

Patient Name : Mrs.GAVVALA SANTHI	Collected : 23/Mar/2024 09:06AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 23/Mar/2024 12:07PM
UHID/MR No : CVIS.0000124590	Reported : 23/Mar/2024 02:07PM
Visit ID : CVISOPV122655	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 6585455	

DEPARTMENT OF HAEMATOLOGY

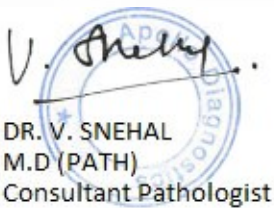
PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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:BED240079305

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

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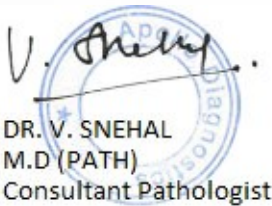
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.7	g/dL	12-15	Spectrophotometer
PCV	35.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.93	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	72	fL	83-101	Calculated
MCH	23.7	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	15.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51	%	40-80	Electrical Impedance
LYMPHOCYTES	40.6	%	20-40	Electrical Impedance
EOSINOPHILS	4.7	%	1-6	Electrical Impedance
MONOCYTES	3.6	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4845	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3857	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	446.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	342	Cells/cu.mm	200-1000	Calculated
BASOPHILS	9.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.26		0.78- 3.53	Calculated
PLATELET COUNT	370000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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.

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Consultant Pathologist



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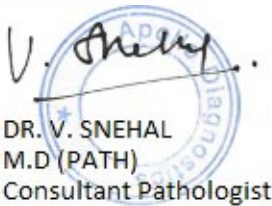
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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Microcytic hypochromic anemia.



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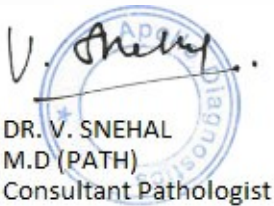
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	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. Range	Method
GLUCOSE, FASTING , NAF PLASMA	107	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.

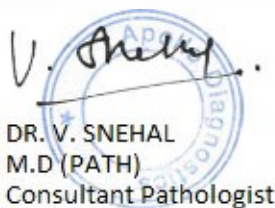
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	121	mg/dL	70-140	GOD - POD

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. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	140	mg/dL		Calculated



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

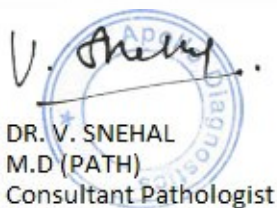
Comment:

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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	147	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	102	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	107	mg/dL	<130	Calculated
LDL CHOLESTEROL	86.63	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.47	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.68		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.05		<0.11	Calculated

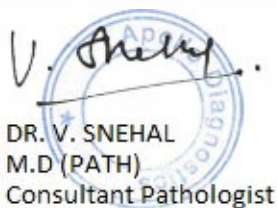
Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.



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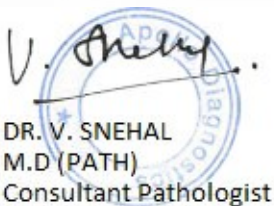
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.39	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.29	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33.65	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.5	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	117.40	U/L	42-98	IFCC
PROTEIN, TOTAL	7.39	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.12	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

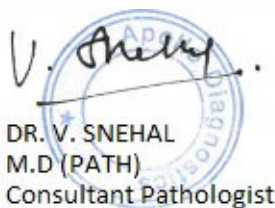
1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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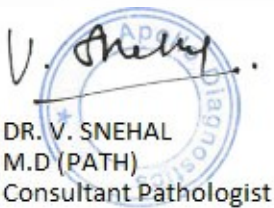
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.87	mg/dL	0.5-0.9	Jaffe
UREA	17.96	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.26	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	8.81	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.18	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	135	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.39	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.12	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.27	g/dL	2.0-3.5	Calculated
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.90	U/L	0-38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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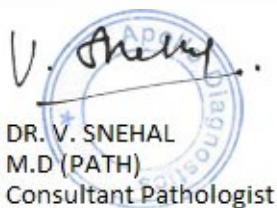
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.46	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	12.1	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	2.370	µIU/mL	0.3-4.5	CLIA

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

1. 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.
2. 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.
3. 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.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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Consultant Pathologist



SIN No:SPL24053126

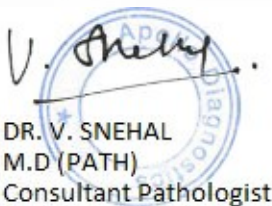
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.GAVVALA SANTHI	Collected : 23/Mar/2024 09:06AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 23/Mar/2024 01:18PM
UHID/MR No : CVIS.0000124590	Reported : 23/Mar/2024 04:27PM
Visit ID : CVISOPV122655	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 6585455	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



SIN No:UR2313679

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

Patient Name : Mrs.GAVVALA SANTHI	Collected : 23/Mar/2024 09:06AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 23/Mar/2024 01:18PM
UHID/MR No : CVIS.0000124590	Reported : 23/Mar/2024 04:25PM
Visit ID : CVISOPV122655	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 6585455	

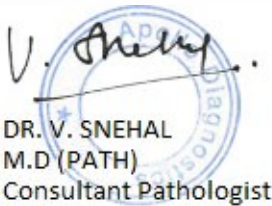
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



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



SIN No:UF011307

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

Physical Medical Examination Format

NAME:- <u>G. Santhi</u>	DATE:- <u>23/3/24</u>
DESIGNATION:-	AGE:- <u>32</u>
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:-MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	<u>NO</u>
Personal /family history	<u>NO</u>
Past Medical /Surgical	<u>NO appendicitis</u>
Sensitivity/Allergy (if any)	<u>NO</u>
Habits	<u>NO</u>
Occupational History	

Height: <u>167</u>	Weight: <u>69</u>	BMI: <u>24.74</u>	Pulse: <u>76</u>
Temp: <u>98.6</u>	Spo2: <u>99</u>	Resp: <u>18</u>	B.P: <u>100/70</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. G. Santhifor pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically.....

Dr.G. INDIRA PRIYADARSHINI
MBBS

Regd.No. 63148
Apollo Family Physician
Apollo Clinic, Seethammamet, Vizag

Fit

Unfit

[Signature]
Signature Of Employee

[Signature]
Signature & Seal Of Medical Examiner With

Registration No:-.....

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal) | Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name: Mrs. GAVVALA SANTHI
 Age/Gender: 32 Y/F
 Address: vskp
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124590
 Visit ID: CVISOPV122655
 Visit Date: 23-03-2024 08:33
 Discharge Date:
 Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
23-03-2024 12:49	76 Beats/min	100/70 mmHg	18 Rate/min	98.6 F	167 cms	69 Kgs	%	%	Years	24.74	cms	cms	cms		AHLL09094



ID: 124290

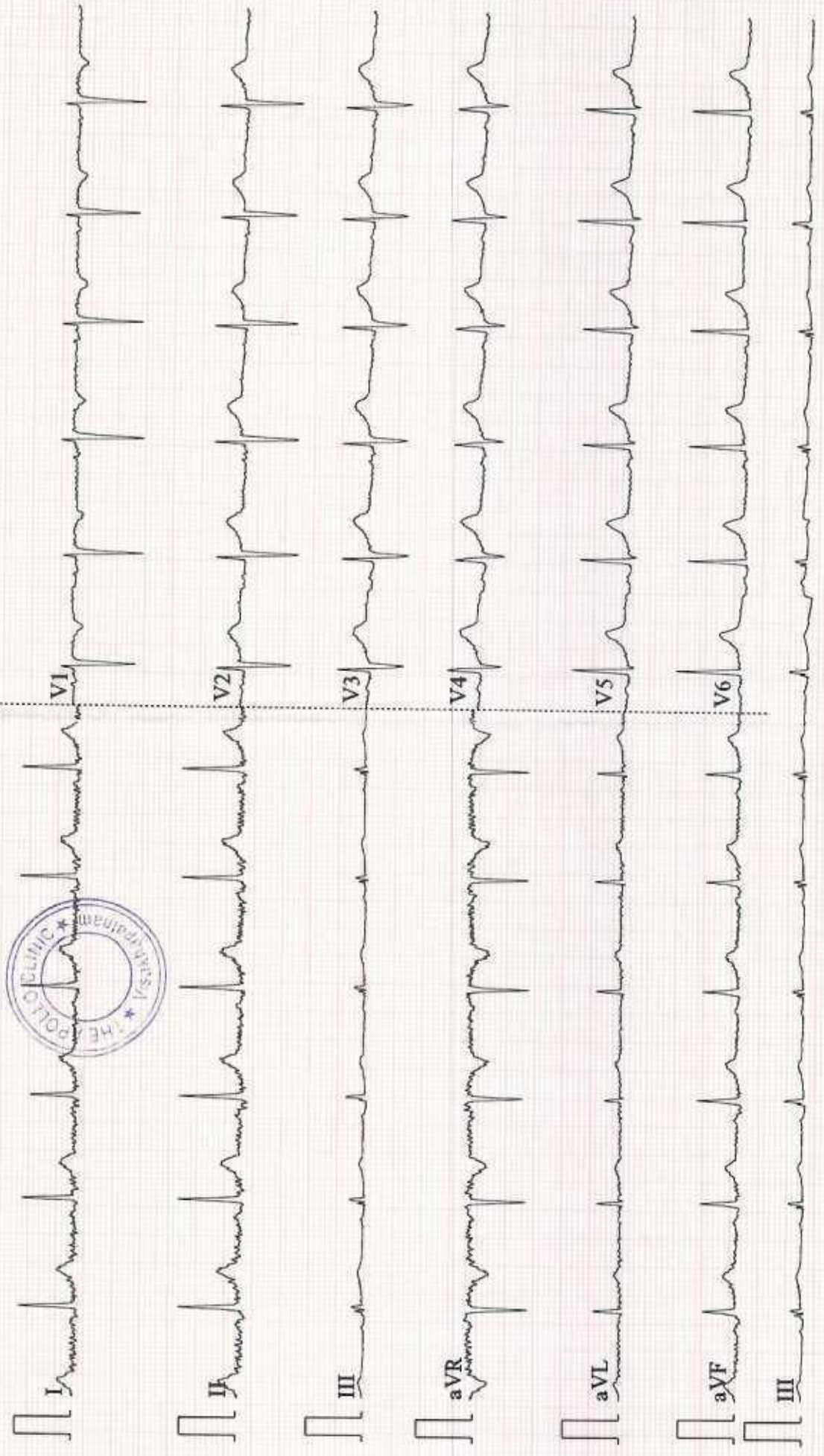
23-03-2024 09:48:23

gavvala santhi
Male 32Years
Req. No. :

HR : 76 bpm
P : 92 ms
PR : 138 ms
QRS : 72 ms
QT/QTcBz : 380/428 ms
P/QRST : 49/39/40 °
RV5/SV1 : 0.891/1.139 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



RANK

NAME : MRS. G. SANYAL

GENDER : F

AGE : 32

DATE : 23/3/24

OPHTHALMOLOGY SCREENING REPORT

VISION :

OD 6/6

OS 6/6

88

DISTANCE :

26

26

NEAR VISION :

— WNL —

COLOUR VISION :

— Best

ANT.SEGMENT :

CONJUNCTIVA :

— Normal

CORNEA :

— N/N

PUPIL :

FUNDUS :

WNL

IMPRESSION :



SIGNATURE

Dr NAMRATHA ARISETTY
M.B.B.S, D,G,O
Consultant Obstetrician & Gynecologist
Reg No: -55899

Patient Name: - Ms - Shanti Age/Sex: - 32y F Date: - 23/3/24

P.L.
5/24

O/E - G.C.S.
Cervix - NAD
P/A - Soft

Pap Smear - Due

CMP - 20/3/24
PMH - 4g/2s/4/6 days
Nock - no CWP
Breast - No lumps
No significant Past family

S.
- tab Ato 2 - 100
- 0



Dr ABHISHEK RAVURI (B.D.S)
Partner Consultant
Apollo Dental
Reg No: -A24146

.....
Patient Name: - *G. Santhi* Age/Sex: - *32/f* Date: - *23/3/24*
.....

DC + PB - came for general check up

offer ① DC $\frac{16}{16}$ / 6

② Dental flourides stage severe

& plant ① advised GIC fillings $\frac{16}{16}$ / 6

② advised flourides treatment

Dr. Neelima 7032438945

 Apollo
Dental
Dr. Abhishek Ravuri
888 889 7071
Neelima

Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name:

M/S Shanti

Age/Sex:

33 F

Date:

23/3/24

For routine checkup

OT Both Ears,
Nose
Throat } NAD

Throat was clinically
C/S

N/EAS

NAD



Patient Name	: Mrs. GAVVALA SANTHI	Age	: 32 Y/F
UHID	: CVIS.0000124590	OP Visit No	: CVISOPV122655
Reported By:	: Dr. APPALA NAIDU L S	Conducted Date	: 23-03-2024 13:36
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 76 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,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

Patient Name	: Mrs. GAVVALA SANTHI	Age	: 32 Y F
UHID	: CVIS.0000124590	OP Visit No	: CVISOPV122655
Reported on	: 23-03-2024 14:43	Printed on	: 23-03-2024 14:45
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 16cm. appears increased in size and echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. 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 : 9.2 x 4.3 cm

Left kidney : 9.5 x 4.7 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 appears normal in size. It shows normal shape and echo pattern.It measures 7.5 x 4.1 x 4.8 cm. Endometrial echo-complex appears normal and measures 6 mm.No intra/extra uterine gestational sac seen.

Both ovaries :Normal in size and echotexture.

Right ovary: 3.4 x 2.8 cm.

Left ovary: 3.2 x 2.9 cm.

Patient Name : Mrs. GAVVALA SANTHI
UHID : CVIS.0000124590
Reported on : 23-03-2024 14:43
Adm/Consult Doctor :

Age : 32 Y F
OP Visit No : CVISOPV122655
Printed on : 23-03-2024 14:45
Ref Doctor : SELF

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***MILD HEPATOMEGALY WITH FATTY CHANGES.**

**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**

Printed on:23-03-2024 14:43

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology



Patient Name : Mrs. GAVVALA SANTHI
UHID : CVIS.0000124590
Reported on : 23-03-2024 15:11
Adm/Consult Doctor :

Age : 32 Y F
OP Visit No : CVISOPV122655
Printed on : 23-03-2024 15:11
Ref Doctor : SELF

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.

Printed on:23-03-2024 15:11

---End of the Report---



Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name	: Mrs. GAVVALA SANTHI	Age	: 32 Y/F
UHID	: CVIS.0000124590	OP Visit No	: CVISOPV122655
Conducted By:	: Dr. SHASHANKA CHUNDURI	Conducted Date:	: 23-03-2024 16:58
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (cd)	2.7 CM
LA (es)	2.6 CM
LVID (ed)	3.7 CM
LVID (es)	2.7 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	60.00%
%FD	33.00%
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.

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

IMPRESSION:

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

Dr. SHASHANKA
CHUNDURI



Patient Name : Mrs.GAVVALA SANTHI
Age/Gender : 32 Y 6 M 0 D/F
UHID/MR No : CVIS.0000124590
Visit ID : CVISOPV122655
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Emp/Auth/TPA ID : 6585455

Collected : 23/Mar/2024 09:06AM
Received : 23/Mar/2024 12:07PM
Reported : 23/Mar/2024 02:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

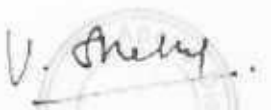
PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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:BED240079305

Apollo Health and Lifestyle Limited
Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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DEPARTMENT OF HAEMATOLOGY

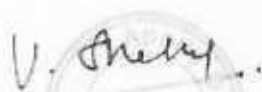
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.7	g/dL	12-15	Spectrophotometer
PCV	35.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.93	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	72	fL	83-101	Calculated
MCH	23.7	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	15.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51	%	40-80	Electrical Impedance
LYMPHOCYTES	40.6	%	20-40	Electrical Impedance
EOSINOPHILS	4.7	%	1-6	Electrical Impedance
MONOCYTES	3.6	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4845	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3857	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	446.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	342	Cells/cu.mm	200-1000	Calculated
BASOPHILS	9.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.26		0.78- 3.53	Calculated
PLATELET COUNT	370000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

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.

Page 2 of 14



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



SIN No: BFD240070305

Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab : Vizag-530017

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DEPARTMENT OF HAEMATOLOGY

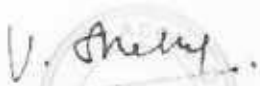
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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.

Page 3 of 14



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



SIN No: BEDI240079305

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(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-517/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs.GAVVALA SANTHI
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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. Range	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



V. Snehal

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

SIN No: BED240079305

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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mrs.GAVVALA SANTHI
 Age/Gender : 32 Y 6 M 0 D/F
 UHID/MR No : CVIS.0000124590
 Visit ID : CVISOPV122655
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 6585455

Collected : 23/Mar/2024 09:06AM
 Received : 23/Mar/2024 12:07PM
 Reported : 23/Mar/2024 01:03PM
 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. Range	Method
GLUCOSE, FASTING , NAF PLASMA	107	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA	6.5	%		HPLC
HBA1C, GLYCATED HEMOGLOBIN ESTIMATED AVERAGE GLUCOSE (eAG)	140	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

Page 5 of 14

DR. V. SNEHAL
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 Consultant Pathologist



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TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.GAVVALA SANTHI
 Age/Gender : 32 Y 6 M 0 D/F
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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)



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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	147	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	102	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	107	mg/dL	<130	Calculated
LDL CHOLESTEROL	86.63	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.47	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.68		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.05		<0.11	Calculated

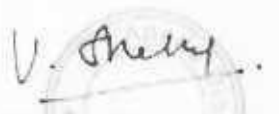
Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 - 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.


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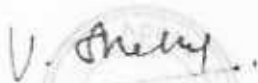
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DEPARTMENT OF BIOCHEMISTRY**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.39	mg/dL	0.10-1.20	Diazotized 2,4,7 Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.29	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33.65	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.5	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	117.40	U/L	42-98	IFCC
PROTEIN, TOTAL	7.39	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.12	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

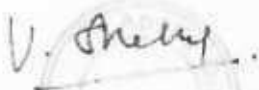
- AST - Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT - Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) - In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually > 2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not > 2.

2. Cholestatic Pattern:

- ALP - Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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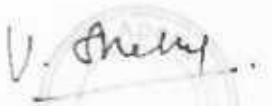
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.87	mg/dL	0.5-0.9	Jaffe
UREA	17.96	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.26	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	8.81	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.18	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	135	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.39	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.12	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	28.90	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. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.46	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	12.1	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	2.370	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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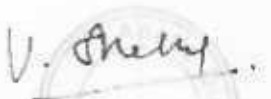
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Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GCD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

*** End Of Report ***



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SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation





భారత ప్రభుత్వం
GOVERNMENT OF INDIA



గవ్వల శాంతి
Gavvala Santhi

పుట్టిన సంవత్సరం / Year of Birth : 1991
స్త్రీ / Female

3936 0468 4703



ఆధార్ - సామాన్యని హక్కు

Exception Letter for CAP

Date: 23-3-24

Client Name: G. Santhi

Gender - F

UHID: 124590

We are Not delivered service due to The patient will come on April 1st

SERVICE Pathology

So that we are unable to close all reports, once client visited again will close.

Regards,

EMP Name:

Apollo clinic,

Vizag.

Client Name: G. Shanthi

Signature: [Signature] 23/3/24

Ph no: 9987435156

UNFIT EXPLANATION

Date: 22/3/24

Patient Name: G. Sathu

UHID: 124590

Corporate Name: Aurore

The above-mentioned client unfit given due to Advice blood tests

As per physician advice it was hold not given FIT, once client met with Physician, we will update closure remarks.

Regards,

Apollo clinic,

Vizag

Ph:0891-2585511/12.

Patient Name	: Mrs. GAVVALA SANTHI	Age/Gender	: 32 Y/F
UHID/MR No.	: CVIS.0000124590	OP Visit No	: CVISOPV122655
Sample Collected on	:	Reported on	: 23-03-2024 15:11
LRN#	: RAD2277962	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 6585455		

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. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name	: Mrs. GAVVALA SANTHI	Age/Gender	: 32 Y/F
UHID/MR No.	: CVIS.0000124590	OP Visit No	: CVISOPV122655
Sample Collected on	:	Reported on	: 23-03-2024 14:45
LRN#	: RAD2277962	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 6585455		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 16cm. appears increased in size and echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. 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 : 9.2 x 4.3 cm

Left kidney : 9.5 x 4.7 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 appears normal in size. It shows normal shape and echo pattern.It measures 7.5 x 4.1 x 4.8 cm. Endometrial echo-complex appears normal and measures 6 mm.No intra/extra uterine gestational sac seen.

Both ovaries :Normal in size and echotexture.

Right ovary: 3.4 x 2.8 cm.

Left ovary: 3.2 x 2.9 cm.

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***MILD HEPATOMEGALY WITH FATTY CHANGES.**

Patient Name : Mrs. GAVVALA SANTHI

Age/Gender : 32 Y/F

**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Name: Mrs. GAVVALA SANTHI
Age/Gender: 32 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

MR No: CVIS.0000124590
Visit ID: CVISOPV122655
Visit Date: 23-03-2024 08:33
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. GAVVALA SANTHI
Age/Gender: 32 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RANJANEE SRINIVASAN

MR No: CVIS.0000124590
Visit ID: CVISOPV122655
Visit Date: 23-03-2024 08:33
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. GAVVALA SANTHI
Age/Gender: 32 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. N MUKUNDA RAO

MR No: CVIS.0000124590
Visit ID: CVISOPV122655
Visit Date: 23-03-2024 08:33
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. GAVVALA SANTHI
Age/Gender: 32 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ABHIJEET SINGH SACHAN

MR No: CVIS.0000124590
Visit ID: CVISOPV122655
Visit Date: 23-03-2024 08:33
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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SYSTEMIC EXAMINATION

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RECOMMENDATION

Doctor's Signature

Name: Mrs. GAVVALA SANTHI
Age/Gender: 32 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. Namrata Dubey

MR No: CVIS.0000124590
Visit ID: CVISOPV122655
Visit Date: 23-03-2024 08:33
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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HT-HISTORY

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SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
23-03-2024 12:49	76 Beats/min	100/70 mmHg	18 Rate/min	98.6 F	167 cms	69 Kgs	%	%	Years	24.74	cms	cms	cms		AHLL09094

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Vitals

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