





Age/Gender : 47 Y 5 M 28 D/F UHID/MR No : CIND.0000171460

UHID/MR No : CIND.0000171460 Visit ID : CINDOPV239688

Ref Doctor : Self

Emp/Auth/TPA ID : 22S32030

Collected : 14/Sep/2024 09:14AM

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	11.7	g/dL	12-15	Spectrophotometer
PCV	36.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.09	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	90	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,100	cells/cu.mm	4000-10000	Electrical Impedanc
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	61	%	40-80	Electrical Impedance
LYMPHOCYTES	31.4	%	20-40	Electrical Impedance
EOSINOPHILS	1.6	%	1-6	Electrical Impedanc
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedanc
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6161	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3171.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	161.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	595.9	Cells/cu.mm	200-1000	Calculated
BASOPHILS	10.1	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.94		0.78- 3.53	Calculated
PLATELET COUNT	397000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westegrer method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

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

Dr.Harshitha Y M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 1 of 16

THSTNSNHAIREAIQ409090922AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE











: Mrs.PADMAVATHY K

Age/Gender

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PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

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

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

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THSTNSNHAIREAIQ11090000020 AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE









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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 FAC	TOR , WHOLE BLOOD EDTA	A		
BLOOD GROUP TYPE	AB		1	Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

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

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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	92	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)	105	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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

THISTNIST HAT REAL PROPERTY 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	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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.Govinda Raju N L MSc,PhD(Biochemistry) Consultant Biochemistry Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 5 of 16



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE SIN No:IRA240902029

Apollo Health and Lifesty le Limited (SIN o USA) 11016 2000 1: 16:158 192 Ltd, RRL BANG 31/100 E, Ioahn Red Main Road, Regd. Office: 1-10-60/62, Ashoka Raghurati Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | Www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744









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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	204	mg/dL	<200	CHO-POD
TRIGLYCERIDES	370	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	166	mg/dL	<130	Calculated
LDL CHOLESTEROL	92	mg/dL	<100	Calculated
VLDL CHOLESTEROL	74	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.37		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.63		<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.

Dr.Govinda Raju N L MSc,PhD(Biochemistry) Consultant Biochemistry Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 6 of 16



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE SIN No:1RA240902026

Apollo Health and Lifesty e Limited Clin Central Apollo Health and Lifesty e Lifes









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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	0.35	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.05	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	49.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.96	g/dL	6.6-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.49		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.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 LIFSTYLE LIMITED- RRL BANGALORE SIN NO:1RA240902026

Apollo Health and lifestyle limited pollo Upf1101628001: 16151819. Ltd, RRL BANG Address Beath Major B









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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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 (CNO VEGLIOTICS OF COLOR LIGHT & LIFESTYLE Ltd., RRL BANG Address E. Labourgt Willage, Neeladri Main Road, Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 0161 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744









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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), SER	RUM		
CREATININE	0.60	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	15.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.10	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.12	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.96	g/dL	6.6-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.49		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) Consultant Pathologist Page 9 of 16



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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	23.00	U/L	<38	IFCC

Page 10 of 16



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

THISTNESTNEST READ 24090200206 AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE









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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	'		<u>'</u>
TRI-IODOTHYRONINE (T3, TOTAL)	0.98	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.43	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.299	μIU/mL	0.34-5.60	CLIA

Comment:

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

- **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.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 Lifesty e Limited at Apollo Health (2009): 16:15819 Ltd, RRL BANG 34/100 E; Local Argunt Village, Neeladri Main Road, Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | Neeladri Nagar, Electronic city, Bengaluru, www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744









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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
OMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
рН	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.004		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	<i>7</i> . 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.

Page 13 of 16



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

THSTNSNHAIREAIQAIQAQAAAAA APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Apolitis Hest Ibhs a been front of International Company (No. 1994) And Indexed Part of International Company (No. 1994) And Interna









: Mrs.PADMAVATHY K

Age/Gender

: 47 Y 5 M 28 D/F

UHID/MR No

: CIND.0000171460

Visit ID

: CINDOPV239688

Ref Doctor

: Self

: 22\$32030 Emp/Auth/TPA ID

Collected

: 14/Sep/2024 09:14AM

Received

: 14/Sep/2024 06:21PM

Reported

Status

: 14/Sep/2024 07:54PM

: 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

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

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

Page 14 of 16



THSTNSNHAIREAIQAIQAGAGAT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE









: Mrs.PADMAVATHY K

Age/Gender

: 47 Y 5 M 28 D/F

UHID/MR No

: CIND.0000171460

Visit ID

: CINDOPV239688

Ref Doctor

: Self

Emp/Auth/TPA ID : 22S32030 Collected

: 14/Sep/2024 09:14AM

Received

: 14/Sep/2024 01:46PM

Reported

: 14/Sep/2024 04:18PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

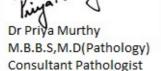
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Page 15 of 16





THISTNESTNEST READ 24090200208 AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE







: Mrs.PADMAVATHY K

Age/Gender

: 47 Y 5 M 28 D/F

UHID/MR No

Ref Doctor

: CIND.0000171460

Visit ID

: CINDOPV239688

Emp/Auth/TPA ID

: Self : 22S32030 Collected

: 14/Sep/2024 01:42PM

Received :

: 15/Sep/2024 06:40PM : 17/Sep/2024 12:01PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

БСГА	AP SMEAR , CERVICAL BRUSH SAMPLE	
	CYTOLOGY NO.	20318
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative fo intraepithelial lesion/ malignancy
Ш	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
c	NON NEOPLASTIC FINDINGS	ATROPHY
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

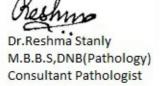
Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR











 Patient Name
 : Mrs.PADMAVATHY K

 Age/Gender
 : 47 Y 5 M 28 D/F

 UHID/MR No
 : CIND.0000171460

 Visit ID
 : CINDOPV239688

Ref Doctor : Self Emp/Auth/TPA ID : 22S32030 Collected : 14/Sep/2024 01:42PM Received : 15/Sep/2024 06:40PM Reported : 17/Sep/2024 12:01PM

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.

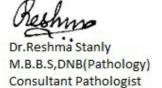
Laboratories not be responsible for any interpretation whatsoever.

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. Padmavathy K

UHID

: CIND.0000171460

Printed On

: 14-09-2024 09:31 AM

Department

: Radiology

: 22\$32030

Referred By

: Self

Employeer Id

Age

: 47Yrs 5Mths 29Days

: CINDOPV239688

OP Visit No.

Advised/Pres Doctor : --

Qualification

• --

Registration No.

: --

DEPARTMENT OF RADIOLOGY

ULTRASOUND ABDOMEN AND PELVIS

Sub optimal scan due to body habitus.

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, 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 10.8 mm.

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 MBBS, DMRD 29543 Radiology





Name : Mrs. Padmavathy K Age: 47Y 5M 28D

Address : Indiranagar Com. Complex Bangalore Karnataka INDIA 560038

sex : Female

Plan

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

OP No: CINDOPV239688 Bill No: CIND-OCR-101604 Date: Sep 14th, 2024, 8:54 AM

UHID: CIND.0000171460

	p	Date: Sep 14th, 2024, 8:34 Alvi	
Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - F FY2324	EMALE - 2D ECHO - PAN INDIA -	
بلسير	ULTRASOUND - WHOLE ABDOMEN — 9	Ultrasound Radiology	
. 2	FITNESS BY GENERAL PHYSICIAN	Consultation	
3	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	
4	LBC PAP TEST- PAPSURE - 3 after 11 an	Histopathology	
.5	[\frac{1}{2}	Clinical Pathology	
6	SONO MAMOGRAPHY - SCREENING - g/Niramai	Mammography	
.7	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	
_8	LIVER FUNCTION TEST (LFT)	Biochemistry	
		Biochemistry	
10	OLÚCOSE, FASTING	Biochemistry	
11	OPTHAL BY GENERAL PHYSICIAN -5 after 10an	Consultation	
12	DIET CONSULTATION	General	
13	DENTAL CONSULTATION - after 10 an	Consultation	
14		General	
15	X-RAY CHEST PA _ LO	X Ray Radiology	
16	HEMOGRAM + PERIPHERAL SMEAR	Haematology	Ľ
17	PERIPHERAL SMEAR	Haematology	
18	LIPID PROFILE	Biochemistry	
19	2 DECHO -9 Rendery after 9: 30 am	Cardiology	
20	GYNAECOLOGY CONSULTATION - 3 after Can	Consultation	
21	ECG	Cardiology	
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	
23	ENT CONSULTATION	Consultation	
24	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology	
_25	URINE GLUCOSE(FASTING)	Clinical Pathology	
_26	GAMMA GLUTAMYL TRANFERASE (GGT)	Biochemistry	
27	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	





Date

: 14/09/2024

Department

:Obstetrics & Gynaecology

Patient Name

: Mrs. Padmavathy K

Doctor

: Dr.V S GANGARANI

UHID

: CIND.0000171460

Registration No.

: 63332

Age / Gender

: 47Yrs 5Mths 28Days /

Oualification

: MBBS, DGO, DNB (OBG)

1-4:-- Timina

: 8:55 AM

Female

Consulation	Timing

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

779m Pz (2 NUD, R/cycles

Wf Redali

Exercise

octocal HD

Follow up date:

Doctor Signature

Apollo Clinic, Indiranagar

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

Phone: (080) 2521 4614/15

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BOOK YOUR APPOINTMENT TODAY!

Whatsapp Number: 970 100 3333 : 1860 500 7788

Toll Number Website

: www.apolloclinic.com





mes. Padmarathy k
424/F

Height: 148 Cm Weight: 96.8 Fq BMI: 44.2 Fg/m Waist Circum: 108 cm
Temp: 96.8 F Pulse: 1000 Resp: 18 cpm B.P: 170 110 mm/

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Follow up date:

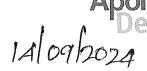
Doctor Signature

Whatsapp Number: 970 100 3333

Toll Number : 1860 500 7788

Website : www.apolloclinic.com

ORAL EXAMINATION FORM



Mrs.	Padmavathy k
------	--------------

Patient ID: /1/460

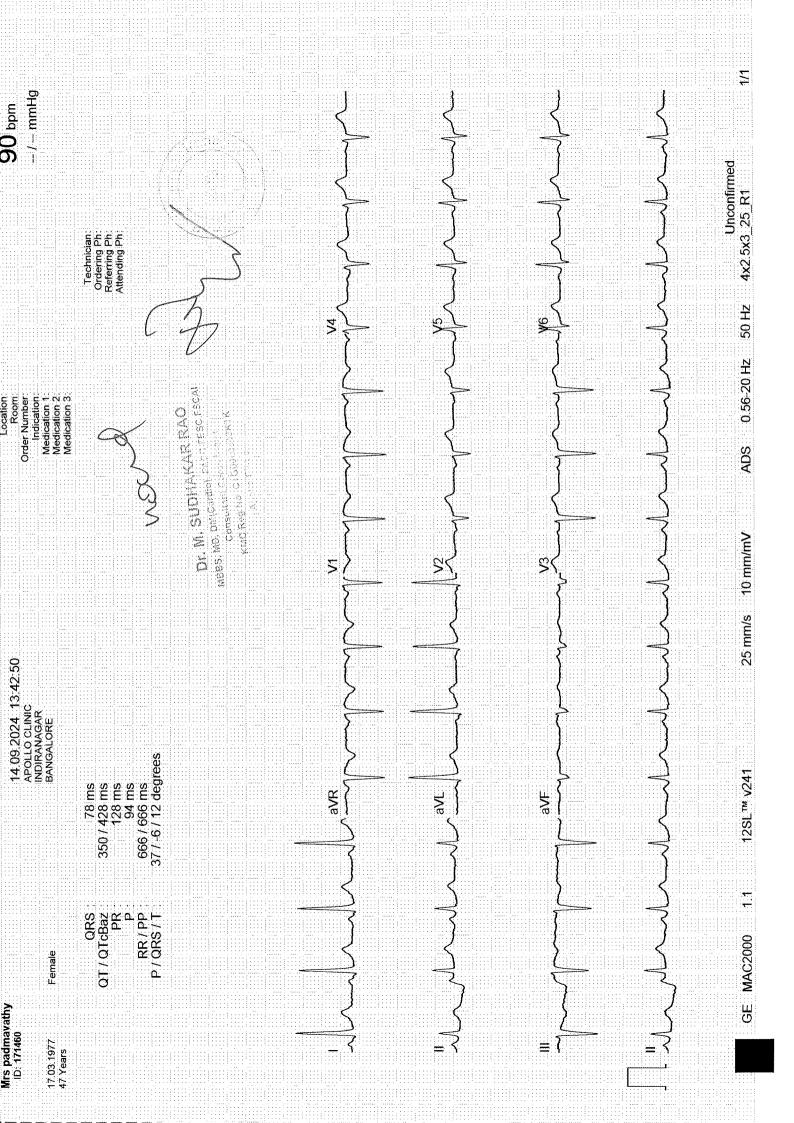
DATE : ___/___

Patient 10: 1-41-460		
CLINICAL/ RADIOGRAPHIC FINDING	TREATMENT ADVISED	
Calculus: Stains:	Scaling	
Dental Caries/Attrition :		
	Cavify filling.	
Pockets:		
Recession:		
Mobility:		
Root stumps/ Non-restorable teeth for extraction:		
Impacted Teeth:		
Missing Teeth:		
Cervical Abrasion:		
Malocclusion:		
Others:	Dr. Swetha.	

Date:

Time:

Sign:







Breast Health Report Thermalytix 180

Patient ID: CIND_171460

General Details

Padmavathy K

Centre:

Apollo Clinic Indiranagar

Age:

Name:

47

Report Generation Date:

Sep 14, 2024, 4:56 PM

Gender:

Female

Scan Date:

Sep 14, 2024, 11:33 AM

Clinical Details

LMP:

04/09/2024

Hormone Therapy:

None.

Pregnant/Lactating:

No.

Number of children breast-fed:

2

Patient Complaints:

None

Cancer History:

No patient cancer history. No family cancer history.

Surgeries:

None.

Thermalytix Scores

Body Temperature:

29.96 °C to 35.97 °C

Hotspot Score:

0.13

Hotspot Symmetry:

0 %

Areolar Score:

0.02

Areolar Symmetry:

100 %

Vascular Score:

0.23

Ensemble Score:

0.06

B Score:

2

Thermal Analysis

Thermal Parameters	Right Breast	Left Breast
Number of Hotspots	1	0
Extent	Hot spots seen in 1.1% of region of interest.	N/A
Hotspot Shape	2 irregular, 5 distorted	N/A
Temperature	1.86°C increase wrt surrounding region	N/A
Areolar Hotspot Detected	No	No
Lump Detected	N/A	N/A

Dr.H.V.RAMPRAKASH MBBS.DMRD.,MD. CB.Thermography (ACC1.044) IMAGING SPECIAIST





Breast Health Report Thermalytix 180

Patient ID: CIND_171460

Impression

Right Breast

Focal thermal pattern is noted. Slightly distorted and smooth margins are observed. Asymmetrical thermal

pattern is observed.

Left Breast

No focal thermal increase is seen. Multiple Warm thermal patterns are noted.

Recommendation

Thermal patterns with low level of concern. Monthly self breast examination and annual screening with Thermalytix recommended.

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

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





Breast Health Report Thermalytix 180

Patient ID: CIND_171460

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 Nirama, 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 Niramui that detects breast abnormalities in privacy aware manner.

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

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

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

Sent: Tuesday, September 3, 2024 1:20 PM

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

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

<deepak.c@apollohl.com>

Subject: Health checkup Appointments no. 80

Dear Team

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

Thanks & Regards

Lav Gupta

Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi - 110 030