

Patient Name : Mrs.GEETHA H V	Collected : 24/Aug/2024 09:45AM
Age/Gender : 37 Y 0 M 0 D/F	Received : 24/Aug/2024 01:04PM
UHID/MR No : CIND.0000170857	Reported : 24/Aug/2024 04:10PM
Visit ID : CINDOPV237600	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30916	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

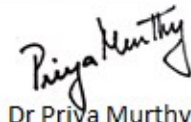
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	9.3	g/dL	12-15	Spectrophotometer
PCV	28.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.77	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	59.4	fL	83-101	Calculated
MCH	19.6	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	18.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,120	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.3	%	40-80	Electrical Impedance
LYMPHOCYTES	40.2	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	5.3	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3200.76	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2460.24	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	110.16	Cells/cu.mm	20-500	Calculated
MONOCYTES	324.36	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24.48	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.3		0.78- 3.53	Calculated
PLATELET COUNT	445000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: Show crowding and mild anisopoikilocytosis with predominance of Microcytic hypochromic RBCs. Occasional poikilocytes like target cells are seen..

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



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



Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
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PLATELETS: appear adequate in number.

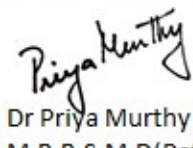
HEMOPARASITES: negative

**IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA**

**Note: Kindly evaluate for incipient iron deficiency status/hemoglobinopathy.**



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

AND LIFESTYLE LIMITED- RRL BANGALORE



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



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



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	197	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.


Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	316	mg/dL	70-140	HEXOKINASE

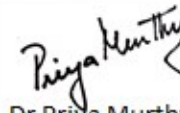
Comment:

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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	10.8	%		HPLC

Page 4 of 15

  
Dr.Govinda Raju N L  
MSc,PhD(Biochemistry)  
Consultant Biochemistry

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



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SIN No:IRA240801729

Apollo Health and Lifestyle Limited (CIN : U061107C2800PH6115830)  
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

Address:  
32, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016, Neeladri Nagar, Electronic city, Bengaluru, Karnataka - 560034

  
1860 500 7788  
www.apolloclinic.com

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ESTIMATED AVERAGE GLUCOSE (eAG)	263	mg/dL	Calculated
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Comment:

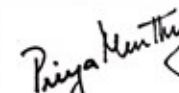
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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.Govinda Raju N L  
 MSc,PhD(Biochemistry)  
 Consultant Biochemistry

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



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 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	151	mg/dL	<200	CHO-POD
TRIGLYCERIDES	147	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	110	mg/dL	<130	Calculated
LDL CHOLESTEROL	81	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.69		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.19</b>		<0.11	Calculated

**Comment:**

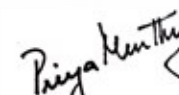
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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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MSc,PhD(Biochemistry)  
Consultant Biochemistry

  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.43	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.36	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	83.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.68</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated

**Comment:**

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

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

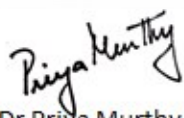
3. Synthetic function impairment:

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

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



Dr.Govinda Raju N L  
MSc,PhD(Biochemistry)  
Consultant Biochemistry



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



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**Apollo Health and Lifestyle Limited** (CIN - U06110TC2800PHG115849)  
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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744


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Karnataka - 560034

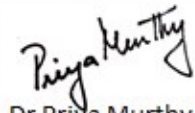
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 **1860 500 7788**  
www.apolloclinic.com

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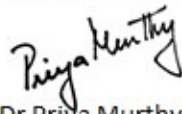
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<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.70	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	<b>14.60</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.8</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.94	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.24	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	8.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.68</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated



Dr.Govinda Raju N L  
MSc,PhD(Biochemistry)  
Consultant Biochemistry



Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
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Address:  
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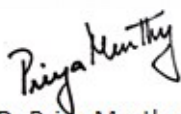
**APOLLO CLINICS NETWORK**  
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | 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)

Patient Name : Mrs.GEETHA H V	Collected : 24/Aug/2024 09:45AM
Age/Gender : 37 Y 0 M 0 D/F	Received : 24/Aug/2024 12:12PM
UHID/MR No : CIND.0000170857	Reported : 24/Aug/2024 01:38PM
Visit ID : CINDOPV237600	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30916	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	28.00	U/L	<38	IFCC



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



Patient Name : Mrs.GEETHA H V	Collected : 24/Aug/2024 09:45AM
Age/Gender : 37 Y 0 M 0 D/F	Received : 24/Aug/2024 12:13PM
UHID/MR No : CIND.0000170857	Reported : 24/Aug/2024 04:31PM
Visit ID : CINDOPV237600	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30916	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.6	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.381	µIU/mL	0.34-5.60	CLIA

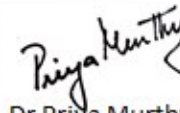
Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

  
**Dr. Govinda Raju N L**  
 MSc, PhD (Biochemistry)  
 Consultant Biochemistry

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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE  
 SIN No: IRA240801731

**Apollo Health and Lifestyle Limited** (CIN - U081107C2800PH6115849)  
 This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory  
 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

Address:  
 Apollo Health and Lifestyle Limited, Apollo Health and Lifestyle Ltd, RRL BANGALORE Laboratory,  
 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka - 560034


  
**1860 500 7788**  
 www.apolloclinic.com

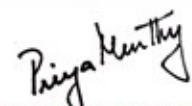
Patient Name : Mrs.GEETHA H V	Collected : 24/Aug/2024 09:45AM
Age/Gender : 37 Y 0 M 0 D/F	Received : 24/Aug/2024 12:13PM
UHID/MR No : CIND.0000170857	Reported : 24/Aug/2024 04:31PM
Visit ID : CINDOPV237600	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30916	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--

  
**Dr.Govinda Raju N L**  
 MSc,PhD(Biochemistry)  
 Consultant Biochemistry

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



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

SIN No:IRA240801731

**Apollo Health and Lifestyle Limited**

(CIN - U06110TC2000PHG115819)  
 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

Address:  
 32-3/100/125, Doddabangla Village, Neeladri Main Road,  
 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka- 560034



Patient Name : Mrs.GEETHA H V	Collected : 24/Aug/2024 09:45AM
Age/Gender : 37 Y 0 M 0 D/F	Received : 24/Aug/2024 02:02PM
UHID/MR No : CIND.0000170857	Reported : 24/Aug/2024 02:10PM
Visit ID : CINDOPV237600	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30916	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.011		1.002-1.030	Refractometric
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

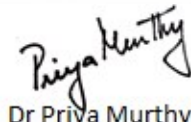
**Comment:**

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

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



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

AND LIFESTYLE LIMITED- RRL BANGALORE

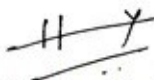


Patient Name : Mrs.GEETHA H V	Collected : 24/Aug/2024 09:45AM
Age/Gender : 37 Y 0 M 0 D/F	Received : 24/Aug/2024 07:47PM
UHID/MR No : CIND.0000170857	Reported : 24/Aug/2024 08:39PM
Visit ID : CINDOPV237600	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30916	

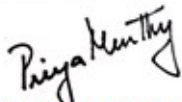
**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE +++		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



Patient Name : Mrs.GEETHA H V	Collected : 24/Aug/2024 09:45AM
Age/Gender : 37 Y 0 M 0 D/F	Received : 24/Aug/2024 02:02PM
UHID/MR No : CIND.0000170857	Reported : 24/Aug/2024 02:59PM
Visit ID : CINDOPV237600	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30916	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

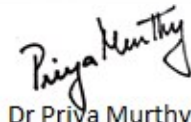
Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



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

AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mrs.GEETHA H V  
Age/Gender : 37 Y 0 M 0 D/F  
UHID/MR No : CIND.0000170857  
Visit ID : CINDOPV237600  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22S30916

Collected : 24/Aug/2024 09:45AM  
Received : 24/Aug/2024 02:02PM  
Reported : 24/Aug/2024 02:59PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

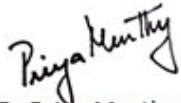
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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



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



SIN No:IRA240801725

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



---

Patient Name	: Mrs. GEETHA H V	Age	: 37Yrs 1Days
UHID	: CIND.0000170857	OP Visit No.	: CINDOPV237600
Printed On	: 24-08-2024 10:57 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S30916		

---

## DEPARTMENT OF RADIOLOGY

---

### ULTRASOUND ABDOMEN AND PELVIS

**LIVER:** Appears normal in size, **shape and show mild diffusely increased echogenicity.** 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 (12.4cm), 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 6mm.

**OVARIES:** Both ovaries appearing normal in size and echopattern.


No free fluid is seen.

---

**IMPRESSION:**

**GRADE I FATTY LIVER.**

---End Of The Report---



Dr.DHANALAKSHMI B

--

--

Radiology

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---

Patient Name	: Mrs. GEETHA H V	Age	: 37Yrs 1Days
UHID	: CIND.0000170857	OP Visit No.	: CINDOPV237600
Printed On	: 24-08-2024 08:37 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S30916		

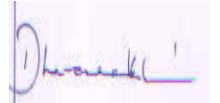
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**DEPARTMENT OF RADIOLOGY**

---

**THERMAL SONO MAMOGRAPHY DONE.**

---End Of The Report---



Dr.DHANALAKSHMI B

--

--

Radiology

Patient Name	: Mrs. GEETHA H V	Age	: 37Yrs 1Days
UHID	: CIND.0000170857	OP Visit No.	: CINDOPV237600
Printed On	: 24-08-2024 02:13 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S30916		

---

**DEPARTMENT OF RADIOLOGY**

---

**X RAY CHEST PA**

Both lungs fields appear normal.

Both hilae are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

**IMPRESSION : NORMAL STUDY.**

---End Of The Report---



**Dr.RAMESH G**

--

--

**Radiology**

Name : Mrs. GEETHA H V

Age : 37Y 0M

UHID : CIND.0000170857

Address : Horamavu Bangalore Karnataka INDIA 560043

sex : Female



CIND.0000170857

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC  
CREDIT PAN INDIA OP AGREEMENT

OP No: CINDOPV237600

Bill No: CIND-OCR-100864

Date: Aug 24th, 2024, 9:23 AM

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

Date : 24/08/2024 Department :  
 Patient Name : Mrs. GEETHA H V Doctor :  
 UHID : CIND.0000170857 Registration No. : --  
 Age / Gender : 37Yrs / Female Qualification : --  
 Consultation Timing : 9:25 AM

Height : 157 cm	Weight : 61.4 kg	BMI : 24.9 kg/m <sup>2</sup>	Waist Circum : 80 cm
Temp : 97.1 °f	Pulse : 81 bpm	Resp : 18 cpm	B.P : 120/73 mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Asymptomatic 37yr, L3 (Tubercis) - 5 days back,  
 Hayden, nil complaints, (LSCS) (TK done)  
 Review monthly / papsmeas  
 Adv  
 Adv vaccine

POE  
 Adv  
 w/s. Chb & pelin  
 ds

Follow up date:

Doctor Signature

## OPHTHAL PRESCRIPTION

PATIENT NAME : *Geetha, H.V*

DATE : *24/8/24*

UHID NO :

AGE : *37*

OPTOMETRIST NAME: Ms.Swathi

GENDER: *F*

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance				<i>6/6</i>				<i>6/6</i>
Add				<i>No</i>				<i>No</i>

PD - RE: \_\_\_\_\_ -LE: \_\_\_\_\_

Colour Vision: *Normal* *13/13*

Remarks: \_\_\_\_\_

Apollo clinic Indiranagar

24.08.2024

Mrs. Geetha H.v

42 yo / F.

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Arcospir - AHC

Ears : NAD

Nose : NAD

Throat : NAD

Follow up date:

Dr. RAVINDRAN  **Doctor Signature**  
M.B.B.S., D.L.O.

E.N.T. SURGEON

BOOK YOUR APPOINTMENT TODAY!

Whatsapp Number : 970 100 3333

Toll Number : 1860 500 7788

Website : www.apolloclinic.com



Geetha h v  
ID: 170857

24.08.1982  
42 Years

Female

24.08.2024 13:23:08  
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

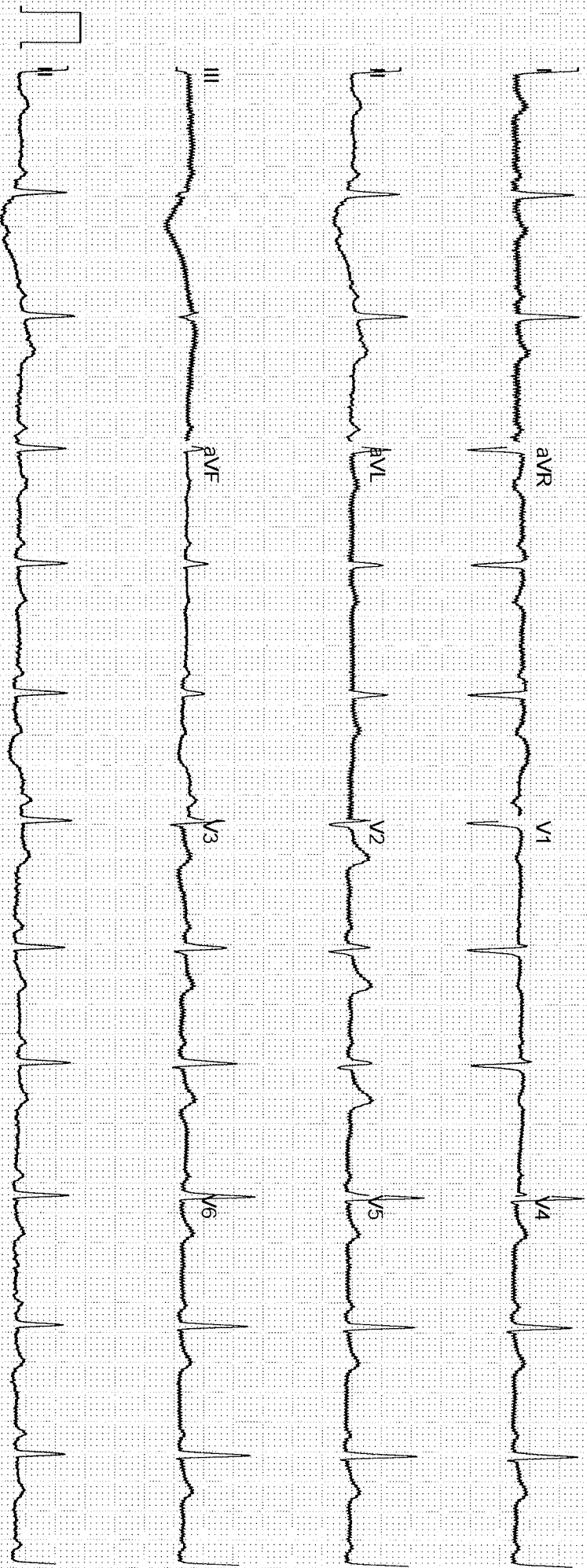
ARROW CC

Location: Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

QRS: 180 ms  
QT / QTcBaz: 488 / 530 ms  
PR: - ms  
P: - ms  
RR / PP: 840 / 1714 ms  
P / QRS / T: - / 174 / 186 degrees

Dr. M. SUDHAKAR RAO  
M.B.B.S., D.M. (Cardiology), F.R.C.C., F.R.C.P.  
Cardiologist  
KMC Regional Institute of Health Sciences  
Mysuru, Karnataka

71 bpm  
- / - mmHg



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 GEETHA H V	AGE/SEX: 37/F	OP NUMBER: 170857
Ref By : SELF	DATE: 24-08-2024	

**M mode and doppler measurements:**

CM	CM	M/sec	
AO: 2.2	IVS(D): 0.9	MV: E Vel: 0.8	A Vel : 0.5
LA: 2.4	LVIDD(D): 3.9	AV Peak: 1.0	
	LVPW(D): 1.0	PV peak: 0.6	
	IVS(S):1.2		
	LVID(S): 2.6		
	LVPW(S): 1.3		
	LVEF: 60%		
	TAPSE: 1.8		

**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**

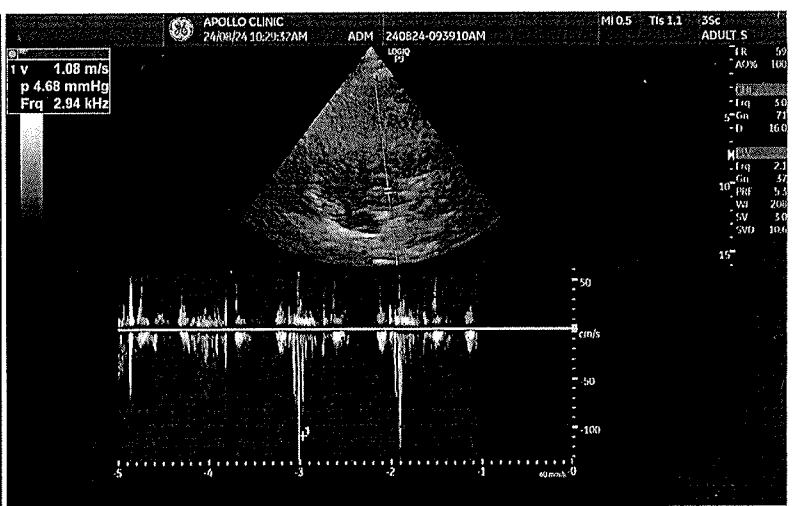
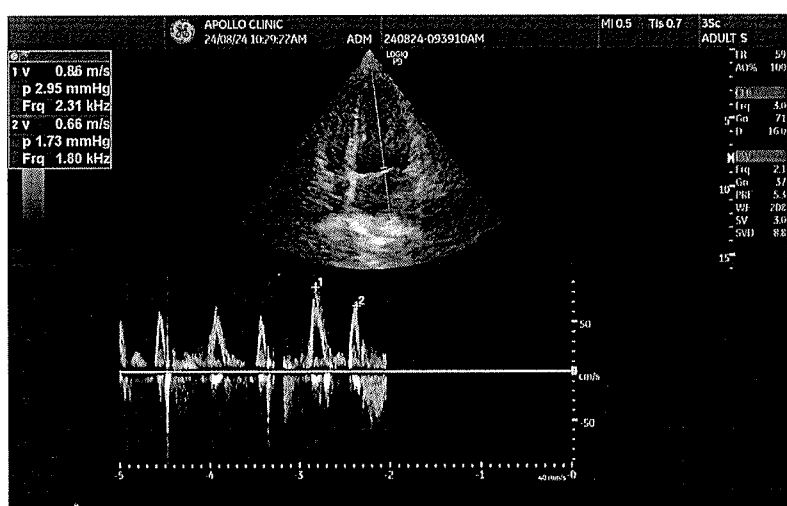
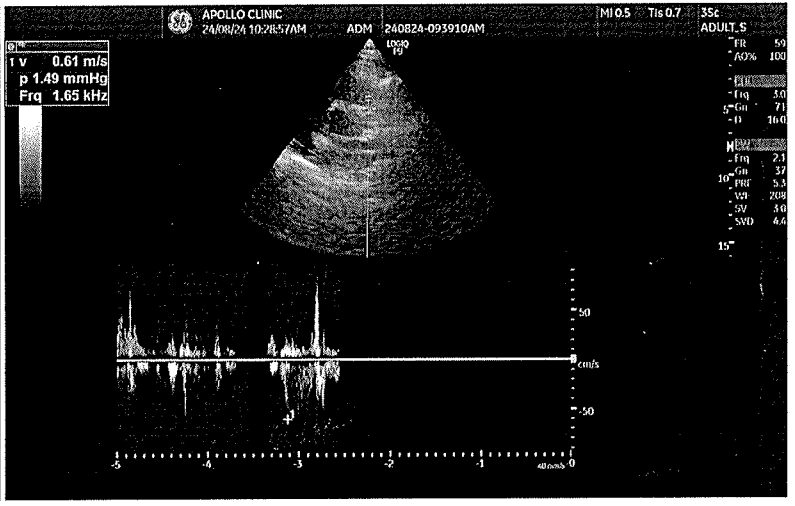
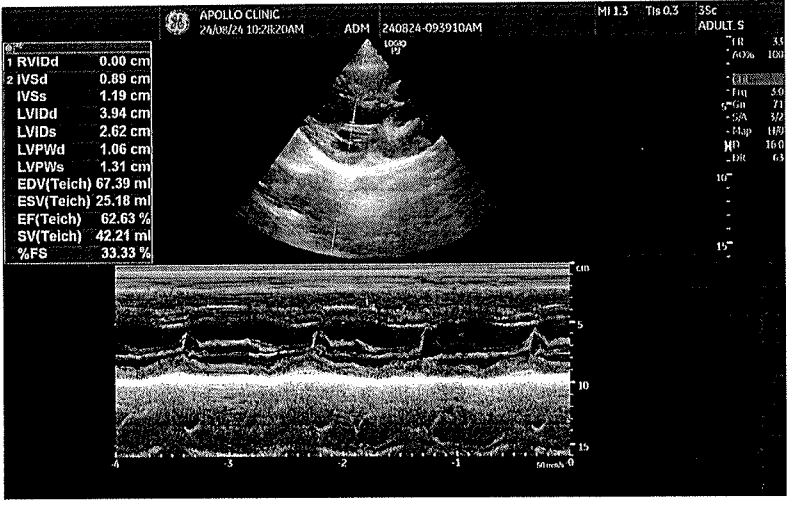
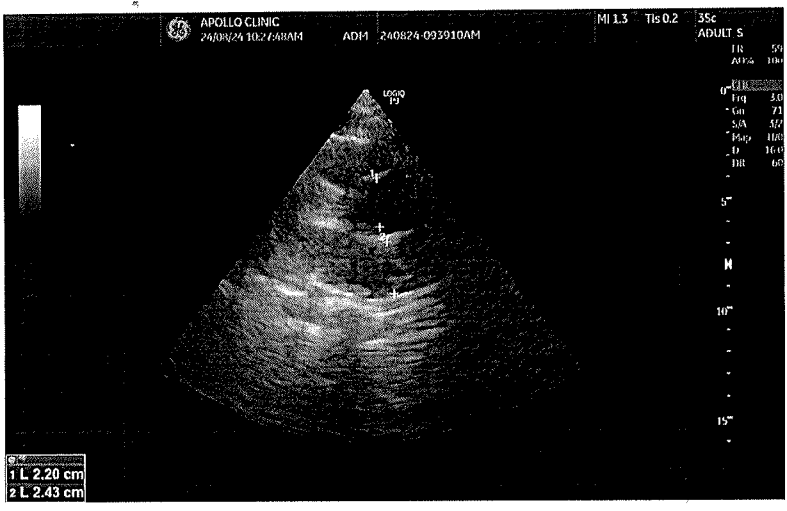
**Grade I diastolic dysfunction**

**Normal LV systolic function - LVEF=60 %**

**DR JAGADEESH H V MD,DM**

**CONSULTANT CARDIOLOGIST**





# Breast Health Report

## Thermalytix® 180

Patient ID: CIND\_170857

### General Details

Name:	Geetha Hv	Centre:	Apollo Clinic Indiranagar
Age:	42	Report Generation Date:	Aug 24, 2024, 4:20 PM
Gender:	Female	Scan Date:	Aug 24, 2024, 11:57 AM

### Clinical Details

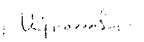
LMP:	19/08/2024	Hormone Therapy:	None.
Pregnant/Lactating:	No.	Number of children breast-fed:	>=3
Patient Complaints:	None		
Cancer History:	No patient cancer history. No family cancer history.		
Surgeries:	None.		

### Thermalytix Scores

Body Temperature:	28.94 °C to 35.77 °C		
Hotspot Score:	0.09	Hotspot Symmetry:	100 %
Areolar Score:	0.02	Areolar Symmetry:	100 %
Vascular Score:	0.25	Ensemble Score:	0.03
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	No	No
Lump Detected	N/A	N/A



Dr. H. V. BANPRKASH MBBS, DNB, MCh  
 Chief Physician, IASCT  
 HANGING STREET

Disclaimer : Thermalytix® does not replace mammography or any other anatomical imaging test. It is not intended for use by individuals for self-diagnosis or for self-evaluation. This report requires clinical correlation and should be presented to a Qualified Healthcare Professional to determine the nature of the appropriate follow-up and course of action/evaluation.

## Breast Health Report

### Thermalytix<sup>®</sup> 180

Patient ID: CIND\_170857

#### Impression

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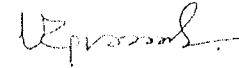
Right Breast      No focal thermal increase is seen. Warm thermal pattern is noted.

Left Breast        No focal thermal increase is seen. Warm thermal pattern is noted.

#### Recommendation

---

Normal Thermal Scan.



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

Write to [support@niramai.com](mailto:support@niramai.com) for detailed report. Additional charges may apply.

## Breast Health Report

### Thermalytix® 180

Patient ID: CIND\_170857

#### 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, which detects breast abnormalities in privacy aware manner.

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

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



To,

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

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	GEETHA H.V
DATE OF BIRTH	24-08-1982
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	24-08-2024
BOOKING REFERENCE NO.	24S62906100110334S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. C SRIDHAR
EMPLOYEE EC NO.	62906
EMPLOYEE DESIGNATION	SPECIAL OFFICE ASSISTANT
EMPLOYEE PLACE OF WORK	BANGALORE, RESIDENCY ROAD
EMPLOYEE BIRTHDATE	01-06-1980

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **08-08-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM & Marketing Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))





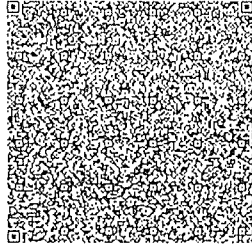
ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 4050/00196/04188

To  
ಗೀತಾ  
Geetha  
W/O: Shridhar,  
# 43,  
VTC: Vaddarapalya,  
PO: Horamavu,  
Sub District: Bangalore South,  
District: Bangalore,  
State: Karnataka,  
PIN Code: 560043,  
Mobile: 9740000495

Signature invalid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8514 5634 6740

VID : 9163 6052 7765 6842

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India

Aadhaar no. issued: 28/12/2013



ಗೀತಾ  
Geetha  
ಜನ ದಿನಾಂಕ/DOB: 24/08/1982  
ಸ್ತ್ರೀ/FEMALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ಡಿಜಿಟಲೈಸೇಶನ್ ಅಥವಾ QR ಕೋಡ್, ಆನ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used only with verification (online authentication or scanning of QR code / offline XML)

8514 5634 6740

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Government of India



ಮಾಹಿತಿ / INFORMATION

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಯಾವುದೇ ಪ್ರಾಧಿಕಾರದ ವಿಧೇಯಕದಲ್ಲಿ ನಿರ್ದಿಷ್ಟಪಡಿಸಿರುವಂತೆ, ನಿವಾಸಿಗಳು ಒದಗಿಸಿದ ದಾಖಲೆಯ ಪುರಾವೆಯನ್ನು ಸಾರವಾಗಿ ಆಧಾರ್ ನಲ್ಲಿ ಜನನದಿನಾಂಕವನ್ನು ದಾಖಲಿಸಲಾಗಿದೆ.

ಈ ಆಧಾರ್ ಪತ್ರದ ಪರಿಶೀಲನೆಯನ್ನು ಆನ್‌ಲೈನ್‌ನಲ್ಲಿ ಯಾವುದೇ ಸೇವಿಸಿದ ದೃಢೀಕರಣ ಸಂಖ್ಯೆ ಮೂಲಕ ಅಥವಾ ಅಪ್ಲಿಕೇಶನ್ ಸ್ಕ್ಯಾನಿಂಗ್‌ನಲ್ಲಿ ಲಭ್ಯವಿರುವ mAadhaar ಮೂಲಕ ಅಥವಾ ಆಧಾರ್ QR ಸ್ಕ್ಯಾನರ್ ಅಪ್ಲಿಕೇಶನ್ ಉಪಯೋಗಿಸಿ ಅಥವಾ www.uidai.gov.in ನಲ್ಲಿ ಲಭ್ಯವಿರುವ ಸುರಕ್ಷಿತ QR ಕೋಡ್ ರೀಡರ್ ಅಪ್ಲಿಕೇಶನ್ ಅನ್ನು ಬಳಸಿಕೊಂಡು QR ಕೋಡ್ ಸ್ಕ್ಯಾನಿಂಗ್ ಮಾಡಬಹುದು.

ಆಧಾರ್ ವಿಶಿಷ್ಟವಾಗಿದೆ ಮತ್ತು ಸುರಕ್ಷಿತವಾಗಿದೆ.

ಆಧಾರ್ ದಾಖಲಾದ ದಿನಾಂಕದಿಂದ ಪ್ರತಿ 10 ವರ್ಷಗಳಿಗೊಮ್ಮೆ ಗುರುತು ಮತ್ತು ವಿಳಾಸವನ್ನು ಬೆಂಬಲಿಸುವ ದಾಖಲೆಗಳನ್ನು ಆಧಾರ್‌ನಲ್ಲಿ ಕಡ್ಡಾಯವಾಗಿ ನವೀಕರಿಸಬೇಕು.

ವಿವಿಧ ಸರ್ಕಾರಿ ಮತ್ತು ಸರ್ಕಾರೀ ಪ್ರಯೋಜನಗಳನ್ನು / ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯ ಮಾಡುತ್ತದೆ.

ನಿಮ್ಮ ಮೊಬೈಲ್ ಸಂಖ್ಯೆ ಮತ್ತು ಇಮೇಲ್ ಐಡಿಯನ್ನು ಆಧಾರ್‌ನಲ್ಲಿ ನವೀಕರಿಸಿ.

ಆಧಾರ್ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು mAadhaar ಅಪ್ಲಿಕೇಶನ್ ಡೌನ್‌ಲೋಡ್ ಮಾಡಿ.

ಆಧಾರ್/ಬಯೋಮೆಟ್ರಿಕ್‌ಗಳನ್ನು ಬಳಸದೇ ಇರುವಾಗ ಭದ್ರತೆಯನ್ನು ಖಚಿತಪಡಿಸಿ ಕೊಳ್ಳಲು ಲಾಕ್/ಅನ್‌ಲಾಕ್ ಆಧಾರ್/ಬಯೋಮೆಟ್ರಿಕ್ಸ್ ಸೌಲಭ್ಯವನ್ನು ಬಳಸಿ.

ಆಧಾರ್ ಕೋಡ್‌ನ ಸಂಖ್ಯೆಗಳು ನಿಮ್ಮ ಒಪ್ಪಿಗೆ ಪಡೆಯಲು ಬದಲಾಗಬಹುದು.

Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.

This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.

Aadhaar is unique and secure.

Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.

Aadhaar helps you avail of various Government and Non-Government benefits/services.

Keep your mobile number and email id updated in Aadhaar.

Download mAadhaar app to avail of Aadhaar services.

Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.

Entities seeking Aadhaar are obligated to seek consent.

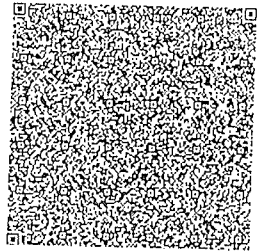


ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

Details as on: 19/03/2024

ವಿಳಾಸ:  
W/O: ಶ್ರೀಧರ, # 43, ವದ್ದರಪಾಳ್ಯ, ಹೊರಮಾವು,  
ಬೆಂಗಳೂರು,  
ಕರ್ನಾಟಕ - 560043

Address:  
W/O: Shridhar, # 43, Vaddarapalya, PO:  
Horamavu, DIST: Bangalore,  
Karnataka - 560043



8514 5634 6740

VID : 9163 6052 7765 6842

1947

help@uidai.gov.in

www.uidai.gov.in

Geetha

Verified With Original  
ಕೃತೆ ಬೆಂಕಿ ಆಫ್ ಬೆಂಗಳೂರು / FOL BANK OF BARODA

ಸಹಾಯಕ ಪ್ರबंधक / Asst. Manager  
रेसिडेंसी रोड शाखा, बेंगलूरु-560 025  
Residency Road Br., Bengaluru - 560 025