


Patient Name : Mrs.LEELAVATHI K	Collected : 24/Aug/2024 09:35AM
Age/Gender : 49 Y 7 M 23 D/F	Received : 24/Aug/2024 12:20PM
UHID/MR No : CVIS.0000126917	Reported : 24/Aug/2024 04:10PM
Visit ID : CVISOPV127138	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31232	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



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



SIN No: VIS240801790

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


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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.8	g/dL	12-15	Spectrophotometer
PCV	38.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.33	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.6	%	40-80	Electrical Impedance
LYMPHOCYTES	37.4	%	20-40	Electrical Impedance
EOSINOPHILS	5.1	%	1-6	Electrical Impedance
MONOCYTES	3.8	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2948	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2057	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	280.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	209	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.43		0.78- 3.53	Calculated
PLATELET COUNT	177000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	83	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

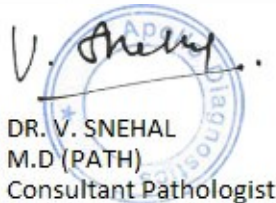
Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	114	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC

Page 4 of 14



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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL	Calculated
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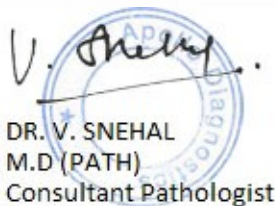
Comment:

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)



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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	212	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	81	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	173	mg/dL	<130	Calculated
LDL CHOLESTEROL	156.54	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.16	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.43		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<0.11	Calculated

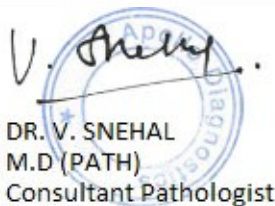
Comment:

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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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.56	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.11	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	0-34	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	80.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.86	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.53	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.33	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		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:

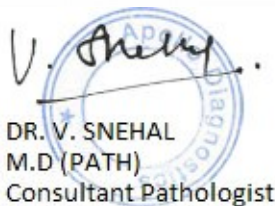
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. 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.



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

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



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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.65	mg/dL	0.7-1.2	Enzymatic
UREA	18.34	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.77	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.00	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.86	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.53	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.33	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		0.9-2.0	Calculated



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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.40	U/L	0-38	IFCC



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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.397	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	10.815	µg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	2.755	µIU/mL	0.35-4.75	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.25-4.33 uIU/mL
Second trimester	0.43-6.61 uIU/mL
Third trimester	0.38-6.22 uIU/mL

- 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



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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Refractometric
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
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	0	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	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.



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SIN No: VIS240801795

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

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

Result/s to Follow:

GLUCOSE (POST PRANDIAL) - URINE



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M.D (PATH)
Consultant Pathologist

SIN No: VIS240801794

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

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)

GSTIN: 37AADCA0733E1Z6

Address: 50-81-1/2, Plot no. 5, Seethammapeta,
Visakhapatnam, Andhra Pradesh



Patient Name : Mrs.LEELAVATHI K
Age/Gender : 49 Y 7 M 23 D/F
UHID/MR No : CVIS.0000126917
Visit ID : CVISOPV127138
Ref Doctor : Self
Emp/Auth/TPA ID : 22S31232

Collected : 24/Aug/2024 09:35AM
Received : 24/Aug/2024 01:59PM
Reported : 24/Aug/2024 04:04PM
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. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:VIS240801794

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

Patient Name	: Mrs. LEELAVATHI K	Age	: 49Yrs 7Mths 26Days
UHID	: CVIS.0000126917	OP Visit No.	: CVISOPV127138
Printed On	: 24-08-2024 07:08 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S31232		

DEPARTMENT OF RADIOLOGY

Liver 11.7 cm. appears normal in size and echotexture . No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of peri GB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein is normal.

Pancreas appears normal in echo pattern. No focal/mass lesion/calcification. No evidence of per pancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney measures : 9.0 x 4.1 cm

Left kidney measures : 9.2 x 4.4 cm

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus :Post hysterectomy status.

Both ovaries: Not seen.

IMPRESSION:-

No significant abnormality detected.

Suggest – 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.

---End Of The Report---

K. Sudha

DR. KARROTU SUDHA

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Radiology

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Leelavathi on 24/8/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after.....</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	

Dr. C. INDIRA PRIYADARSHINI
MBBS

Regd. No. 63148

Apollo Family Physician

This certificate is not meant for medico-legal purposes

Apollo Clinic, Seethammappa, Vizag

Apollo Family Physician

Regd. No. 63148

MBBS

Medical Officer

Dr. C. INDIRA PRIYADARSHINI

Patient Name	: Mrs. LEELAVATHI K	Age	: 49Yrs 7Mths 23Days
UHID	: CVIS.0000126917	OP Visit No.	: CVISOPV127138
Printed On	: 24-08-2024 03:34 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S31232		

DEPARTMENT OF CARDIOLOGY

Ao (ed)	2.8 CM
LA (es)	2.2 CM
LVID (ed)	4.2 CM
LVID (es)	2.5 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	1.0 CM
EF	60.00%
%FD	31.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

LEFT VENTRICLE:

NO REGION WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

PF: 1.0 m/sec

MF : E>A

AF : 1.0m/sec.

IMPRESSION:-

NORMAL CHAMBERS.

NO RWMA.

GOOD LV/ RV FUNCTION.

NO MR/ AR/ TR/ PAH.

NO CLOT.

NO PERICARDIAL EFFUSION.

LVEF : 60% .

---End Of The Report---



DR. APPALA NAIDU L S

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Cardiology

Patient Name	: Mrs. LEELAVATHI K	Age	: 49Yrs 7Mths 23Days
UHID	: CVIS.0000126917	OP Visit No.	: CVISOPV127138
Printed On	: 24-08-2024 03:12 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S31232		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 67 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH FOR FUTURE REFERENCE IF NEEDED

---End Of The Report---



DR. APPALA NAIDU L S

--

--

Cardiology

BANK OF BARODA

NAME : MYS. K. LEECLAVATHI GENDER : F
 AGE : 49 DATE : 24/8/24

P4P / 42.75
 42.75 mmHg

OPHTHALMOLOGY SCREENING REPORT

VISION : (OD) 6/6 OS) 6/6 88

DISTANCE : nb 26

NEAR VISION :

COLOUR VISION : - WNL -

ANT.SEGMENT : —————

CONJUNCTIVA : —————

CORNEA : —————

PUPIL : —————

FUNDUS : —————

IMPRESSION : WNL

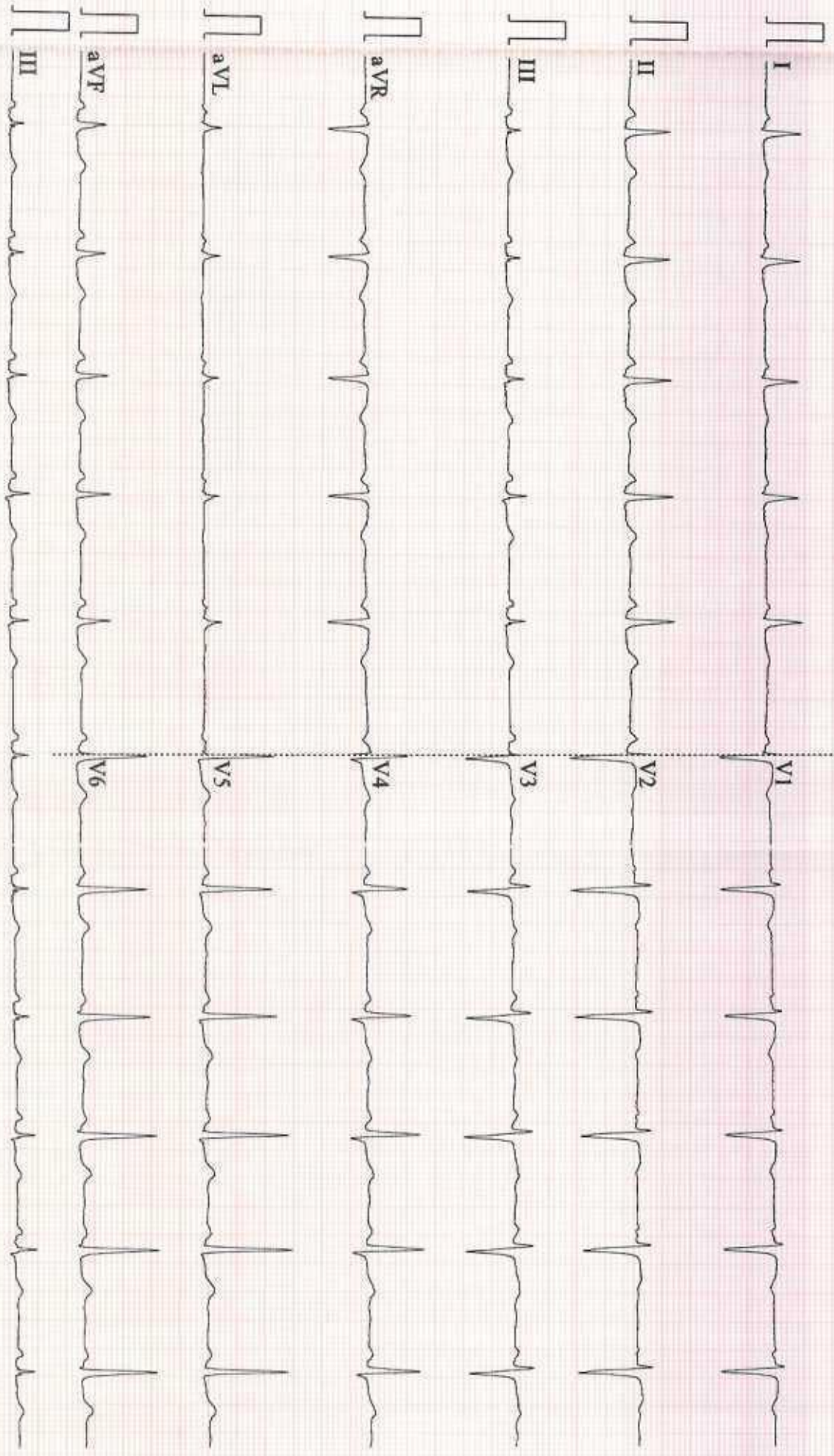
M. Kan
 SIGNATURE

ID: 6917
Ieelavathi
Female 49Years
Req. No. :

24-08-2024 11:40:05
HR : 67 bpm
P : 110 ms
PR : 134 ms
QRS : 102 ms
QT/QTcBz : 414/437 ms
P/QRS/T : 65/49/68 °
RV5/SV1 : 1.339/0.871 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



Name : Mrs. LEE LAVATHI K

Age : 49Y 7M 23D

UHID : CVIS.0000126917

Address : Akkayyapalem Visakhapatnam Andhra Pradesh India 530016

sex : Female



CVIS.0000126917

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC
CREDIT PAN INDIA OP AGREEMENT

OP No: CVISOPV127138

Bill No: CVIS-OCR-69097

Date: Aug 24th, 2024, 8:53 AM

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

श्री आर, श्री महिला

5428 9792 3987



Issue Date: 08/12/2013

लिंग / Female

जन्म तिथि / DOB: 25/04/1975

Machetti Leelavathi

माचिटी लीलावती

Government of India

भारत शासन



Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name: Mrs. Leela Vathya Age/Sex: 49/55 Date: 26/5/24

For Routine checkup

R/E Both Ear,
Nose } NAD
Throat

Hoarseness was clinically
E T F

N/I ENT

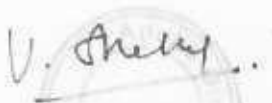
NMB

Patient Name	: Mrs.LEELAVATHI K	Collected	: 24/Aug/2024 09:35AM
Age/Gender	: 49 Y 7 M 23 D/F	Received	: 24/Aug/2024 12:20PM
UHID/MR No	: CVIS.0000126917	Reported	: 24/Aug/2024 04:10PM
Visit ID	: CVISOPV127138	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S31232		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



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



SIN No: VIS240801790

Apollo Health and Lifestyle Limited

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

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

APOLLO CLINICS NETWORK TELANGANA & AP

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

Vizag (Seethamma Peta)

TO BOOK AN APPOINTMENT

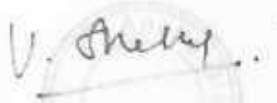
 **1860 500 7788**

Patient Name	: Mrs.LEELAVATHI K	Collected	: 24/Aug/2024 09:35AM
Age/Gender	: 49 Y 7 M 23 D/F	Received	: 24/Aug/2024 12:20PM
UHID/MR No	: CVIS.0000126917	Reported	: 24/Aug/2024 04:10PM
Visit ID	: CVISOPV127138	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S31232		

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.8	g/dL	12-15	Spectrophotometer
PCV	38.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.33	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	53.6	%	40-80	Electrical Impedance
LYMPHOCYTES	37.4	%	20-40	Electrical Impedance
EOSINOPHILS	5.1	%	1-6	Electrical Impedance
MONOCYTES	3.8	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2948	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2057	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	280.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	209	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.43		0.78- 3.53	Calculated
PLATELET COUNT	177000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				


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

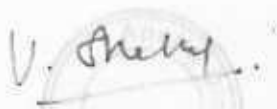


Patient Name	: Mrs.LEELAVATHI K	Collected	: 24/Aug/2024 09:35AM
Age/Gender	: 49 Y 7 M 23 D/F	Received	: 24/Aug/2024 12:20PM
UHID/MR No	: CVIS.0000126917	Reported	: 24/Aug/2024 01:28PM
Visit ID	: CVISOPV127138	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S31232		

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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination


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



Patient Name	: Mrs.LEELAVATHI K	Collected	: 24/Aug/2024 09:35AM
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Emp/Auth/TPA ID	: 22S31232		

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
GLUCOSE, FASTING , NAF PLASMA	83	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	114	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA	5.8	%		HPLC

Page 4 of 14

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



APOLLO HEALTH AND LIFESTYLE LIMITED
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017
Tel: 08746 230000, 08746 230009 | Regd. Office: 7-1-6177A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

APOLLO CLINICS NETWORK TELANGANA & AP
Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
Vizag (Seethamma Peta)

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name	: Mrs.LEELAVATHI K	Collected	: 24/Aug/2024 09:35AM
Age/Gender	: 49 Y 7 M 23 D/F	Received	: 24/Aug/2024 12:20PM
UHID/MR No	: CVIS.0000126917	Reported	: 24/Aug/2024 04:13PM
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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG) **120** 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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.


4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



DR. V. SNEHAL
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SIN No: VIS240801796

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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	212	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	81	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	173	mg/dL	<130	Calculated
LDL CHOLESTEROL	156.54	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.16	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.43		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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.

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



Patient Name	: Mrs.LEELAVATHI K	Collected	: 24/Aug/2024 09:35AM
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UHID/MR No	: CVIS.0000126917	Reported	: 24/Aug/2024 04:12PM
Visit ID	: CVISOPV127138	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S31232		

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.56	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.11	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	0-34	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	80.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.86	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.53	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.33	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		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:

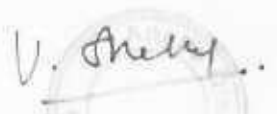
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. 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 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.


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



SIN No: VIS240801789

Apollo Health and Lifestyle Limited

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

(CIN : UB5110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Marikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs.LEELAVATHI K	Collected	: 24/Aug/2024 09:35AM
Age/Gender	: 49 Y 7 M 23 D/F	Received	: 24/Aug/2024 12:20PM
UHID/MR No.	: CVIS.0000126917	Reported	: 24/Aug/2024 04:12PM
Visit ID	: CVISOPV127138	Status	: Final Report
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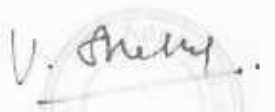
DEPARTMENT OF BIOCHEMISTRY

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

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

Page 8 of 14




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

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TO BOOK AN APPOINTMENT

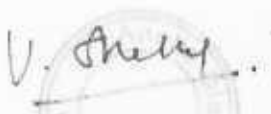
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.65	mg/dL	0.7-1.2	Enzymatic
UREA	18.34	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.77	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.00	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.86	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.53	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.33	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		0.9-2.0	Calculated


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



SIN No: VIS240801789

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Vizag (Seethamma Peta)

TO BOOK AN APPOINTMENT

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Patient Name	: Mrs.LEELAVATHI K	Collected	: 24/Aug/2024 09:35AM
Age/Gender	: 49 Y 7 M 23 D/F	Received	: 24/Aug/2024 12:20PM
UHID/MR No.	: CVIS.0000126917	Reported	: 24/Aug/2024 01:54PM
Visit ID	: CVISOPV127138	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S31232		

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	16.40	U/L	0-38	IFCC

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



SIN No: VIS240801789

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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.397	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	10.815	µg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	2.755	µIU/mL	0.35-4.75	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.25-4.33 uIU/mL
Second trimester	0.43-6.61 uIU/mL
Third trimester	0.38-6.22 uIU/mL

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

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

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



SIN No: VIS240801791

Apollo Health and Lifestyle Limited

The Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017
(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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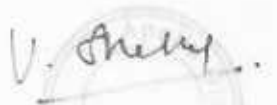
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Patient Name	: Mrs.LEELAVATHI K	Collected	: 24/Aug/2024 09:35AM
Age/Gender	: 49 Y 7 M 23 D/F	Received	: 24/Aug/2024 12:20PM
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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



Patient Name	: Mrs.LEELAVATHI K	Collected	: 24/Aug/2024 09:35AM
Age/Gender	: 49 Y 7 M 23 D/F	Received	: 24/Aug/2024 01:59PM
UHID/MR No	: CVIS.0000126917	Reported	: 24/Aug/2024 04:04PM
Visit ID	: CVISOPV127138	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S31232		

DEPARTMENT OF CLINICAL PATHOLOGY

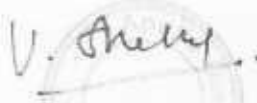
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Refractometric
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
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	0	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	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. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist




SIN No: VTS240801795

Apollo Health and Lifestyle Limited

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017
 (CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs.LEELAVATHI K	Collected	: 24/Aug/2024 09:35AM
Age/Gender	: 49 Y 7 M 23 D/F	Received	: 24/Aug/2024 01:59PM
UHID/MR No	: CVIS.0000126917	Reported	: 24/Aug/2024 04:04PM
Visit ID	: CVISOPV127138	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S31232		

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:
GLUCOSE (POST PRANDIAL) - URINE



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

SIN No: VIS240801794

This report is provided by Apollo Health and Lifestyle Limited

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

APOLLO CLINICS NETWORK TELANGANA & AP
Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal.)
Vizag (Seethamma Peta)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs. LEELAVATHI K	Age	: 49Yrs 7Mths 25Days
UHID	: CVIS.0000126917	OP Visit No.	: CVISOPV127138
Printed On	: 24-08-2024 12:38 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S31232		

DEPARTMENT OF RADIOLOGY

Liver 11.7 cm. appears normal in size and echotexture . No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of peri GB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein is normal.

Pancreas appears normal in echo pattern. No focal/mass lesion/calcification. No evidence of per pancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney measures : 9.0 x 4.1 cm

Left kidney measures : 9.2 x 4.4 cm

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus :Post hysterectomy status.

Both ovaries: Not seen.

IMPRESSION:-

No significant abnormality detected.

Suggest – 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.

---End Of The Report---



DR. KARROTU SUDHA

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Radiology

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Fri 8/23/2024 3:02 PM

To: leemur01@gmail.com <leemur01@gmail.com>

Cc: Vizag Apolloclinic <vizag@apolloclinic.com>; Ramakumar Vegi <ramakumar.v@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>



Dear LEELAVATHI K,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VIZAG clinic** on **2024-08-24** at **08:30-08:45**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.