





Patient Name : Mrs.RASHMI BHARDWAJ

Age/Gender : 44 Y 6 M 19 D/F
UHID/MR No : CJPN.0000014355
Visit ID : CJPNOPV192214

Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 919478381984

Collected : 29/Mar/2024 08:30AM Received : 29/Mar/2024 12:20PM

Reported : 29/Mar/2024 12:20FW

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM, WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.9	g/dL	12-15	Spectrophotometer
PCV	35.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.41	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	80.2	fL	83-101	Calculated
MCH	26.9	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,140	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	45.9	%	40-80	Electrical Impedance
LYMPHOCYTES	42.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.7	%	1-6	Electrical Impedance
MONOCYTES	8.1	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2818.26	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2591.08	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	227.18	Cells/cu.mm	20-500	Calculated
MONOCYTES	497.34	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.14	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.09		0.78- 3.53	Calculated
PLATELET COUNT	261000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	72	mm at the end of 1 hour	0-20	Modified Westergren
ERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC WBC WITHIN NORMAL LIMITS

Dr.Vidya Aniket Gore M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 1 of 16



SIN No:BED240086555

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









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

PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA.

Advice for iron profile

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT	Ā		
BLOOD GROUP TYPE	В			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	103	mg/dL	70-100	HEXOKINASE
Comment:				

As per American Diabetes Guidelines, 2023

715 per 71merican Diabetes Guidennes, 2025	
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	139	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN),	WHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC

Page 4 of 16

Govinda Raju N L

MSc,MPhil,(Phd)

Consultant Biochemist



SIN No:EDT240040041

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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

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ESTIMATED AVERAGE GLUCOSE	131	mg/dL	Calculated
(eAG)			

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 5 of 16



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	231	mg/dL	<200	CHO-POD
TRIGLYCERIDES	194	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	177	mg/dL	<130	Calculated
LDL CHOLESTEROL	138.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.29		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.20		<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.

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Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist M.B.B.S, M.D (Pathology) Consultant Pathologist



SIN No:SE04679937

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

- 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.
- 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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
IVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.46	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	70.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.77	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.69	g/dL	2.0-3.5	Calculated
A/G RATIO	0.87		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- · AST Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI .• Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SER	RUM		
CREATININE	0.60	mg/dL	0.51-0.95	Jaffe's, Method
UREA	18.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.33	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.25	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	8.77	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.69	g/dL	2.0-3.5	Calculated
A/G RATIO	0.87		0.9-2.0	Calculated

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	<38	IFCC

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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Unit Bio. Ref. Range	
THYROID PROFILE TOTAL (T3, T4, TSH) ,	SERUM	<u>'</u>		
TRI-IODOTHYRONINE (T3, TOTAL)	1.4	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.9	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.092	μIU/mL	0.34-5.60	CLIA

Comment:

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

- **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	Т3	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	clinical 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			

Page 11 of 16

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist



SIN No:SPL24058520

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory this test has been performed at apollo health and lifstyle limited- rrl bangalore

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK

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









: Mrs.RASHMI BHARDWAJ

Age/Gender

: 44 Y 6 M 19 D/F

UHID/MR No

: CJPN.0000014355

Visit ID Ref Doctor : CJPNOPV192214

Emp/Auth/TPA ID

: Dr.SELF : 919478381984 Collected

: 29/Mar/2024 08:30AM

Received

: 29/Mar/2024 12:43PM

Reported

: 29/Mar/2024 02:10PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priva Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 12 of 16



SIN No:SPL24058520

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory this test has been performed at apollo health and lifstyle limited- rrl bangalore

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APOLLO CLINICS NETWORK

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









: Mrs.RASHMI BHARDWAJ

Age/Gender

: 44 Y 6 M 19 D/F

UHID/MR No

: CJPN.0000014355

Visit ID

: CJPNOPV192214

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 919478381984

Collected

: 29/Mar/2024 08:29AM

Received

: 29/Mar/2024 12:44PM

Reported

: 29/Mar/2024 03:05PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method	
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW		PALE YELLOW	Visual	
TRANSPARENCY	HAZY		CLEAR	Visual	
рН	6.5		5-7.5	DOUBLE INDICATOR	
SP. GRAVITY	1.005		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	MODIFED EHRLICH REACTION	
NITRITE	NEGATIVE		NEGATIVE	Diazotization	
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE	
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1			
PUS CELLS	6-8	/hpf	0-5	Microscopy	
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY	
RBC	NIL	/hpf	0-2	MICROSCOPY	
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY	
CRYSTALS	ABSENT		ABSENT	MICROSCOPY	

Page 13 of 16

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



SIN No:UR2319436

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE









: Mrs.RASHMI BHARDWAJ

Age/Gender

: 44 Y 6 M 19 D/F

UHID/MR No

: CJPN.0000014355

Visit ID

: CJPNOPV192214

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 919478381984

Collected

: 29/Mar/2024 11:24AM

Received

: 29/Mar/2024 05:17PM

Reported Status : 29/Mar/2024 06:57PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Dr. Vidya Aniket Gore M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 14 of 16



SIN No:UPP017450

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: Mrs.RASHMI BHARDWAJ

Age/Gender

: 44 Y 6 M 19 D/F

UHID/MR No

: CJPN.0000014355

Visit ID

: CJPNOPV192214

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 919478381984

Collected

: 29/Mar/2024 08:30AM

Received

: 29/Mar/2024 12:44PM

Reported

: 29/Mar/2024 01:46PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method	
URINE GLUCOSE(FASTING)	NEGATIVE	NEGATIVE		Dipstick	
Result is rechecked. Kindly correlate cli	inically				

Page 15 of 16

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

SIN No:UF011508

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE









: Mrs.RASHMI BHARDWAJ

Age/Gender

: 44 Y 6 M 19 D/F

UHID/MR No

: CJPN.0000014355

Visit ID Ref Doctor : CJPNOPV192214

Emp/Auth/TPA ID

: Dr.SELF : 919478381984 Collected

: 29/Mar/2024 01:22PM

Received

: 30/Mar/2024 10:59AM

Reported

: 02/Apr/2024 04:37PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

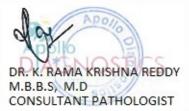
DEPARTMENT OF CYTOLOGY

C PA	AP TEST (PAPSURE) , CERVICAL BRUSH SA	MPLE				
	CYTOLOGY NO.	7922/24				
I	SPECIMEN					
a	SPECIMEN ADEQUACY	ADEQUATE				
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)				
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR				
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS				
d	COMMENTS	SATISFACTORY FOR EVALUATION				
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology.				
		Negative for intraepithelial lesion/ malignancy				
Ш	RESULT					
a	EPITHEIAL CELL	*				
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN				
	GLANDULAR CELL ABNORMALITIES	NOT SEEN				
b	ORGANISM	NIL				
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY				

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

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR







SIN No:CS078178

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

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





Name : Mrs. RASHMI BHARDWAJ

Age: 44 Y

Sex: F

Address: #.. VILLA 282 D HIMAGIRI MEADOWS BG ROAD BLR

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

Plan INDIA OP AGREEMENT

UHID:CJPN.0000014355

OP Number: CJPNOPV192214

Bill No :CJPN-OCR-70408 Date : 29.03.2024 08:24

no	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCE	D - FEMALE - 2D ECHO - PAN INDIA - FY2324
	l GAMMA GLUTAMYL TRANFERASE (GGT)	
	2 2 D ECHO	
	LIVER FUNCTION TEST (LFT)	
- 4	4 GLUCOSE, FASTING	
ے:	5 HPMOGRAM + PERIPHERAL SMEAR	
1	GYNAECOLOGY CONSULTATION	
,	DIET CONSULTATION	
è	8 COMPLETE URINE EXAMINATION	
	9 URINE GLUCOSE(POST PRANDIAL)	
4	O PERTPHERAL SMEAR	
1	1 EEG	
X	2 LBC PAP TEST- PAPSURE	
ال	3 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
لی	4 DENTAL CONSULTATION — 3.2	
1	5 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
1	6 URINE GLUCOSE(FASTING)	
1	7 SONO MAMOGRAPHY - SCREENING	
1	8 HbA1c, GLYCATED HEMOGLOBIN	
Y	9 X-RAY CHEST PA	
2	20 ENT CONSULTATION - S	
2	FITNESS BY GENERAL PHYSICIAN	
2	22 BLOOD GROUP ABO AND RH FACTOR	
2	23 LIPID PROFILE	12 the 12
2	24 BODY MASS INDEX (BMI)	
_2	POPTHAL BY GENERAL PHYSICIAN _ TYOUT	
2	26 ULTRASOUND - WHOLE ABDOMEN	- William Term
2	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

AUDI0=21 4 GMA

Lociglet = 74-9kgs.

1+eiglet = 150cm

Wait: 100cm

Hip = 102 cm

BP = 17-3/109mm

BP= 17+3/109mm/s

Name: Rashmi Bhardwaj Age: 44

Sex: F

X-Ray

UHID: CJPN-00000 14355



HEALTH CHECK-CASE SHEET

CHIEF COMPLAINT: Régularer dental	check up.	
MEDICAL HISTORY: Thysroid		
FINDINGS:	Drug Allergy :	
Caries:	Abrasion :	
Missing Teeth :	Calculus: Ca+1, 5++	
Impactions:	Mobility	
Attrition:	Restored Teeth	
Root Stumps :	Others: 876543	21 12345678
		21 12345678
DIAGNOSIS:		

IOPA:

OPG

Treatment Plan: Advanced for Oral prophylaxis Drsin





Nane - Rashmi Blurdwas' Age - 44 yrf 7

Follow up date:

Height:	Weight:	вмі:	Waist Circum :
Temp :	Pulse :	Resp:	B.P :
General Examinati History	on / Allergies Clinical Diagn	osis & Management Plan	
lo- Rocil	luie Ur		
Eyo che	land	6/6 Ng	V g
Hlo NUIP-			
		i glav In	(616 No
HIO EYE	Sx-No	colour vision	n is morned in Bl
		K ×	Add = +1-25 dynh BE

stes 6 months

Doctor Signature



net sonsultation

Apollo Expertise. Closer to you.

Rasmii Blurdwaj 44/1

Height: 150cm	Weight: 74	*9kg	ВМІ:		Waist Circum	:	
Temp:	Pulse :		Resp:		B.P: [23]	Juan 601	4
General Examination / Aller History	gies Clinical D	iagnosis & Mar				0	- Met
·Overeight.	Avor	id zor			ju ,d	soga p	7,00
regothern.			()	abbrile			
100 Jood Allimy	n Ep	lained	about	a	balanced	diel	e
uma d main		wnmind	to	do	Vet D	+ vat	812
broking mediating	3						
Parods au nom							

Follow up date:

Doctor Signature

173 / 109 mmHg **81** bpm ADS 0.56-20 Hz 50 Hz 2x5x6_25_R1 25 mm/s 10 mm/mV ARROW 5 2 8 75 9 7 Normal sinus rhythm Normal ECG 29.03.2024 8.56.44 Apollo Clinic J.P Nagar Bangalore 84 ms 404 / 469 ms 146 ms 736 / 740 ms 37 / -3 / 8 degrees 12SLTM v241 GE MAC2000 1.1 QRS QT/QTcBaz PR P RR/PP P/QRS/T 150 cm Female 74.0 kg ashmi ipn.14355 aVR

111

ENT consultation and echo is pending



Patient Name : Mrs. RASHMI BHARDWAJ Age/Gender : 44 Y/F

UHID/MR No.

: CJPN.0000014355

OP Visit No

: CJPNOPV192214

Sample Collected on

LRN#

: RAD2285734

Reported on Specimen

: 29-03-2024 14:25

Ref Doctor

: SELF

Emp/Auth/TPA ID

: 919478381984

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. V K PRANAV VENKATESH MBBS,MD

Radiology



: CJPNOPV192214

: 29-03-2024 12:15

: Mrs. RASHMI BHARDWAJ Age/Gender **Patient Name** : 44 Y/F

UHID/MR No.

: CJPN.0000014355

: RAD2285734

Ref Doctor : SELF

Sample Collected on

LRN#

Emp/Auth/TPA ID : 919478381984

DEPARTMENT OF RADIOLOGY

OP Visit No

Reported on

Specimen

SONO MAMOGRAPHY - SCREENING

Both breast parenchymal echotexture appear normal.

No ductal dilatation was noted.

No focal lesion seen in both breast.

Nipples and subaerolar region appear normal.

Skin and subcutaneous tissue is normal.

No axillary lymphadenopathy was appreciated.

IMPRESSION: NORMAL STUDY.

BI-RADS CLASSIFICATIONS: Category I:Negative.

Bi-rads classifications:

Category 0 :Need additional imaging evaluation.

Category I: Negative.

Category II: Benign finding.

Category III: probably benign finding-short interval follow up is suggested.

Category IV: Suspicious abnormality-biopsy should be considered.

Category V: Highly suggestive of malignancy.

Consultant Radiologist.

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

Dr. V K PRANAV VENKATESH



Patient Name : Mrs. RASHMI BHARDWAJ Age/Gender : 44 Y/F

MBBS,MD Radiology



Patient Name : Mrs. RASHMI BHARDWAJ Age/Gender : 44 Y/F UHID/MR No. : CJPN.0000014355 **OP Visit No** : CJPNOPV192214 Sample Collected on : : 29-03-2024 09:57 Reported on LRN# : RAD2285734 Specimen **Ref Doctor** : SELF Emp/Auth/TPA ID : 919478381984

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Normal in size (14.0 cm)and increased in echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

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

SPLEEN: Normal in size and echotexture. No focal lesion was seen.

PANCREAS: Appeared normal to the visualized extent.

KIDNEYS: Both kidneys are normal in size, shape and outlines Cortico medullary delineation is

normal. No Hydronephrosis / No calculi.

Right kidney measures: 9.3 x 1.6 cm. Left kidney measures: 10.8 x 1.6cm.

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

UTERUS: Normal in size and echotexture. It measures: 9.5 x 3.9 x 4.5 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring-8 mm.

No focal lesion was noted.

OVARIES: Both ovaries are normal in size.

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



Patient Name : Mrs. RASHMI BHARDWAJ Age/Gender : 44 Y/F

IMPRESSION: GRADE I FATTY LIVER.

Please Note: No preparation done before scanning.

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

Dr. V K PRANAV VENKATESH

MBBS,MD

Radiology