

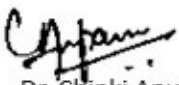
Patient Name : Mrs.A D PRIYANKA SARGAM	Collected : 16/Mar/2024 10:19AM
Age/Gender : 34 Y 10 M 18 D/F	Received : 18/Mar/2024 05:01PM
UHID/MR No : CINR.0000164425	Reported : 18/Mar/2024 06:18PM
Visit ID : CINROPV222267	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8249026438	

DEPARTMENT OF HAEMATOLOGY

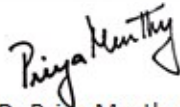
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>11.5</b>	g/dL	12-15	Spectrophotometer
PCV	<b>35.50</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.67	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>76.1</b>	fL	83-101	Calculated
MCH	<b>24.7</b>	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.9</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,250	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	61.4	%	40-80	Electrical Impedance
LYMPHOCYTES	29.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.2	%	1-6	Electrical Impedance
MONOCYTES	7.7	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5065.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2450.25	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	99	Cells/cu.mm	20-500	Calculated
MONOCYTES	635.25	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.07		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>342000</b>	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>32</b>	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



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SIN No:HA06668569

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

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK

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## DEPARTMENT OF HAEMATOLOGY

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

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

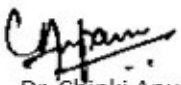
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

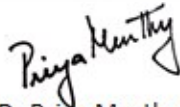
**IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA**

**Note: Kindly evaluate for iron deficiency status.**

**Kindly correlate clinically.**



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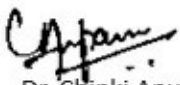
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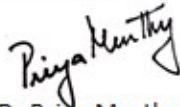
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Emp/Auth/TPA ID : 8249026438	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	87	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:

- 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. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	76	mg/dL	70-140	HEXOKINASE


Comment:

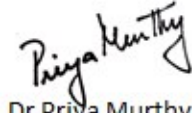
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC

Page 4 of 15

  
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SIN No:EDT240032599

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ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL	Calculated
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Comment:

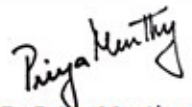
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	151	mg/dL	<200	CHO-POD
TRIGLYCERIDES	68	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	106	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.35		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


**Comment:**

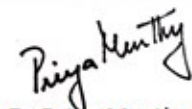
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

1) Measurements in the same patient on different days can show physiological and analytical variations.

  
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SIN No:SE04664133

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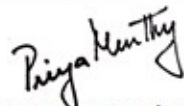
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**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	54.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.92	g/dL	6.6-8.3	Biuret
ALBUMIN	4.12	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		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.
- Bilirubin may be elevated.
- 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.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

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

  
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 M.B.B.S,M.D(Biochemistry)  
 CONSULTANT BIOCHEMIST

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



SIN No:SE04664133

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

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



Patient Name : Mrs.A D PRIYANKA SARGAM	Collected : 16/Mar/2024 10:19AM
Age/Gender : 34 Y 10 M 18 D/F	Received : 16/Mar/2024 01:54PM
UHID/MR No : CINR.0000164425	Reported : 16/Mar/2024 04:14PM
Visit ID : CINROPV222267	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8249026438	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.61	mg/dL	0.51-0.95	Jaffe's, Method
UREA	<b>12.30</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>5.8</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.51	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.25	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.92	g/dL	6.6-8.3	Biuret
ALBUMIN	4.12	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated



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APOLLO CLINICS NETWORK

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

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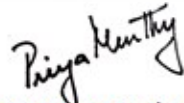
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	11.00	U/L	<38	IFCC



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SIN No:SE04664133

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Karnataka - 560034

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

Patient Name : Mrs.A D PRIYANKA SARGAM	Collected : 16/Mar/2024 10:19AM
Age/Gender : 34 Y 10 M 18 D/F	Received : 16/Mar/2024 01:53PM
UHID/MR No : CINR.0000164425	Reported : 16/Mar/2024 03:51PM
Visit ID : CINROPV222267	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8249026438	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.27	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.045	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

- 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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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SIN No:SPL24047656

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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 **1860 500 7788**  
www.apolloclinic.com

Patient Name : Mrs.A D PRIYANKA SARGAM  
Age/Gender : 34 Y 10 M 18 D/F  
UHID/MR No : CINR.0000164425  
Visit ID : CINROPV222267  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 8249026438

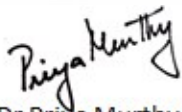
Collected : 16/Mar/2024 10:19AM  
Received : 16/Mar/2024 01:53PM  
Reported : 16/Mar/2024 03:51PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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



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Patient Name : Mrs.A D PRIYANKA SARGAM	Collected : 16/Mar/2024 10:19AM
Age/Gender : 34 Y 10 M 18 D/F	Received : 16/Mar/2024 04:35PM
UHID/MR No : CINR.0000164425	Reported : 16/Mar/2024 05:50PM
Visit ID : CINROPV222267	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8249026438	

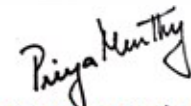
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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



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Consultant Pathologist



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



SIN No:UR2307315

This test has been performed at Apollo Health & Lifestyle Lab, ARCOFEMI BANGALORE Laboratory

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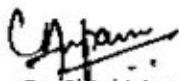
Collected : 16/Mar/2024 10:19AM  
 Received : 16/Mar/2024 04:35PM  
 Reported : 16/Mar/2024 08:19PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

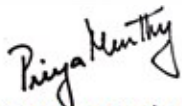
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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

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



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



Dr Priya Murthy  
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 Consultant Pathologist



SIN No:UF011190

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

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[www.apolloclinic.com](http://www.apolloclinic.com)

Patient Name	: Mrs.A D PRIYANKA SARGAM	Collected	: 16/Mar/2024 01:34PM
Age/Gender	: 34 Y 10 M 18 D/F	Received	: 17/Mar/2024 01:44PM
UHID/MR No	: CINR.0000164425	Reported	: 19/Mar/2024 12:09PM
Visit ID	: CINROPV222267	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8249026438		

DEPARTMENT OF CYTOLOGY

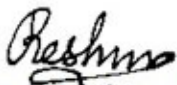
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	6143/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/ malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

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

Result/s to Follow:  
PERIPHERAL SMEAR



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

SIN No: CS076668

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

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

**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

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

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**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



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

Name : Mrs. A D Priyanka Sargam

Age: 34 Y

UHID: CINR.0000164425



Address : BANGALORE

Sex: F

OP Number: CINROPV222267

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No : CINR-OCR-95176

Date : 16.03.2024 10:13

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





Date: 16-03-2024

Department : GENERAL

MR NO : CINR.0000164425

Doctor :

Name : Mrs. A D Priyanka Sargam

Registration No :

Age/ Gender : 34 Y / Female

Qualification :

Consultation Timing: 10:13

Height : 161-cm	Weight : 81.9kg	BMI : 31.6 kg/m <sup>2</sup>	Waist Circum : 101-cm
Temp : 98.6 F	Pulse : 92 bpm	Resp : 18 Cpr	B.P : 118 / 76 mmHg

**General Examination / Allergies History**

M 16/03/24

**Clinical Diagnosis & Management Plan**

34 ym R/yr dx, Comp - Feb 26<sup>th</sup> (NVD)

Cbc pap done PE

Lbx rpr & manlin PA - soft ntd

Lactation PS - ex healing

Adv

HPV vaccine

Tabs Calday ——— N/D

food manlin

Follow up date:

Doctor Signature

OPHTHAL PRESCRIPTION

PATIENT NAME: *NEERA A.D. Pwiyanka*      DATE: *16/3/24*  
UHID NO: *164425*      AGE: *34*  
OPTOMETRIST NAME: Ms.Swathi      GENDER: *F*

This is to certify that I have examined \_\_\_\_\_  
years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	<i>0.25</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
Add	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>

PD - RE: *31* - LE: *31* -

Colour Vision: *Normal (30)*

Remarks:

Apollo clinic Indiranagar

Mrs a d priyanka  
ID: 164425

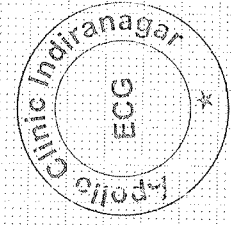
16.03.2024 13:00:34  
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

28.04.1989  
34 Years  
Female

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

92 bpm  
-- / -- mmHg

QRS 86 ms  
QT / QTcBaz 354 / 437 ms  
PR 118 ms  
P 100 ms  
RR / PP 652 / 652 ms  
P / QRS / T 54 / 17 / 16 degrees

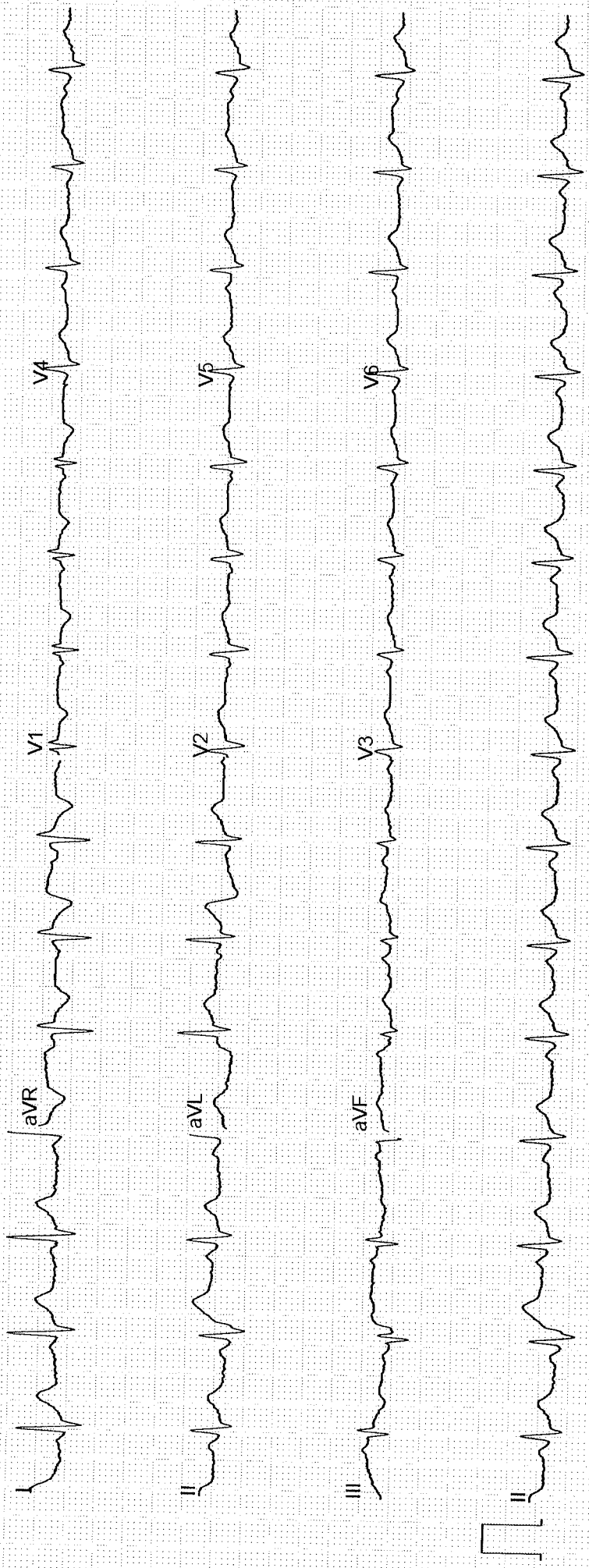


None

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*[Signature]*

**Dr. M. SUDHAKAR RAO**  
M.B.S., M.D. (Cardiology), ACC, FESC, FSCAI  
Consultant Cardiologist  
KMC Reg No. CTG000015KTK  
APOLLO CLINIC



<b>NAME: MRS A D PRIYANKA S</b>	<b>AGE/SEX: 34Y/F</b>	<b>OP NUMBER: 164425</b>
<b>Ref By : SLEF</b>	<b>DATE: 16-03-2024</b>	

**M mode and doppler measurements:**

CM	CM	M/sec	
AO: 2.0	IVS(D): 1.0	MV: E Vel: 1.0	A Vel : 0.8
LA: 3.2	LVIDD(D): 3.8	AV Peak: 0.9	
	LVPW(D): 1.1	PV peak: 0.9	
	IVS(S): 1.1		
	LVID(S): 2.3		
	LVPW(S): 1.2		
	LVEF: 65%		
	TAPSE: 2.2		

**Descriptive findings:**

<b>Left Ventricle</b>	<b>Normal</b>
<b>Right Ventricle:</b>	<b>Normal</b>
<b>Left Atrium:</b>	<b>Normal</b>
<b>Right Atrium:</b>	<b>Normal</b>
<b>Mitral Valve:</b>	<b>Normal</b>
<b>Aortic Valve:</b>	<b>Normal</b>
<b>Tricuspid Valve:</b>	<b>Normal</b>
<b>IAS:</b>	<b>Normal</b>
<b>IVS:</b>	<b>Normal</b>

Pericardium:	Normal
IVC:	Normal
Others	---

**IMPRESSION :**

**Normal cardiac chamber and valves**

**No Regional wall motion abnormality**

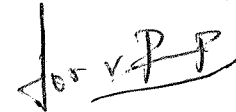
**No MR/AR/TR**

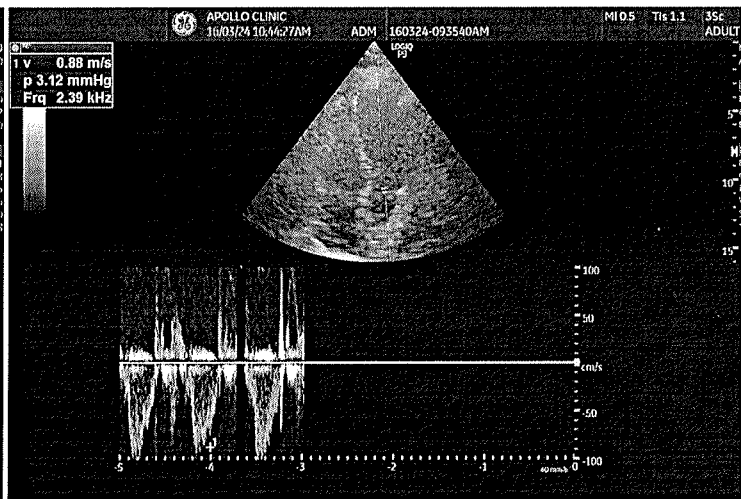
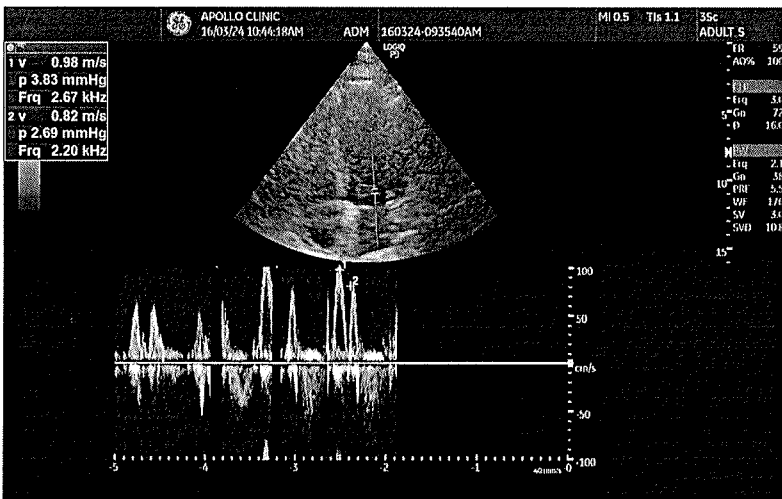
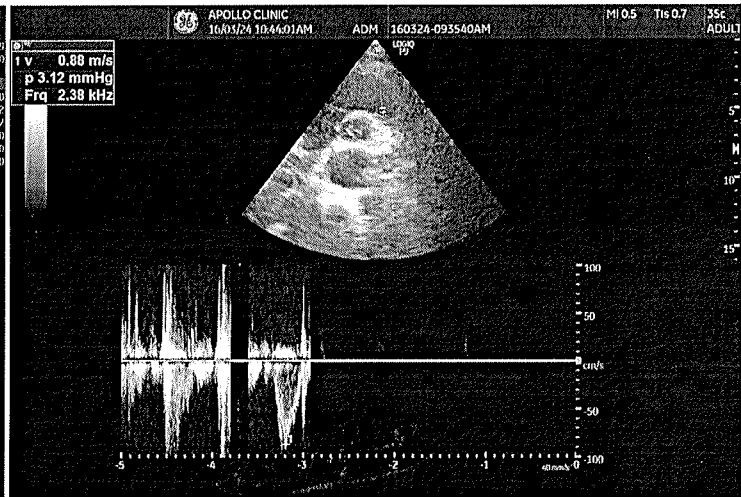
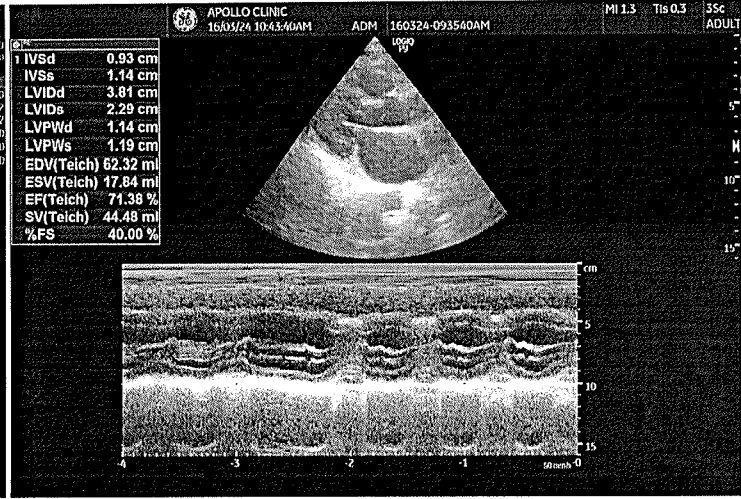
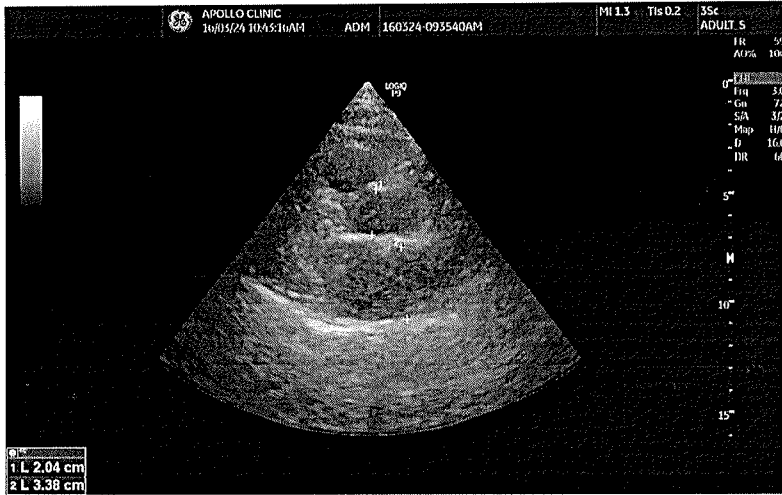
**No clot/vegetation/pericardial effusion**

**Normal LV systolic function - LVEF= 65%**

**DR JAGADEESH H V MD,DM**

**CONSULTANT CARDIOLOGIST**





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  
M. 8800465156 Email : [wellness@mediwheel.in](mailto:wellness@mediwheel.in); | Web: [www.mediwheel.in](http://www.mediwheel.in)



ଭାରତ ସରକାର  
GOVERNMENT OF INDIA

ଏ ଡି ପ୍ରିୟଙ୍କା ସର୍ଗମ୍  
A D Priyanka Sargam  
ପିତା : ଦୁଲ୍ଲଭ ଚରା ଜେଠି  
Father : Dullava Chara Jethy  
ଜନ୍ମ ବର୍ଷ / Year of Birth : 1989  
ମହିଳା / Female



2067 1360 5458

ଆଧାର - ସାଧାରଣ ଜନତାର ଅଧିକାର



**Patient Name** : Mrs. A D Priyanka Sargam

**Age/Gender** : 34 Y/F

**UHID/MR No.** : CINR.0000164425

**OP Visit No** : CINROPV222267

**Sample Collected on** :

**Reported on** : 16-03-2024 19:31

**LRN#** : RAD2269856

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 8249026438

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

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.

**CONCLUSION :**

No obvious abnormality seen

**Dr. RAMESH G**  
**MBBS DMRD**  
**RADIOLOGY**

<b>Patient Name</b>	: Mrs. A D Priyanka Sargam	<b>Age/Gender</b>	: 34 Y/F
<b>UHID/MR No.</b>	: CINR.0000164425	<b>OP Visit No</b>	: CINROPV222267
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 16-03-2024 14:51
<b>LRN#</b>	: RAD2269856	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 8249026438		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears normal in size, shape and echopattern. 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. **Two fibroids noted in anterior and posterior wall largest measuring 2.6x2.1cm in the anterior wall.** The endometrial lining appears intact. Endometrium measures 8 mm.

**OVARIES:** **Bilateral ovaries show multiple peripherally arranged follicles and echogenic stroma.**

No free fluid is seen.

#### IMPRESSION:

1. UTERINE FIBROIDS.
2. BILATERAL POLYCYSTIC OVARIAN MORPHOLOGY.

**Dr. AKSHAY A RESHMI**  
**MBBS, MD (Radiology)**  
Radiology