



: Mrs.MOUSHOMI DEY

Age/Gender

: 53 Y 7 M 23 D/F : CINR.0000160740

UHID/MR No Visit ID

: CMAROPV852504

Ref Doctor

: Self

Collected

: 24/Aug/2024 07:55AM

Received

: 24/Aug/2024 09:53AM : 24/Aug/2024 11:22AM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

Page 1 of 16



Consultant Pathologist THIS THE STATE OF THE PROPERTY OF APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Dr. Varsha Narayanan M.B.B.S,M.D(Pathology)

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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

NAME 1838: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka- 560034







Patient Name : Mrs.MOUSHOMI DEY

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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	13.5	g/dL	12.5-15	Spectrophotometer
PCV	39.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.67	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	84.7	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,370	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	60.2	%	40-80	Electrical Impedance
LYMPHOCYTES	32.3	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	3.2	%	2-10	Electrical Impedance
BASOPHILS	1.6	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4436.74	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2380.51	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	198.99	Cells/cu.mm	20-500	Calculated
MONOCYTES	235.84	Cells/cu.mm	200-1000	Calculated
BASOPHILS	117.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.86		0.78- 3.53	Calculated
PLATELET COUNT	333000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	28	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR				

RBCs: Are normocytic normochromic

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

Page 2 of 16



Dr. Varsha Narayanan M.B.B.S,M.D(Pathology)

Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

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

PLATELETS: Appear adequate in number.

HEMOPARASITES: Negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Kindly correlate clinically.

Page 3 of 16



Dr. Varsha Narayanan M.B.B.S,M.D(Pathology) Consultant Pathologist

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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
BLOOD GROUP ABO AND RH FACTO	OR , WHOLE BLOOD EDT.	A		
BLOOD GROUP TYPE	А		1	Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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Dr. Varsha Narayanan M.B.B.S,M.D(Pathology) Consultant Pathologist

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Status

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: ARCOFEMI HEALTHCARE LIMITED

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	122	mg/dL	70-110	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

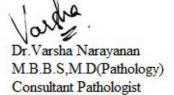
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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

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: 24/Aug/2024 12:25PM

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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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA	121	mg/dL	70-140	GOD - POD	
(2 HR)					

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.

Page 6 of 16

Dr.Nisha M.B.B.S,MD(Pathology) Consultant Pathologist

SIN No:CHI 240801486 THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

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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
HBA1C (GLYCATED HEMOGLOBIN) , WH	OLE BLOOD EDTA	'		
HBA1C, GLYCATED HEMOGLOBIN	6.7	%	1	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	146	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)

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Dr.Nisha M.B.B.S,MD(Pathology) Consultant Pathologist

SIN.No.B121368426 this test has been performed at apollo health and lifstyle limited- RRL bangalore





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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
L IPID PROFILE , <i>SERUM</i>				
TOTAL CHOLESTEROL	204	mg/dL	0-199	CHE/CHO/POD
TRIGLYCERIDES	101	mg/dL	40-140	Glycerol Phosphate Oxidase/peroxidase
HDL CHOLESTEROL	46	mg/dL	42-88	Selective Inhibition
NON-HDL CHOLESTEROL	158	mg/dL	<130	Calculated
LDL CHOLESTEROL	138.19	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.16	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.47		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

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

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

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

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

Page 8 of 16



Dr. Varsha Narayanan M.B.B.S,M.D(Pathology) Consultant Pathologist

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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	0.26	mg/dl	0.2-1.2	Diazotized Sulfanilic
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	0-0.4	Diazotized Sulfanilic
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.86	U/L	0-49	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	0-46	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	84.99	U/L	40-129	IFCC (Kinetic)
PROTEIN, TOTAL	7.36	g/dL	5.7-8.0	Biuret
ALBUMIN	4.26	g/dL	3.2-4.6	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

- 2. Cholestatic Pattern:
- *ALP Disproportionate increase in ALP compared with AST, ALT. 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.

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Dr. Varsha Narayanan M.B.B.S,M.D(Pathology) Consultant Pathologist

THIS THIS THAT CHEEN 240 80 MED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	RUM		
CREATININE	0.60	mg/dL	0.5-0.95	
UREA	21.38	mg/dL	10-50	Urease
BLOOD UREA NITROGEN	10.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.22	mg/dL	2.6-6	Uricase
CALCIUM	9.15	mg/dL	8.8-10.2	Arsenazo III
PHOSPHORUS, INORGANIC	3.71	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	143.6	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104.3	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.36	g/dL	5.7-8.0	Biuret
ALBUMIN	4.26	g/dL	3.2-4.6	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated

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Dr. Varsha Narayanan M.B.B.S,M.D(Pathology) Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	30.45	U/L	5-32	Szasz

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Dr.Nisha M.B.B.S,MD(Pathology) Consultant Pathologist

SIN No:CHI 240801019
THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE







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DEPARTMENT OF IMMUNOLOGY

Status

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	<u>'</u>		<u>'</u>
TRI-IODOTHYRONINE (T3, TOTAL)	1.15	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.88	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.060	μIU/mL	0.38-5.33	CLIA

Comment:

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

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

TSH	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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Dr. Varsha Narayanan M.B.B.S.M.D(Pathology) Consultant Pathologist

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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Page 13 of 16



Dr. Varsha Narayanan M.B.B.S,M.D(Pathology) Consultant Pathologist

THIS THE SHEED PROPERTY AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE







: Mrs.MOUSHOMI DEY

Age/Gender

: 53 Y 7 M 23 D/F

UHID/MR No Visit ID : CINR.0000160740

Ref Doctor

: CMAROPV852504

: Self

Collected

Reported

: 24/Aug/2024 07:55AM

Received : 2

: 24/Aug/2024 12:09PM : 24/Aug/2024 12:51PM

Status : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE		<u>'</u>	<u>'</u>
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measuremen
рН	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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.

Page 14 of 16



Dr. Varsha Narayanan M.B.B.S,M.D(Pathology) Consultant Pathologist

THIS THE SHEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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

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







: Mrs.MOUSHOMI DEY

Age/Gender

: 53 Y 7 M 23 D/F

UHID/MR No Visit ID : CINR.0000160740 : CMAROPV852504

Ref Doctor

: Self

Collected

: 24/Aug/2024 07:55AM

Received

: 24/Aug/2024 12:09PM

Reported

: 24/Aug/2024 03:29PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Page 15 of 16



Dr. Varsha Narayanan M.B.B.S,M.D(Pathology) Consultant Pathologist

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









: Mrs.MOUSHOMI DEY

Age/Gender

: 53 Y 7 M 23 D/F

UHID/MR No Visit ID : CINR.0000160740 : CMAROPV852504

Ref Doctor

: Self

Collected

: 24/Aug/2024 03:05PM

Received

: 25/Aug/2024 05:03PM : 28/Aug/2024 12:54PM

Reported Status

: Final Report

Sponsor Name

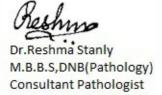
: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

C PA	AP SMEAR , CERVICAL BRUSH SAMPLE	
	CYTOLOGY NO.	18863/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Parabasal and basal cells with reactive nuclear changes Negative for intraepithelial lesion/ malignancy
Ш	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	ATROPHY

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

*** End Of Report ***













Patient Name : Mrs.MOUSHOMI DEY
Age/Gender : 53 Y 7 M 23 D/F
UHID/MR No : CINR.0000160740
Visit ID : CMAROPV852504

Ref Doctor : Self

Collected : 24/Aug/2024 03:05PM
Received : 25/Aug/2024 05:03PM
Reported : 28/Aug/2024 12:54PM

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.

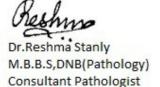
Laboratories not be responsible for any interpretation whatsoever.

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.









: Mrs. Moushomi Dey

UHID

: CINR.0000160740

Printed On : 25-08-2024 09:56 AM

Department

: Radiology

Referred By

: Self

Employeer Id : --

Age

: 53Yrs 7Mths 25Days : CMAROPV852504

OP Visit No.

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN FEMALE

LIVER: Appears normal in size (13.5 cm), shape and **shows diffuse increase in echopattern.** No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

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

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

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

Right kidney measures 10.2cm and parenchymal thickness measures 1.6cm. Left kidney measures 11.5cm and parenchymal thickness measures 1.5cm.

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

UTERUS: appears normal in size, measuring 8.2 x 5.6 x 4.4cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 7.2mm.

OVARIES: Both ovaries appear normal in size and echopattern. Right ovary measures 2.2 x 1.8cm.



Left ovary measures 2.7 x 1.8cm.

No free fluid is seen.

Visualized bowel loops appears normal.

IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer:

1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .

- 2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
- 3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
- 4.Printing mistakes should immediately be brought to notice for correction.
- 5.This is USG Abdomen screening.

---End Of The Report---

Dr.NAVEEN KUMAR K

Mallen Kunas. K

Radiology



: Mrs. Moushomi Dey

UHID

: CINR.0000160740

Printed On Department : 25-08-2024 06:29 AM

Referred By

: Self

: --

: Radiology

Employeer Id

Age

: 53Yrs 7Mths 25Days

OP Visit No.

: CMAROPV852504

Advised/Pres Doctor : --

Qualification

Registration No.

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Right Breast:

Skin and subcutaneous echoes are normal.

Sub greolar echoes are normal.

Normal glandular echopattern is noted.

No focal/diffuse mass lesion is identified.

No ductal dilatation is seen.

Retro mammary fascia and pectoralis muscle echoes are normal.

There are no enlarged axillary lymph nodes.

Left Breast:

Skin and subcutaneous echoes are normal.

Sub greolar echoes are normal.

Normal glandular echopattern is noted.

No focal/diffuse mass lesion is identified.

No ductal dilatation is seen.

Retro mammary fascia and pectoralis muscle echoes are normal.

There are no enlarged axillary lymph nodes.

Impression:

NO SONOGRAPHICALLY DETECTABLE ABNORMALITY NOTED IN TODAY SCAN.

Suggested: clinical correlation.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer:

1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas, patient preparation and organ location.



2. USG scan being an investigation with technical limitation has to be correlated
clinically;this report is not valid for medicolegal purpose

---End Of The Report---

Dr.NAVEEN KUMAR K

__

Radiology



: Mrs. Moushomi Dey

UHID

: CINR.0000160740

Printed On

: 25-08-2024 06:28 AM

Department

: Radiology

Referred By

: Self

Employeer Id : --

Age

: 53Yrs 7Mths 25Days

OP Visit No.

: CMAROPV852504

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Mild cardiomegaly.

Mild bilateral prominent hila.

No obvious active pleuro-parenchymal lesion seen.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

Suggested clinical correlation and further evaluation if needed

---End Of The Report---

Dr.NAVEEN KUMAR K

Radiology

Maller Kumas. K



: Mrs. Moushomi Dey

UHID

: CINR.0000160740

Printed On

: 24-08-2024 08:24 AM

Department

: Cardiology

Reffered By

: Self

Employeer Id

: --

Age

: 53Yrs 7Mths 24Days

OP Visit No.

: CMAROPV852504

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

DEPARTMENT OF CARDIOLOGY

2D ECHO& COLOUR DOPPLER

DIMENSION	SVALUES	VALUES(RANGE) DIMENSION	SVALUES	VALUES(RANGE)
AO(ed)	27mm	25 - 37 mm	IVS(ed)	09mm	06 - 11 mm
LA(es)	31mm	19 - 40 mm	LVPW(ed)	09mm	06 - 11 mm
RVID(ed)	15mm	07 - 21 mm	EF	60 %	(50 – 70 %)
LVID(ed)	46mm	35 - 55 mm	%FD	30%	(25 – 40%)
LVID(es)	20mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs Solitus Cardiac position Levocardia Systemic veins Normal Pulmonary veins Normal Mitral valve Normal Aortic Valve Normal Tricuspid Valve Normal Pulmonary Valve Normal Right Ventricle Normal Left Ventricle Normal Interatrial Septum Intact Interventricular Septum Intact Pulmonary Artery Normal **Aorta** Normal Right Atrium Normal Left Atrium Normal



LV - RWMA No RWMA at rest.

LV - FUNCTION Normal systolic function

Pericardium Normal Study

IMPRESSION

Doppler Studies Stage I LV diastolic dysfunction

Doppler Summary Stage I LV diastolic dysfunction

Rhythm Sinus

Normal cardiac chambers

Normal valves

Normal LV Systolic function

Stage I LV diastolic dysfunction

No pulmonary hypertension

No RWMA at rest

Normal pericardium,

No intracardiac masses / thrombi

---End Of The Report---

Dr.KAPIL RANGAN

Cardiology



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

 e/she is	
	Tick
Medically Fit	
Fit with restrictions/recommendations	1
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
1	
2	
3	
However the employee should follow the advice/medication that has been communicated to him/her.	
Review after	MAHAN
Currently Unfit.	
Review afterrecommended	/

This certificate is not meant for medico-legal purposes

Medical Officer

GE	ĮĦ	 =	ţ-		, Moushomi dey ID: 160740 53 Years
MAC2000				Technician: Ordering Ph: Referring Ph: Attending Ph: QRS: QT / QTCBaz: PR: P : RR / PP: P / QRS / T:	Ti o
1.1 12SL™ v241	avr (aw.	avr	84 ms 84 ms 390 / 429 ms 154 ms 100 ms 816 / 821 ms 58 / 65 / 65 degrees	
25 mm/s 10 mm/mV				Normal sinus rhythm Normal ECG	24.08.2024 8:54:46 APOLLO MEDICAL CENTRE KUNDALAHALLI BANGALORE
	\{\sigma_{\sigma}	\$	\ <u>\$</u>		
ADS 0.56-20 Hz				Medication 3:	Location: Order Number: Visit: Indication: Medication 1: Medication 2:
Unc 50 Hz 4×2	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\\ \frac{1}{2}		Room:
Unconfirmed 4x2.5x3_25_R1 1/1					73 bpm / mmHg





Name : Mrs. Moushomi Dey

Age: 53Y 7M 23D

Plan

Address : Mallathahalli Bangalore Karnataka INDIA 560056

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

sex : Female

UHID: CINR.0000160740

OP No: CMAROPV852504 Bill No: CMAR-OCR-127283

Type/Service Name EMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FE SOUND - WHOLE ABDOMEN — Next Bailing S BY GENERAL PHYSICIAN GLYCATED HEMOGLOBIN P TEST- PAPSURE	Ultrasound Radiology Consultation Biochemistry Histopathology	
SOUND - WHOLE ABDOMEN — Next Bailing S BY GENERAL PHYSICIAN GLYCATED HEMOGLOBIN P TEST- PAPSURE	Ultrasound Radiology Consultation Biochemistry Histopathology	
S BY GENERAL PHYSICIAN GLYCATED HEMOGLOBIN P TEST- PAPSURE FITE URINE EXAMINATION	Consultation Biochemistry Histopathology	
S BY GENERAL PHYSICIAN GLYCATED HEMOGLOBIN P TEST- PAPSURE FITE URINE EXAMINATION	Consultation Biochemistry Histopathology	
P TEST- PAPSURE	Histopathology	1
FTE URINE EXAMINATION		1
ETE URINE EXAMINATION		
	Clinical Pathology	1
MAMOGRAPHY-SCREENING - Next Dudling	Mammography	
GROUP ABO AND RH FACTOR	Blood Bank	1
UNCTION TEST (LFT)	Biochemistry	F
SE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Biochemistry	Tr
SE, FASTING	Biochemistry	Ti
BY GENERAL PHYSICIAN	Consultation	T
DISULTATION	General	T
CONSULTATION —	Consultation	十
IASS INDEX (BMI)	General	1
CHEST PA	X Ray Radiology	1
RAM + PERIPHERAL SMEAR	Haematology	1
ERAL SMEAR	Haematology	-17
OFILE	Biochemistry	TE
0	Cardiology	ĦĖ
COLOGY CONSULTATION	Consultation	1
-2	Cardiology	+
D PROFILE (TOTAL T3, TOTAL T4, TSH)		+
SULTATION	Consultation	1
LUCOSE(POST PRANDIAL)	Clinical Pathology	
		1
GLUTAMYL TRANFERASE (GGT)	Biochemistry	1
ROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	+
	GROUP ABO AND RH FACTOR FUNCTION TEST (LFT) SE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) SE, FASTING BY GENERAL PHYSICIAN DINSULTATION CONSULTATION CONSULTATION CHEST PA FRAM + PERIPHERAL SMEAR GRAL SMEAR ROFILE CO COLOGY CONSULTATION PURPOPHILE (TOTAL T3, TOTAL T4, TSH) INSULTATION BLUCOSE(POST PRANDIAL) CHUCOSE(POST PRANDIAL)	Blood Bank Blood Bank Biochemistry BE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) BY GENERAL PHYSICIAN Consultation CONSULTAT

(CIN - URS 110TG/USOPIC 115819)
Regid. Office: 97-1-617/A, 613-8-010, Imperial Towers, 7th Floor; Ameerpet, Hyderabad 500038, Telangana, I
www.apollohi.com | Email ID: require/days/foblices: 18 blooks | Proceedings | Procedengs | Proceedings | Procedengs | Procedengs



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Moushomi dey on 24/08/24.

fter reviewing the medical history and on clinical examination it has been found at he/she is	
	Tick
Medically Fit	
Fit with restrictions/recommendations	
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
1	
2	
3	
However the employee should follow the advice/medication that has been communicated to him/her.	
Review after	O. UINHY
Currently Unfit.	*
Review afterrecommended	Y E
Unfit	BUA HYME

This certificate is not meant for medico-legal purposes

Medical Officer

9		ļ =	\ =		, Moushomi dey ID: 160740 53 Years
GE MAC2000 1.1					Female Technician: Ordering Ph: Referring Ph: Attending Ph: PR: PR: PR: P / QRS / T:
12SL [™] v241		aVF	AVL.	avr 	24.0 APOL KUNIN BANC 84 ms 390 / 429 ms 154 ms 154 ms 100 ms 816 / 821 ms 58 / 65 / 65 degrees
25 mm/s					24.08.2024 8:54:46 APOLLO MEDICAL CENTRE KUNDALAHALLI BANGALORE Normal sinus rhythm Normal ECG Normal ECG
10 mm/mV	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	} _{5	\{ s \\}	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Annual William Co.
ADS 0.56-20 Hz 5	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	}			Location: Order Number: Visit: Visit: Indication: Medication 1: Medication 2: Medication 3: Medication 3:
50 Hz U	}	\ \{\}	} 55	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Room:
Unconfirmed 4x2.5x3_25_R1 1/1					73 bpm /