Nagar | Madhapur | Malakonda | Nizampet | Markapur | Vijaypuri | Avulthi | Pevulapada | **Vizag** | Seethanmapeta | Patala | Karnataka | **Bangalore** | Dasanahally | Bellary | Electronic City | Frazer Town | HRP Layout | Indira Nagar | J. Nagar | Kalyanahally | Kalyanahally | Kalyanahally | Kalyanahally | Kalyanahally | Mysore | W. Medihalli | Tamil Nadu | **Chennai** | Anantapur | Kotturumuri | Mangalapuram | T. Nagar | Venkateswaram | Willycherry | Maharashtra | **Pune** | Aundh | Nagd. Pashchimani | Vajirao Nagar | Wankesekar
 Uttar Pradesh | Ghaziabad (Kalyanpur) | Gujarat | **Ahmedabad** | Satekh | Punjab | **Amritsar** | East Road | Haryana | **Faridabad** (Railway Station Road)

Patient Name : Mrs.SUNEETHA GALLA
Age/Gender : 34 Y 2 M 27 D/F
UHID/MR No : CVIS.0000127240
Visit ID : CVISOPV127862
Ref Doctor : Self
Emp/Auth/TPA ID : 585644

Collected : 16/Sep/2024 08:51AM
Received : 16/Sep/2024 04:09PM
Reported : 16/Sep/2024 05:29PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	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.

V. Sneh

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: VIS240900696

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.SUNEETHA GALLA	Collected : 16/Sep/2024 08:51AM
Age/Gender : 34 Y 2 M 27 D/F	Received : 16/Sep/2024 04:09PM
UHID/MR No : CVIS.0000127240	Reported : 16/Sep/2024 05:28PM
Visit ID : CVISOPV127862	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 585644	

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

*** End Of Report ***

Result/s to Follow:
THYROID PROFILE TOTAL (T3, T4, TSH), LBC PAP SMEAR



V. Snehal
DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No: VIS240900690

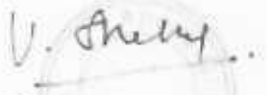
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.SUNEETHA GALLA
Age/Gender : 34 Y 2 M 27 D/F
UHID/MR No : CVIS.0000127240
Visit ID : CVISOPV127862
Ref Doctor : Self
Emp/Auth/TPA ID : 585644

Collected : 16/Sep/2024 08:51AM
Received : 16/Sep/2024 04:09PM
Reported : 16/Sep/2024 05:28PM
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. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:VIS240900690

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name	: Mrs. suneetha galla	Age	: 34Yrs 2Mths 27Days
UHID	: CVIS.0000127240	OP Visit No.	: CVISOPV127862
Printed On	: 16-09-2024 04:06 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 585644		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

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

For clinical correlation.

---End Of The Report---

f. Sudha
DR. KARROTU SUDHA
MD RADIOLOGY
56009
Radiology



Health Check up Booking Request(22E33122)

1 message

Mediwheel <wellness@mediwheel.in>
To: suneethakiran333@gmail.com
Cc: customercare@mediwheel.in

Wed, Sep 11, 2024 at 12:44 PM



011-41195959

Dear MS. SUNEETHA GALLA,

We have received your booking request for the following health checkup. . please upload your approval letter as soon as possible to enable us to confirm your booking.

[Upload HRM Letter](#)

User Package Name : Mediwheel Full Body Health Checkup Female Below 40

Name of Diagnostic/Hospital : Apollo Clinic - Visakhapatnam

Address of Diagnostic/Hospital : Apollo Clinic, 50, Plot 5, Sheethammampeta, Beside BVK college, Dwaraka Nagar, Vishakapatnam-530016

Appointment Date : 16-09-2024

Preferred Time : 09:00 AM - 09:30 AM

Member Information		
Booked Member Name	Age	Gender
MS. SUNEETHA GALLA	25 year	Female

Tests included in this Package

- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver Profile
- Blood Glucose (Post Prandial)
- Thyroid Profile
- Pap Smear
- Urine Sugar Fasting
- Urine Sugar PP
- ESR
- Blood Glucose (Fasting)
- TMT OR 2D ECHO (Any 1) Chosen By Candidate
- Chest X-ray
- ECG
- USG Whole Abdomen
- Dietician Consultation
- Gynae Consultation

Name : Mrs. Suneetha Galla
 Address : Pothinamallayapalem Visakhapatnam Andhra Pradesh India 530041 sex : Female
 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC
 CREDIT PAN INDIA OP AGREEMENT

Age : 34Y 2M 27D

UHID : CVIS.0000127240



CVIS.0000127240

OP No: CVISOPV127862

Bill No: CVIS-OCR-69400

Date: Sep 16th, 2024, 8:30 AM

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

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Sat 9/14/2024 4:00 PM

To:suneethakiran333@gmail.com <suneethakiran333@gmail.com>

Cc:Vizag Apolloclinic <vizag@apolloclinic.com>;Ramakumar Vegi <ramakumar.v@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear **MS. SUNEETHA GALLA,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VIZAG clinic** on **2024-09-16** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.