

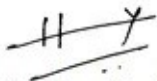
Patient Name : Mrs.RUBIYA SULTANA	Collected : 10/Aug/2024 09:00AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 10/Aug/2024 01:21PM
UHID/MR No : CBAS.0000093910	Reported : 10/Aug/2024 03:17PM
Visit ID : CBASOPV105342	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30489	

DEPARTMENT OF HAEMATOLOGY

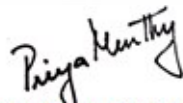
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	8.9	g/dL	12-15	Spectrophotometer
PCV	28.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.69	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	59.7	fL	83-101	Calculated
MCH	19	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	17.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,040	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.9	%	40-80	Electrical Impedence
LYMPHOCYTES	28.4	%	20-40	Electrical Impedence
EOSINOPHILS	5.3	%	1-6	Electrical Impedence
MONOCYTES	4	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4357.76	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1999.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	373.12	Cells/cu.mm	20-500	Calculated
MONOCYTES	281.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.16	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.18		0.78- 3.53	Calculated
PLATELET COUNT	326000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	45	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 17



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



Dr. Priya Murthy
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SIN No: BED240208459

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

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DEPARTMENT OF HAEMATOLOGY

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

RBCs: Show mild anisopoikilocytosis with Microcytic hypochromic RBCs. Few elliptocytes seen.

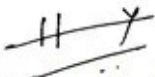
WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

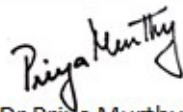
HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA

Note: Kindly evaluate for iron deficiency status.



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Consultant Pathologist



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SIN No: BED240208459

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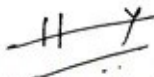
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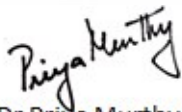
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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



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Consultant Pathologist



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SIN No: BED240208459

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Patient Name : Mrs.RUBIYA SULTANA	Collected : 10/Aug/2024 09:00AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 10/Aug/2024 02:05PM
UHID/MR No : CBAS.0000093910	Reported : 10/Aug/2024 02:44PM
Visit ID : CBASOPV105342	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30489	

DEPARTMENT OF BIOCHEMISTRY

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

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


Comment:

As per American Diabetes Guidelines, 2023

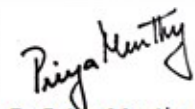
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 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.



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SIN No:PLF02199863

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Patient Name : Mrs.RUBIYA SULTANA	Collected : 10/Aug/2024 11:06AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 10/Aug/2024 06:09PM
UHID/MR No : CBAS.0000093910	Reported : 10/Aug/2024 06:34PM
Visit ID : CBASOPV105342	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30489	

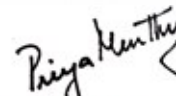
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	116	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.


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 Consultant Pathologist



SIN No:PLP1481036

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Patient Name : Mrs.RUBIYA SULTANA	Collected : 10/Aug/2024 09:00AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 10/Aug/2024 03:40PM
UHID/MR No : CBAS.0000093910	Reported : 10/Aug/2024 04:55PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated


Comment:

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

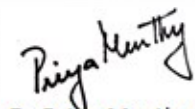
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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



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Consultant Pathologist



SIN No: EDT240085279

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Patient Name : Mrs.RUBIYA SULTANA	Collected : 10/Aug/2024 09:00AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	136	mg/dL	<200	CHO-POD
TRIGLYCERIDES	76	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	98	mg/dL	<130	Calculated
LDL CHOLESTEROL	83.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.59		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


Comment:

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

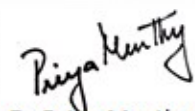
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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SIN No: SE04805206

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Patient Name : Mrs.RUBIYA SULTANA	Collected : 10/Aug/2024 09:00AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 10/Aug/2024 05:48PM
UHID/MR No : CBAS.0000093910	Reported : 10/Aug/2024 06:46PM
Visit ID : CBASOPV105342	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30489	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.57	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	79.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	3.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		0.9-2.0	Calculated

Comment:


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

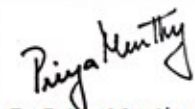
1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age


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SIN No:SE04805206

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

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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APOLLO CLINICS NETWORK

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 Karnataka- 560034


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Patient Name : Mrs.RUBIYA SULTANA
Age/Gender : 33 Y 6 M 0 D/F
UHID/MR No : CBAS.0000093910
Visit ID : CBASOPV105342
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S30489

Collected : 10/Aug/2024 09:00AM
Received : 10/Aug/2024 05:48PM
Reported : 10/Aug/2024 06:46PM
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

and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

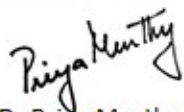
3. Synthetic function impairment:

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

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



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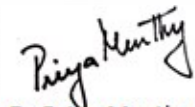
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.66	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	22.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.55	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.63	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	3.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		0.9-2.0	Calculated


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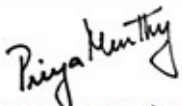
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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



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Patient Name : Mrs.RUBIYA SULTANA	Collected : 10/Aug/2024 09:00AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 10/Aug/2024 06:14PM
UHID/MR No : CBAS.0000093910	Reported : 10/Aug/2024 07:44PM
Visit ID : CBASOPV105342	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.03	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	11.24	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	3.860	µIU/mL	0.35-4.94	CMIA

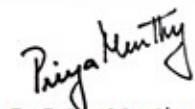
Comment:

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


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SIN No: SPL24130384

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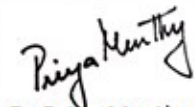
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DEPARTMENT OF IMMUNOLOGY

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

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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Patient Name : Mrs.RUBIYA SULTANA	Collected : 10/Aug/2024 08:59AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 10/Aug/2024 02:18PM
UHID/MR No : CBAS.0000093910	Reported : 10/Aug/2024 02:39PM
Visit ID : CBASOPV105342	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

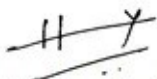
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.021		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	4	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

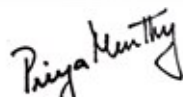
Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Page 14 of 17



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SIN No: UR2401987

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Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S30489

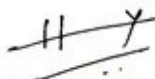
Collected : 10/Aug/2024 08:59AM
Received : 10/Aug/2024 02:18PM
Reported : 10/Aug/2024 02:39PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

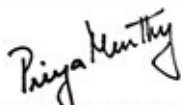
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Microscopy findings are reported as an average of 10 high power fields.

Page 15 of 17



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



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



SIN No: UR2401987

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE 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

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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Karnataka - 560034

 **1860 500 7788**
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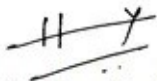
Patient Name : Mrs.RUBIYA SULTANA	Collected : 10/Aug/2024 08:59AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 10/Aug/2024 02:18PM
UHID/MR No : CBAS.0000093910	Reported : 10/Aug/2024 02:56PM
Visit ID : CBASOPV105342	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30489	

DEPARTMENT OF CLINICAL PATHOLOGY

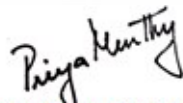
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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



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



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



SIN No: UF012027

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Karnataka - 560034

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Patient Name	: Mrs.RUBIYA SULTANA	Collected	: 10/Aug/2024 12:32PM
Age/Gender	: 33 Y 6 M 0 D/F	Received	: 11/Aug/2024 01:19PM
UHID/MR No	: CBAS.0000093910	Reported	: 13/Aug/2024 06:16PM
Visit ID	: CBASOPV105342	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S30489		

DEPARTMENT OF CYTOLOGY

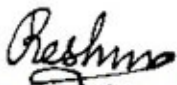
LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	17830/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	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



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

SIN No:CS084608

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

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

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Page 17 of 17
CAP
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1860 500 7788
www.apolloclinic.com

Patient Name	: Mrs. Rubiya Sultana	Age/Gender	: 33 Y/F
UHID/MR No.	: CBAS.0000093910	OP Visit No	: CBASOPV105342
Sample Collected on	:	Reported on	: 10-08-2024 17:37
LRN#	: RAD2399949	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S30489		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (13.7 cm) and appears normal in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear 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 echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 9.8x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 10.5x1.4 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

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 with anteverted position and measuring 8.3x4.0x4.6 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 0.9 cm. Copper-T insitive in endometrial cavity.

Both ovaries appear normal in size, shape and echotexture. Right ovary measuring 3.6x2.3 cm and left ovary measuring 3.9x2.3 cm. No evidence of any adnexal pathology noted.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

Others; Small umbilical hernia measuring 2.3 cm with omentum and bowel loops as content.

IMPRESSION:-

SMALL UMBILICAL HERNIA.

Suggested clinical correlation.

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

Patient Name : Mrs. Rubiya Sultana

Age/Gender : 33 Y/F



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mrs. Rubiya Sultana

Age/Gender : 33 Y/F

UHID/MR No. : CBAS.0000093910

OP Visit No : CBASOPV105342

Sample Collected on :

Reported on : 10-08-2024 14:40

LRN# : RAD2399949

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22S30489

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

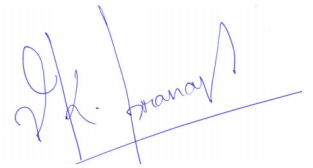
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.


Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

Name : Mrs. Rubiya Sultana Address : blr Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 33 Y Sex : F	UHID :CBAS.0000093910  <small>*CBAS.0000093910*</small> OP Number :CBASOPV105342 Bill No :CBAS-OCR-63674 Date : 10.08.2024 08:51
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2 D ECHO (5)	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION ✓ (8)	
7	DIET CONSULTATION —	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE ✓	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION (10)	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION —	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Physio
Dental

HT - 158
 WT - 80.7 kg
 BP - 110/63
 PR - 77 bpm

Author: *Yo*

Dr. Yogesh MD, DNB, J Reg No- K

Date: IST: 2024-08-10 10:06:05

Personal Details

UHID: 01P3FGAT6XP0S0Q
PatientID: 964337
Name: MRS RUBIYA
Age: 33
Gender: Female
Mobile: 8842688423

Pre-Existing Medical-Conditions

Vitals

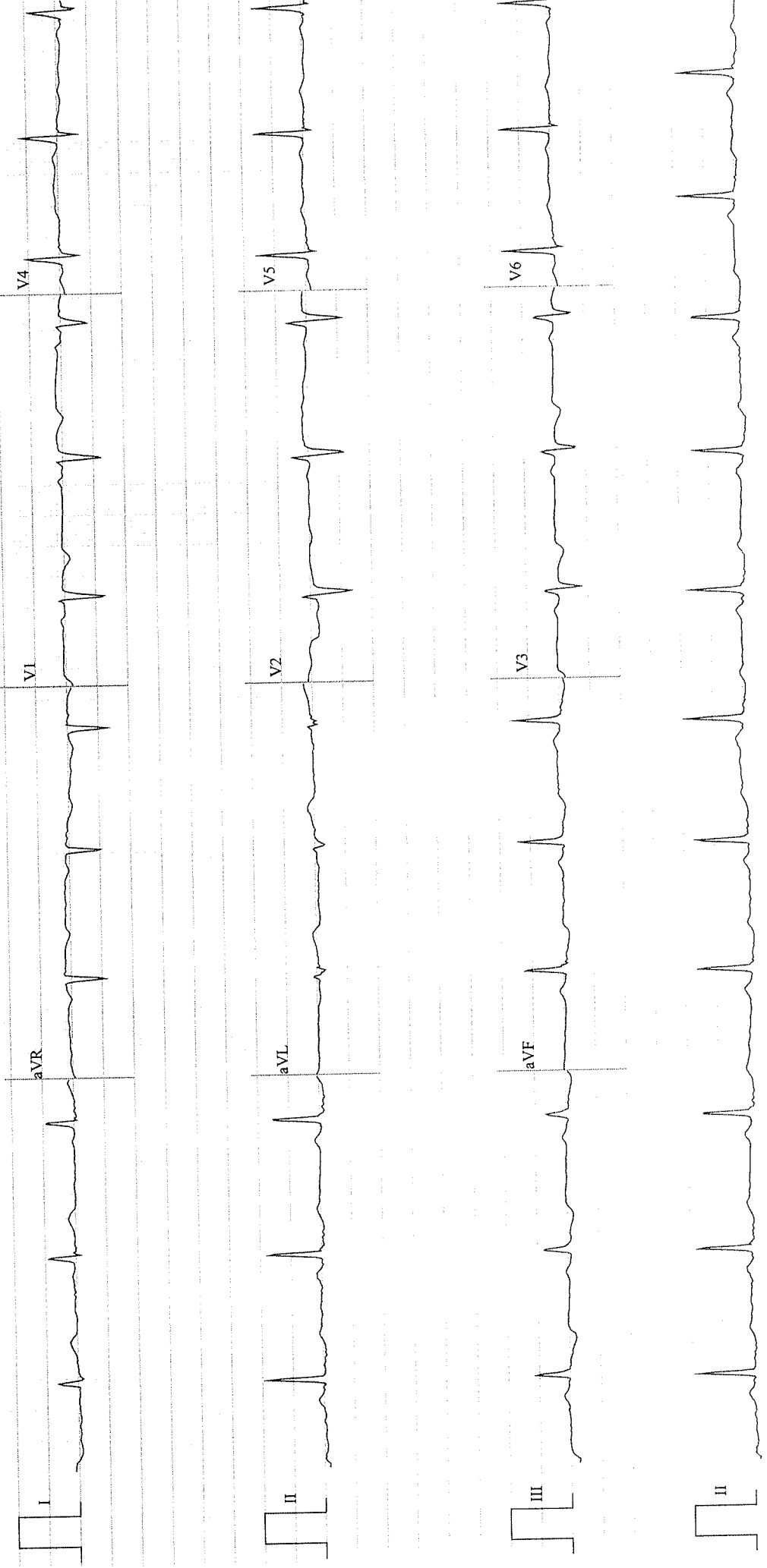
Measurements

HR: 69 BPM
PR: 154 ms
PD: 112 ms
QRSD: 89 ms
QRS Axis: 66 deg
QT/QTc: 381/381 ms

Interpretation

Normal sinus rhythm
Normal axis
Nonspecific T wave changes noted

This trace is generated by **Kardiograph**, Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from **IMEDRIX**



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV
Disclaimer: Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history. Symptoms and results of other non-invasive tests and must be interpreted by a qualified physician. Clinical correlation is important.

ECHOCARDIOGRAPHY REPORT

Name: MRS RUBIYA S

Age: 33 YEARS

GENDER: FEMALE

Consultant: Dr. VISHAL KUMAR H. DATE : 10/08/2024

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.68	m/sec	A	0.52	m/sec	No MR
Tricuspid Valve	E	0.56	m/sec	A	0.30	m/sec	No TR
Aortic Valve	Vmax	1.08	m/sec				No AR
Pulmonary Valve	Vmax	0.80	m/sec				No PR
Diastolic Dysfunction							

M-Mode Measurements

Parameter	Observed Value	Normal Range	
Aorta	2.7	2.6-3.6	cm
left Atrium	3.0	2.7-3.8	cm
Aortic Cusp Separation	1.6	1.4-1.7	cm
IVS - Diastole	1.0	0.9-1.1	cm
left Ventricle-Diastole	4.6	4.2-5.9	cm
Posterior wall-Diastole	1.0	0.9-1.1	cm
IVS-Systole	1.3	1.3-1.5	cm
left Ventricle-Systole	2.8	2.1-4.0	cm
Posterior wall-Systole	1.2	1.3-1.5	cm
Ejection Fraction	60	≥ 50	%
Fractional shortening	30	≥ 20	%
Right Ventricle	2.3	2.0-3.3	cm

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- Normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot
-

DR. VISHAL KUMAR H.

CLINICAL CARDIOLOGIST

Date : 10/8/2018
 MR No :
 Name : Mrs. Rubiya Sultan
 Age/Gender : 33yr
 Mobile no :

Department : NUTRITION & DIETETICS
 Consultant : DT, ROHINI RAGHU
 Reg No :
 Qualification : M.Sc, RD (food & nutrition)
 Consulting Timings :
 Phone No.; 080-26611236/8/9

Diagnosis -> Thyroidism (byn)

HT > 158 cm
 WT > 80.7 kg

Family H/O -> Both parents are DM II / HTN IBW > 62-65 kg

Advice -> 1600 kcal weight reduction diet

10 DA's -> 2 kg
 79 kg

Walk -> 30-40 min
 aft. dinner

6-8y (1 mth - 77 kg
 2 mth - 73 kg
 3 mth - 71 kg 72)

* 20-20-20 rule -> 20 min
 * BF by Diem -> No milk

4 mth - 68 kg
 5 mth - 65 kg
 6 mth - 62 kg

* What dose / qnt: Thy / am (2-3)

Water -> 8 glasses -> Mineral water

15-18 kg

cut fruits -> Apple

DT Rohini Raghu
 Dietitian
 9449349333

Mrs. Rubiya. Sultana

33/F

10/8/24

Dr Ankitha Preamik
MBBS, MS, DNB, FHO.

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Came for regular health check up
K/C/O Hypothyroidism on
T-Thyronom 50 mcg.
K/C/O Asthma & on Inhaler :
controlled.
O/E: Ear : B/L TM Intact
nose: B/L ITN.
pale.
oral cavity : wnm.
Adv: Flu + Thyroid profile
reports.

Follow up date:

Doctor Signature

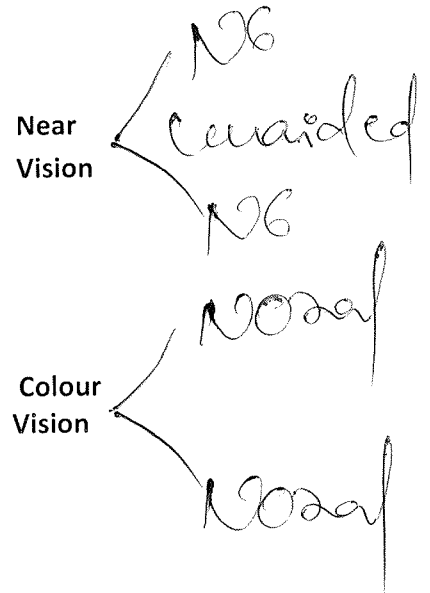
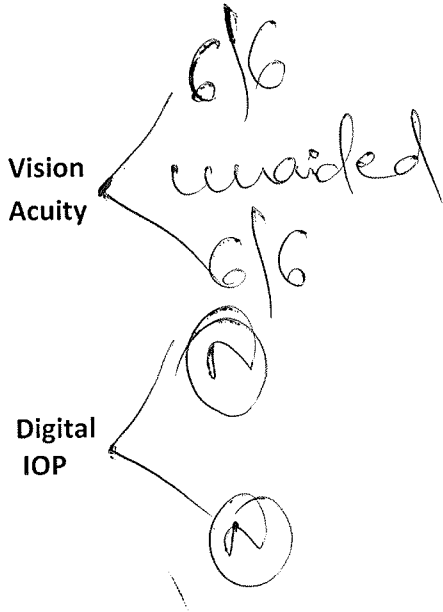
Dr Ankitha

Mrs Rania

33/M 93910

10/8/24

EYE CHECK UP REPORT



• Fundus: Normal @ study

• Ant. Segment :- normal

• Media: normal

• Pupil: normal

PHS

Apollo Clinic

CONSENT FORM

Patient Name: Rubiya Age: 33

UHID Number: Company Name:

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting
Tests done which is a part of my routine health check package.
And I claim the above statement in my full consciousness.

Rubiya e.p
Pending
Dental consultation

Patient Signature: Rubiya Date: 22/02/2022



ಭಾರತ ಸರ್ಕಾರ
Government of India



ರುಬಿಯ ಸುಲ್ತಾನ
Rubiya Sultana

ಜನ್ಮ ದಿನಾಂಕ / DOB: 09/06/1991

ಸ್ತ್ರೀ / Female

6035 0872 0172



ನನ್ನ ಗುರುತು, ನನ್ನ ಗುರುತು

प्रति,

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

महोदय/ महोदया,

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

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

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	RUBIYA SULTANA
जन्म की तारीख	09-06-1991
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	27-07-2024
बुकिंग संदर्भ सं.	24S164588100109174S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. AKRAM WASEEM G
कर्मचारी की क.कू.संख्या	164588
कर्मचारी का पद	CUSTOMER SERVICE ASSOCIATE
कर्मचारी के कार्य का स्थान	BANGALORE, CHOLANAGAR
कर्मचारी के जन्म की तारीख	12-09-1984

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **26-07-2024** से **31-03-2025** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

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



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

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