

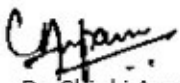
Patient Name : Mrs.MOUSHOMI DEY	Collected : 29/Dec/2023 08:43AM
Age/Gender : 52 Y 11 M 28 D/F	Received : 29/Dec/2023 01:21PM
UHID/MR No : CINR.0000160740	Reported : 29/Dec/2023 03:53PM
Visit ID : CINROPV214680	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 943556816	

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	13	g/dL	12-15	Spectrophotometer
PCV	40.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.58	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.9	%	40-80	Electrical Impedance
LYMPHOCYTES	32.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	%	1-6	Electrical Impedance
MONOCYTES	7.8	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4747.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2648.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	155.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	639.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	8.2	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	217000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	37	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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



Dr. Shobha Emmanuel
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:BED230325148

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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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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

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www.apolloclinic.com

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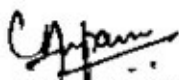
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WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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



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Consultant Pathologist



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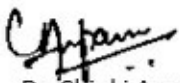
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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



Dr. Shobha Emmanuel
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	116	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	118	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	6.1	%		HPLC

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DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT230120536

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ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL	Calculated
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Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT230120536

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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	209	mg/dL	<200	CHO-POD
TRIGLYCERIDES	114	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	156	mg/dL	<130	Calculated
LDL CHOLESTEROL	133.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.95		0-4.97	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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04586774

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.36	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.03	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.33	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	113.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.52	g/dL	6.6-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.36	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		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:

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DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04586774

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Karnataka- 560034



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Patient Name : Mrs.MOUSHOMI DEY	Collected : 29/Dec/2023 08:43AM
Age/Gender : 52 Y 11 M 28 D/F	Received : 29/Dec/2023 11:22AM
UHID/MR No : CINR.0000160740	Reported : 29/Dec/2023 12:34PM
Visit ID : CINROPV214680	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 943556816	

DEPARTMENT OF BIOCHEMISTRY

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

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



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04586774

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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.67	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	19.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.99	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04586774

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Age/Gender : 52 Y 11 M 28 D/F	Received : 29/Dec/2023 11:22AM
UHID/MR No : CINR.0000160740	Reported : 29/Dec/2023 12:14PM
Visit ID : CINROPV214680	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 943556816	

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	27.00	U/L	<38	IFCC



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04586774

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Patient Name : Mrs.MOUSHOMI DEY	Collected : 29/Dec/2023 08:43AM
Age/Gender : 52 Y 11 M 28 D/F	Received : 29/Dec/2023 11:18AM
UHID/MR No : CINR.0000160740	Reported : 29/Dec/2023 12:34PM
Visit ID : CINROPV214680	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 943556816	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	1.13	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.52	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.710	µIU/mL	0.34-5.60	CLIA

Comment:

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

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

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



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL23193247

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Patient Name	: Mrs.MOUSHOMI DEY	Collected	: 29/Dec/2023 08:43AM
Age/Gender	: 52 Y 11 M 28 D/F	Received	: 29/Dec/2023 11:18AM
UHID/MR No	: CINR.0000160740	Reported	: 29/Dec/2023 12:34PM
Visit ID	: CINROPV214680	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 943556816		

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL23193247

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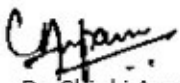
Patient Name : Mrs.MOUSHOMI DEY	Collected : 29/Dec/2023 08:43AM
Age/Gender : 52 Y 11 M 28 D/F	Received : 29/Dec/2023 12:50PM
UHID/MR No : CINR.0000160740	Reported : 29/Dec/2023 02:05PM
Visit ID : CINROPV214680	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT 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	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 16



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



Dr. Shobha Emmanuel
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:UR2253169

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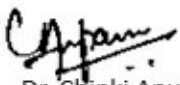
Patient Name : Mrs.MOUSHOMI DEY	Collected : 29/Dec/2023 08:43AM
Age/Gender : 52 Y 11 M 28 D/F	Received : 29/Dec/2023 12:50PM
UHID/MR No : CINR.0000160740	Reported : 29/Dec/2023 03:04PM
Visit ID : CINROPV214680	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 943556816	

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

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



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



Dr. Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF010110

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Patient Name	: Mrs.MOUSHOMI DEY	Collected	: 29/Dec/2023 02:44PM
Age/Gender	: 52 Y 11 M 28 D/F	Received	: 30/Dec/2023 12:01PM
UHID/MR No	: CINR.0000160740	Reported	: 01/Jan/2024 05:23PM
Visit ID	: CINROPV214680	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 943556816		

DEPARTMENT OF CYTOLOGY

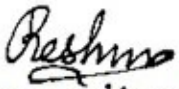
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	22198/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils.Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:CS072451

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

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Breast Health Report

Thermalytix[®] 180

Patient ID: CINR_160740

General Details

Name:	Moushomi Dey	Centre:	Apollo Clinic Indiranagar
Age:	52	Report Generation Date:	Dec 29, 2023, 4:04 PM
Gender:	Female	Scan Date:	Dec 29, 2023, 10:40 AM

Clinical Details


Age at Menopause:	51 years.	Hormone Therapy:	None.
Pregnant/Lactating:	No.	Number of children breast-fed:	2
Patient Complaints:	None		
Cancer History:	No patient cancer history. No family cancer history.		
Surgeries:	None.		

Thermalytix Scores

Body Temperature:	29.42 °C to 35.88 °C		
Hotspot Score:	0.08	Hotspot Symmetry:	100 %
Areolar Score:	0.41	Areolar Symmetry:	0 %
Vascular Score:	0.18	Ensemble Score:	0.06
B Score:	1		

Thermal Analysis

Thermal Parameters	Right Breast	Left Breast
Number of Hotspots	0	0
Extent	N/A	N/A
Hotspot Shape	N/A	N/A
Temperature	N/A	N/A
Areolar Hotspot Detected	Yes	No
Lump Detected	N/A	N/A



Dr. H.V. RAMPRAKASH MBBS, DMRD, M.D.
 CI, Thermography (ACCT, USA)
 IMAGING SPECIALIST

Breast Health Report

Thermalytix® 180

Patient ID: CINR_160740

Impression

Right Breast	No focal thermal increase is seen. Thermal increase is seen near areolar region. Warm thermal pattern is noted.
Left Breast	No focal thermal increase is seen. No significant thermal pattern is seen.

Recommendation

Normal Thermal Scan.



Dr.H.V.RAMPRAKASH MBBS.DMRD.,MD.
Cli. Thermography (ACCT.,USA)
IMAGING SPECIALIST

Write to support@niramai.com for detailed report. Additional charges may apply.

Breast Health Report

Thermalytix[®] 180

Patient ID: CINR_160740

About Niramai

Indication of Use :

Thermalytix[®] is a medical device intended to be used for screening and early diagnosis of breast cancer in women above 18 years in a hospital, healthcare practitioner facilities, or in an environment where patient care is provided by healthcare personnel. It can also be used as an adjunct to screening mammography or breast ultrasound. Women who are found to be suspicious for malignancy by Thermalytix[®] should be referred for a confirmatory diagnostic test. Primary diagnostic and patient management decisions are made by a qualified healthcare professional.

Intended Use :

Thermalytix[®] is a medical device for the detection of breast lesions with suspected malignancy. The device is intended to assist a trained healthcare professional in risk assessment, screening, and early diagnosis of breast cancer in both asymptomatic and symptomatic women.



No Touch



No Pain



No See




No Radiation

This report has been generated using novel algorithm developed by Niramai which uses artificial intelligence for quantitative analysis of thermal images.

NIRAMAI is a health tech company with a mission to save lives by enabling early detection of breast cancer. Thermalytix[®] is an AI-based computer-aided diagnostic engine developed by Niramai that detects breast abnormalities in privacy aware manner.

Thermalytix[®] uses a high resolution thermal sensing device and an intelligent software solution for analysing thermal images for reliable, early and accurate breast cancer screening.

To know more about Thermalytix[®] <https://www.niramai.com/about/thermalytix/>

Name : Mrs. Moushomi Dey Address : Bangalore Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age: 52 Y Sex: F	UHID: CINR.0000160740  <small>* CINR - 0000160740 *</small> OP Number: CINROPV214680 Bill No : CINR-OCR-92303 Date : 29.12.2023 08:34
--	---------------------------------------	--

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	SONO MAMOGRAPHY - SCREENING	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2D ECHO — 9	
6	LIVER FUNCTION TEST (LFT)	
7	X-RAY CHEST PA — 10	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
✓10	ENT CONSULTATION	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNAECOLOGY CONSULTATION ✓	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	ECG	
18	BLOOD GROUP ABO AND RH FACTOR	
19	LIPID PROFILE	
20	BODY MASS INDEX (BMI)	
21	LBC PAP TEST- PAPSURE — 3 ✓	
22	OPHTHAL BY GENERAL PHYSICIAN — (5)	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓24	ULTRASOUND - WHOLE ABDOMEN — 9	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION — (1)	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

29.12.2023

Mrs. Monshami Dey

52 y / F

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

A. copiumi - Alta

Ears: NTD

Nose: NTD

Throat: NTD.



Follow up date:

Dr. KAVINDRANATHRUDRA
Doctor Signature
M.B.B.S. D.L.O.

Apollo Clinic, Indiranagar

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

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E.N.T. SURGEON
BOOK YOUR APPOINTMENT TODAY!
KMC REG. NO. 1860507788

Whatsapp Number : 970 100 3333

Toll Number : 1860 500 7788

Website : www.apolloclinic.com

Date : 29-12-2023
MR NO : CINR.0000160740

Department : GENERAL
Doctor :

Name : Mrs. Moushomi Dey

Registration No :

Age/ Gender : 52 Y / Female

Qualification :

Consultation Timing: 08:34

Height : 158 cm	Weight : 55.8 kg	BMI :	Waist Circum :
Temp : 98.6 °F	Pulse : 80 bpm	Resp : 18 bpm	B.P : 130 / 100 mmHg


General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Dec 29 / 2023

1 yr menopause S2 pm, P2 C2
ADU/
Vit D3
CA125
CEA
P⁰ E
PA - soft ntd
PS - cx healthy

LBC pap smear

Tab. CA 123 total — 
x food meals

Follow up date:

Doctor Signature

Mrs. moushomi dey
ID: 160740

29.12.2023 9:11:39
APOLLO CLINIC
INDIRANAGAR
BANGALORE

Location:
Room:
Order Number:

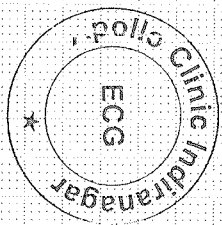
74 bpm
--/-- mmHg

11.07.1971 Female
52 Years

Indication:
Medication 1:
Medication 2:
Medication 3:

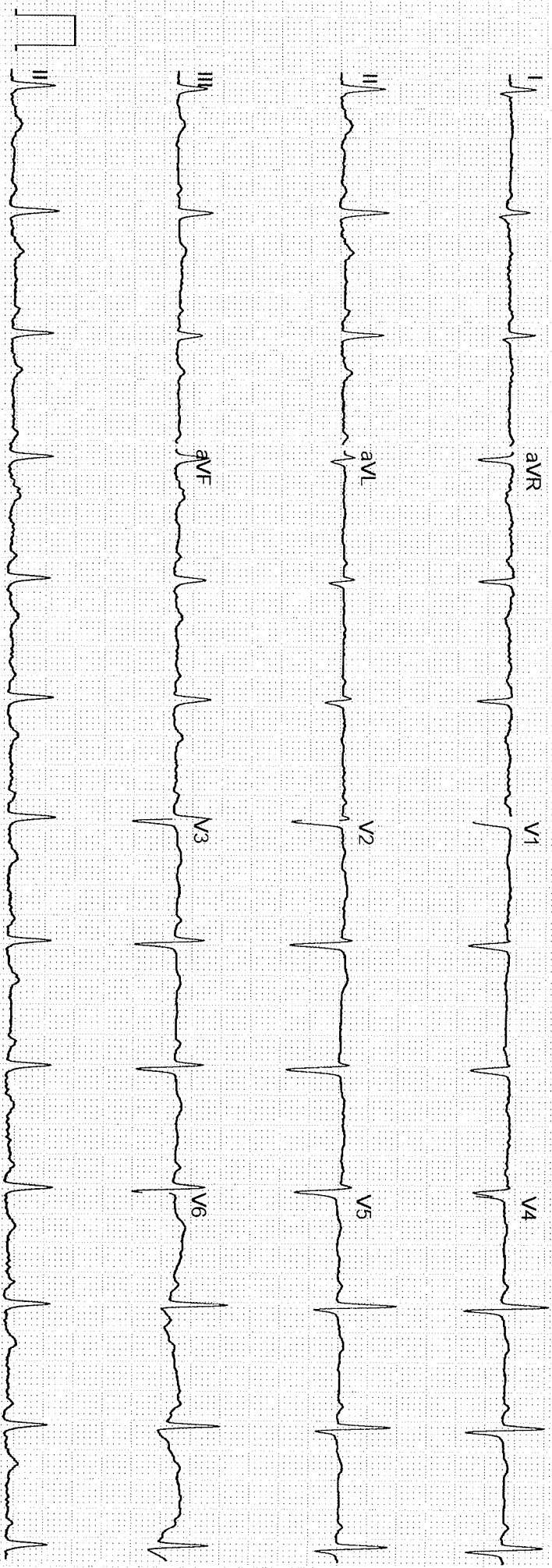
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcBaz : 380 / 421 ms
PR : 140 ms
P : 80 ms
RR / PP : 814 / 810 ms
P / QRS / T : 36 / 65 / 70 degrees



Handwritten signature

Dr. MSUDHAKAR RAO
MBBS, MD, Cardiology, FACC, FESC, FSCAI
Consultant Cardiologist
KMC Reg. No. CTG001091817K
Apollo Clinic



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4X2.5X3.25 R1 1/1

Unconfirmed

NAME: MRS MOUSHOMI DEY	AGE/SEX: 52Y/F	OP NUMBER: 160740
Ref By : SELF	DATE: 29-12-2023	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.2	IVS(D): 1.1	MV: E Vel: 0.3	A Vel : 0.5
LA: 2.5	LVIDD(D): 3.7	AV Peak: 1.1	
	LVPW(D):1.0		
	IVS(S): 1.3		
	LVID(S):2.6		
	LVEF: 60%		
	LVPW(S): 1.2		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal
Pericardium:	Normal

IVC:	Normal
Others	---

IMPRESSION :

Normal cardiac chamber and valves

No Regional wall motion abnormality

No MR/AR/TR

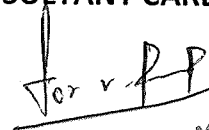
No clot/vegetation/pericardial effusion

Grade I LV diastolic dysfunction

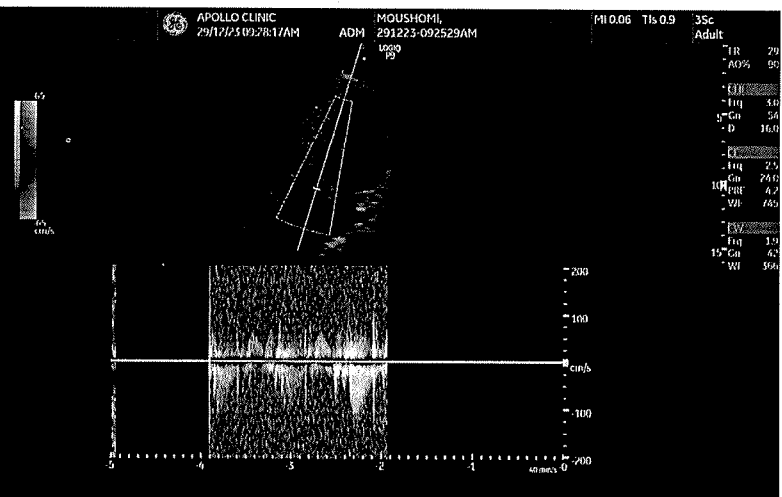
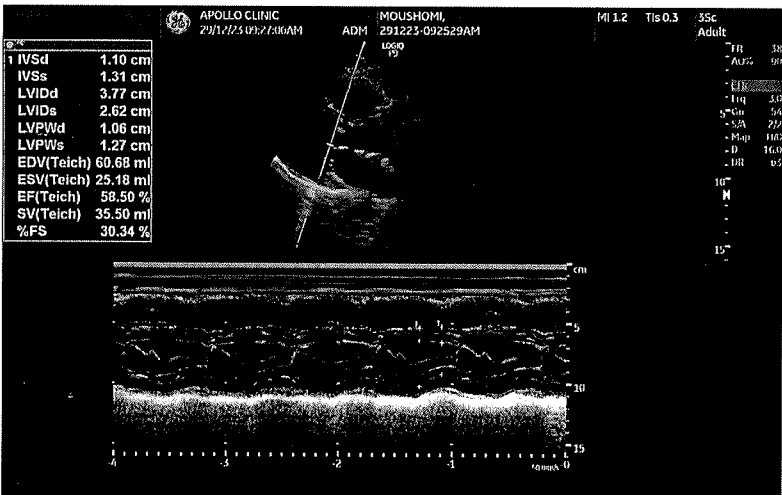
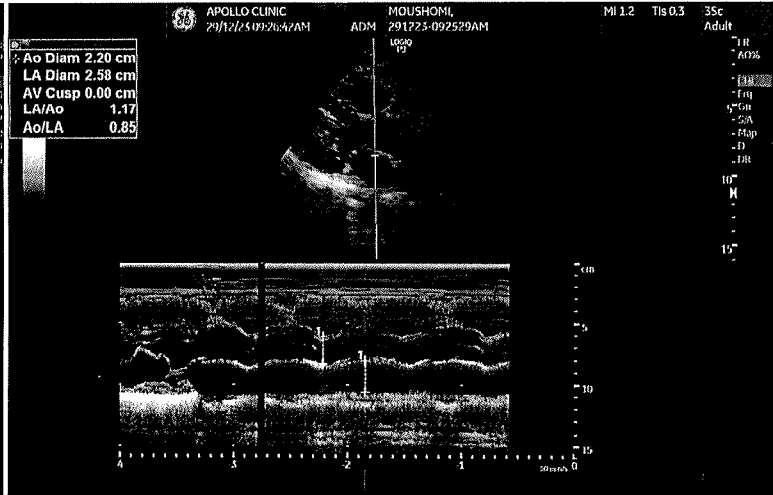
Normal LV systolic function - LVEF= 60%

DR ROCKEY KATHERIA MD DM

CONSULTANT CARDIOLOGIST



Dr. ROCKEY KATHERIA
MBBS, MD, DM(Cardio)
Consultant Cardiologist
KMC Reg No. 94738
Apollo Clinic



From: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Sent: 28 December 2023 11:04

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>

Subject: Health checkup booking no. 16

Dear Team

Please find the attached health checkup booking file and confirm the same.

Arcofemi MediWheel Full Body Annual Plus Check Advanced Female 2D ECHO	bobS3699	Moushomi Dey
---	----------	--------------

Thanks & Regards

Lav Gupta

Patient Name : Mrs. Moushomi Dey

Age : 52 Y F

UHID : CINR.0000160740

OP Visit No : CINROPV214680

Reported on : 29-12-2023 15:18

Printed on : 29-12-2023 15:19

Adm/Consult Doctor :

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:29-12-2023 15:18

---End of the Report---

Dr. RAMESH G
MBBS DMRD
RADIOLOGY



Patient Name : Mrs. Moushomi Dey

Age/Gender : 52 Y/F

UHID/MR No. : CINR.0000160740

OP Visit No : CINROPV214680

Sample Collected on :

Reported on : 29-12-2023 16:15

LRN# : RAD2194690

Specimen :

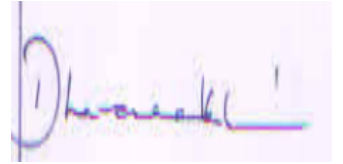
Ref Doctor : SELF

Emp/Auth/TPA ID : 943556816

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

THERMAL SONO MAMMOGRAPHY DONE.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mrs. Moushomi Dey

Age/Gender : 52 Y/F

UHID/MR No. : CINR.0000160740

OP Visit No : CINROPV214680

Sample Collected on :

Reported on : 29-12-2023 15:19

LRN# : RAD2194690

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 943556816

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. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name : Mrs. Moushomi Dey

Age/Gender : 52 Y/F

UHID/MR No. : CINR.0000160740

OP Visit No : CINROPV214680

Sample Collected on :

Reported on : 29-12-2023 13:04

LRN# : RAD2194690

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 943556816

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 5 mm.

OVARIES: Both ovaries appear normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Dr. AKSHAY A RESHMI
MBBS, MD (Radiology)
Radiology