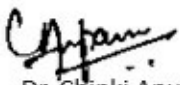


Patient Name : Mrs.RAJA J RUTH SUREKHA	Collected : 23/Mar/2024 11:19AM
Age/Gender : 49 Y 9 M 1 D/F	Received : 23/Mar/2024 01:33PM
UHID/MR No : CINR.0000164827	Reported : 23/Mar/2024 04:25PM
Visit ID : CINROPV223062	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9845243296	

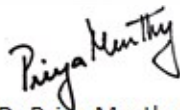
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.3	g/dL	12-15	Spectrophotometer
PCV	33.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.57	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	73.2	fL	83-101	Calculated
MCH	24.6	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	20	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,030	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.1	%	40-80	Electrical Impedance
LYMPHOCYTES	29.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3684.33	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1778.85	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	126.63	Cells/cu.mm	20-500	Calculated
MONOCYTES	434.16	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.03	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.07		0.78- 3.53	Calculated
PLATELET COUNT	276000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				



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SIN No:BED240080451

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Patient Name : Mrs.RAJA J RUTH SUREKHA
Age/Gender : 49 Y 9 M 1 D/F
UHID/MR No : CINR.0000164827
Visit ID : CINROPV223062
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9845243296

Collected : 23/Mar/2024 11:19AM
Received : 23/Mar/2024 01:33PM
Reported : 23/Mar/2024 04:25PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

RBCs: Show moderate anisopoikilocytosis with microcytic hypochromic RBCs. Pencil, tear drop cells seen

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

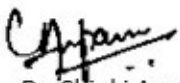
PLATELETS: appear adequate.

HEMOPARASITES: negative

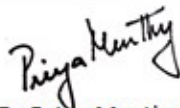
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA

Note: Kindly evaluate for iron deficiency status.

Kindly correlate clinically.



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Age/Gender : 49 Y 9 M 1 D/F	Received : 23/Mar/2024 01:33PM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9845243296	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mrs.RAJA J RUTH SUREKHA	Collected : 23/Mar/2024 11:19AM
Age/Gender : 49 Y 9 M 1 D/F	Received : 23/Mar/2024 04:35PM
UHID/MR No : CINR.0000164827	Reported : 23/Mar/2024 06:29PM
Visit ID : CINROPV223062	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	89	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)	89	mg/dL	70-140	HEXOKINASE

Comment:

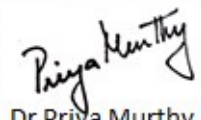
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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	5.7	%		HPLC

Page 4 of 15


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SIN No:EDT240036994

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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	117	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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SIN No: EDT240036994

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	232	mg/dL	<200	CHO-POD
TRIGLYCERIDES	87	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	182	mg/dL	<130	Calculated
LDL CHOLESTEROL	164.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.64		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


Comment:

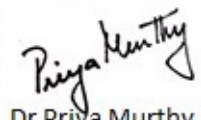
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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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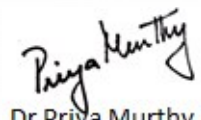
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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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Patient Name : Mrs.RAJA J RUTH SUREKHA	Collected : 23/Mar/2024 11:19AM
Age/Gender : 49 Y 9 M 1 D/F	Received : 23/Mar/2024 01:50PM
UHID/MR No : CINR.0000164827	Reported : 23/Mar/2024 04:50PM
Visit ID : CINROPV223062	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9845243296	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.90	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.71	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	71.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.96	g/dL	6.6-8.3	Biuret
ALBUMIN	4.71	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		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.

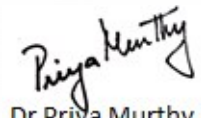
2. Cholestatic Pattern:

- 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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SIN No:SE04673591

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.02	mg/dL	0.51-0.95	Jaffe's, Method
UREA	26.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.97	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.96	g/dL	6.6-8.3	Biuret
ALBUMIN	4.71	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated


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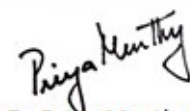
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	<38	IFCC


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Age/Gender : 49 Y 9 M 1 D/F	Received : 23/Mar/2024 01:51PM
UHID/MR No : CINR.0000164827	Reported : 23/Mar/2024 03:07PM
Visit ID : CINROPV223062	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.6	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.230	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: SPL24054081

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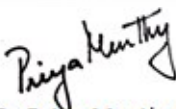

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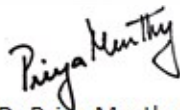
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	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	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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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SIN No:UR2314751

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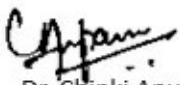
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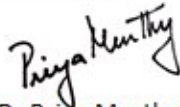
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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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



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SIN No:UF011414

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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)

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

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

Patient Name	: Mrs.RAJA J RUTH SUREKHA	Collected	: 23/Mar/2024 03:03PM
Age/Gender	: 49 Y 9 M 1 D/F	Received	: 24/Mar/2024 02:56PM
UHID/MR No	: CINR.0000164827	Reported	: 26/Mar/2024 10:00AM
Visit ID	: CINROPV223062	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9845243296		

DEPARTMENT OF CYTOLOGY

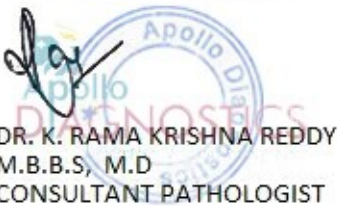
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	6972/24
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
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
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



DR. K. RAMA KRISHNA REDDY
M.B.B.S., M.D
CONSULTANT PATHOLOGIST

SIN No:CS077488

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

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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Karnataka- 560034

Page 15 of 15
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



1860 500 7788
www.apolloclinic.com

Name : Mrs. Raja J Ruth Surekha Address : Bangalore Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 49 Y Sex : F	UHID :CINR.0000164827  OP Number :CINROPV223062 Bill No :CINR-OCR-95533 Date : 23.03.2024 10:38
--	---	---

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO - 0	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG - 0	
12	LBC PAP TEST- PAPSURE - 3	
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)	
17	SONO MAMOGRAPHY - SCREENING - 15	
18	HbA1c, GLYCATED HEMOGLOBIN	
19	X-RAY CHEST PA - 10 Day	
20	ENT CONSULTATION	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	LIPID PROFILE	
24	BODY MASS INDEX (BMI)	
25	OPHTHAL BY GENERAL PHYSICIAN - 5	
26	ULTRASOUND - WHOLE ABDOMEN - 9	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Mrs Raja. Ruth Surekha.

4947F

S/B Dr. Prathima.

23/3/24

MBBS MS ENT

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Come for ENT checkup
B/C ears? wax (+)
nose — normal
throat — normal

Adv

Solunox ear drops
3^o - 3^o - 3^o x 7d.

Dr. PRATHIMA CONCESSAO
MBBS, M.S., ENT
Reg No. 69241

Follow up date:

Doctor Signature

Date : 23-03-2024

Department : GENERAL

MR NO : CINR.0000164827

Doctor :

Name : Mrs. Raja J Ruth Surekha

Registration No :

Age/ Gender : 49 Y / Female

Qualification :

Consultation Timing: 10:38

Height : 165cm	Weight : 60.1kg	BMI : 22.1kg/m ²	Waist Circum : 89cm
Temp : 98.4	Pulse : 76bpm	Resp : 18cpm	B.P : 12/70mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

11/23/2024

49yrs PpLr
(MND)

Use pap test

A du

CA125

CEA -

Comp -
or 10 days
hall

PR

PA 30yr mtd

Ps -

at healthy

2 weeks

✓

Follow up date:

Doctor Signature

OPHTHAL PRESCRIPTION

PATIENT NAME : Mrs. Raja T. Rathi.

DATE : 23/3/21

UHID NO : 160827

AGE : 49

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	S-50	0.75	90°	6/6	S-50			6/6
Add	1.50				1.50			

PD - RE: 31 - LE: 31 -

Colour Vision: normal (36)

Remarks: Clo reading blurred vision (36)


Apollo clinic Indiranagar

Mrs. ruth surekha
ID: 164827

Visit:
22.06.1974
49 Years

Female

QRS
QT / QTcBaz : 412 / 444 ms
PR : 148 ms
P : 88 ms
RR / PP : 858 / 857 ms
P / QRS / T : 36 / 13 / 28 degrees

23.03.2024 13:21:34
APOLLO CLINIC
INDIRANAGAR
BANGALORE

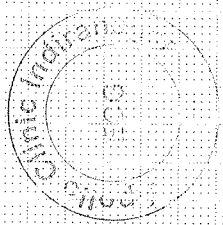
ARROW CC

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

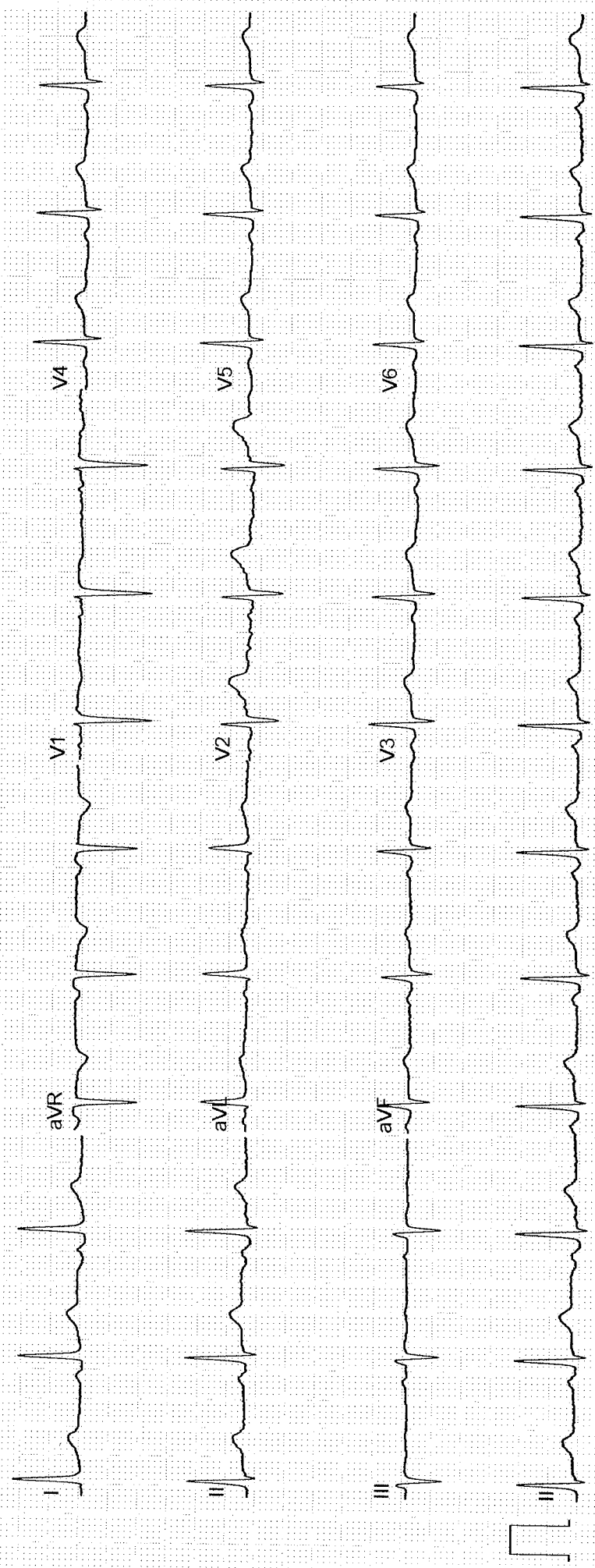
70 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

no v



[Handwritten signature]



NAME: MRS RAJA J RUTH SUREKHA	AGE/SEX: 49Y/F	OP NUMBER: 164827
Ref By : SLEF	DATE: 23-03-2024	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.0	IVS(D): 1.0	MV: E Vel: 0.7	A Vel : 0.7
LA: 2.2	LVIDD(D): 4.0	AV Peak: 1.1	
	LVPW(D): 1.0	PV peak: 0.5	
	IVS(S): 1.2		
	LVID(S): 2.6		
	LVPW(S): 1.0		
	LVEF: 60%		
	TAPSE: 2.1		

Descriptive findings:

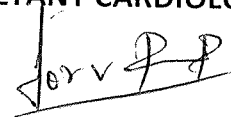
Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal

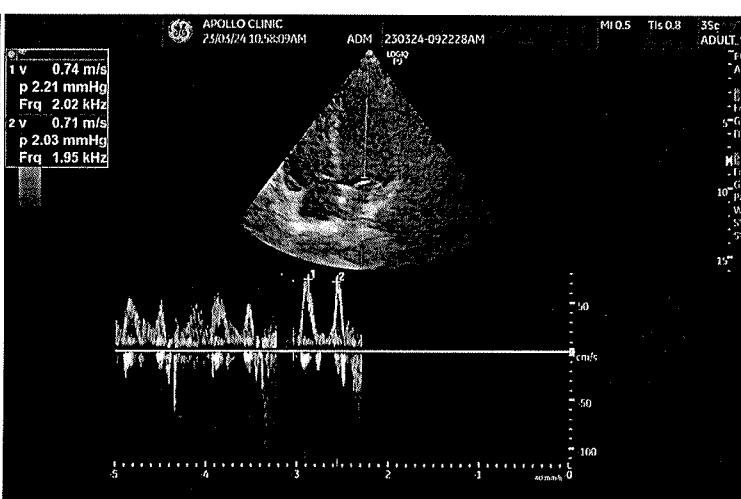
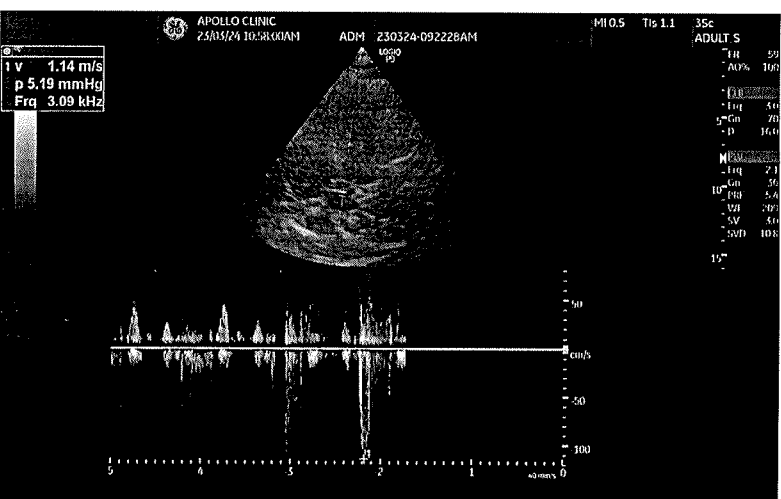
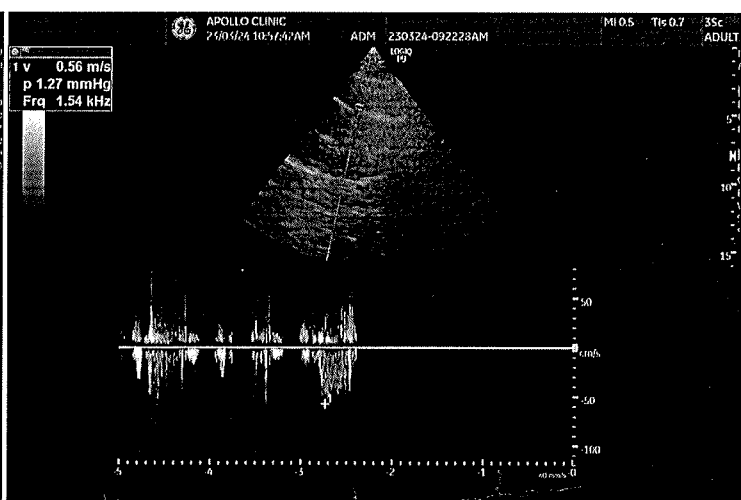
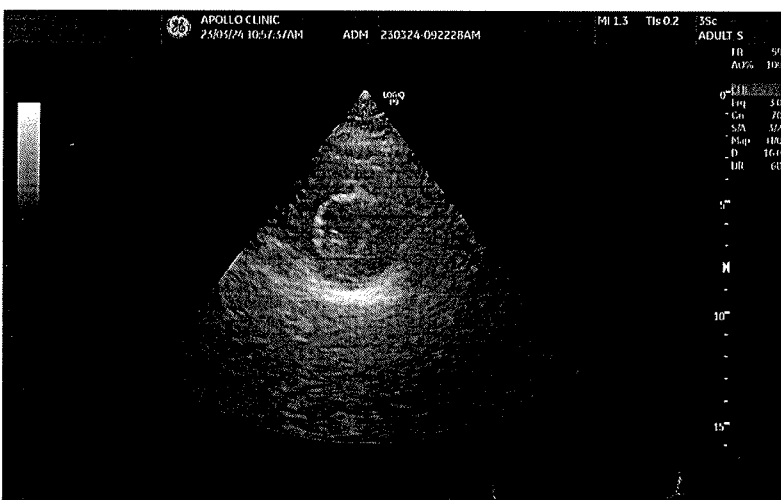
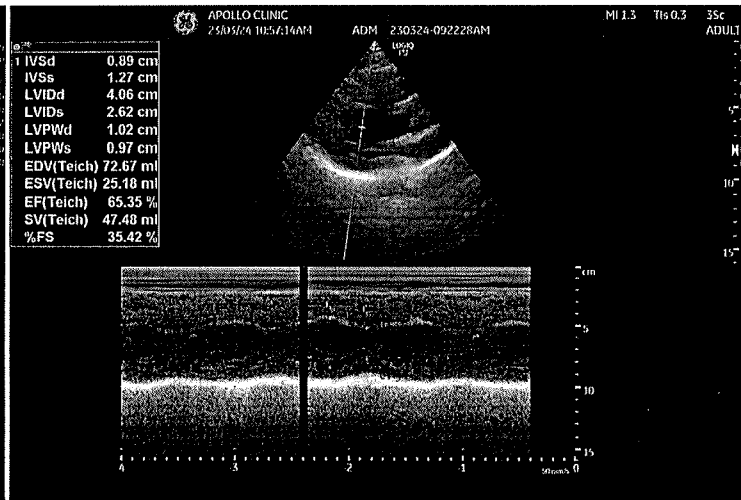
IVS:	Normal
Pericardium:	Normal
IVC:	Normal
Others	---

IMPRESSION :

- Normal cardiac chamber and valves
- No Regional wall motion abnormality
- No MR/AR/TR
- No clot/vegetation/pericardial effusion
- Normal LV systolic function - LVEF= 60%

DR JAGADEESH H V MD,DM
CONSULTANT CARDIOLOGIST





Breast Health Report

Thermalytix[®] 180

Patient ID: CINR_164827

General Details

Name:	Raja J Ruth Surekha	Centre:	Apollo Clinic Indiranagar
Age:	49	Report Generation Date:	Mar 25, 2024, 12:41 PM
Gender:	Female	Scan Date:	Mar 23, 2024, 2:20 PM

Clinical Details

LMP:	16/03/2024	Hormone Therapy:	None.
Pregnant/Lactating:	No.	Number of children breast-fed:	1
Patient Complaints:	Fibroadenoma removed from left breast 26 years back		
Cancer History:	No patient cancer history. No family cancer history.		
Surgeries:	Had lumpectomy.		

Thermalytix Scores

Body Temperature:	26.64 °C to 34.67 °C		
Hotspot Score:	0.1	Hotspot Symmetry:	100 %
Areolar Score:	0.02	Areolar Symmetry:	100 %
Vascular Score:	0.15	Ensemble Score:	0.05
B Score:	1		

Thermal Analysis

Thermal Parameters	Right Breast	Left Breast
Number of Hotspots	0	0
Extent	N/A	N/A
Hotspot Shape	N/A	N/A
Temperature	N/A	N/A
Areolar Hotspot Detected	No	No
Lump Detected	N/A	N/A

Dr. M.V. Ramprakash
 DR. M.V. RAMPRAKASH MBBS, DMRD, MD,
 CE, Thermography (ACCT, USA)
 IMAGING SPECIALIST

Breast Health Report

Thermalytix[®] 180

Patient ID: CINR_164827

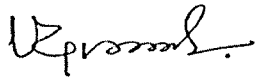
Impression

Right Breast No focal thermal increase is seen. No significant thermal pattern is seen.

Left Breast No focal thermal increase is seen. No significant thermal pattern is seen.

Recommendation

Normal Thermal Scan.



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: CINR_164827

About Niramai

Indication of Use :

Thermalytix[®] is a medical device intended to be used for screening and early diagnosis of breast cancer in women above 18 years in a hospital, healthcare practitioner facilities, or in an environment where patient care is provided by healthcare personnel. It can also be used as an adjunct to screening mammography or breast ultrasound. Women who are found to be suspicious for malignancy by Thermalytix[®] should be referred for a confirmatory diagnostic test. Primary diagnostic and patient management decisions are made by a qualified healthcare professional.

Intended Use :

Thermalytix[®] is a medical device for the detection of breast lesions with suspected malignancy. The device is intended to assist a trained healthcare professional in risk assessment, screening, and early diagnosis of breast cancer in both asymptomatic and symptomatic women.



No Touch



No Pain



No See



No Radiation

This report has been generated using novel algorithm developed by Niramai which uses artificial intelligence for quantitative analysis of thermal images.

NIRAMAI is a health tech company with a mission to save lives by enabling early detection of breast cancer. Thermalytix[®] is an AI-based computer-aided diagnostic engine developed by Niramai 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/>

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MS. RAJA J RUTH SUREKHA
क.कू.संख्या	156968
पदनाम	BRANCH HEAD
कार्य का स्थान	CHENNAI, ALAGAPPA ROAD
जन्म की तारीख	22-06-1974
स्वास्थ्य जांच की प्रस्तावित तारीख	23-03-2024
बुकिंग संदर्भ सं.	23M156968100099118E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 11-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा


(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



बैंक ऑफ बरोडा
Bank of Baroda

नाम राजा जे रूत सुरेखा
Name Raja J Ruth Surekha
A.C. No. 156968




जारीकर्ता अधिकारी
Issuing Authority


धारक का हस्ताक्षर
Signature of Holder

बिरोडा, विमानचिह्न को लोकार्पण
आयुक्त भवन (एनएच)
बैंक ऑफ बरोडा, एनएच पर्यावरण सेक्टर
प्लॉट-२९, सी-२२/एनए, आन्ध्र प्रदेश कॉम्प्लेक्स, मुंबई - ४०० ०१२, भारत
फोन : ९१ २२ २६२८ ५२५६, फैक्स : ९१ २२ २६५२ ५०४७

If found, please return to:
Dy. General Manager (Security)
Bank of Baroda, Karode Corporate Centre
C-29, C-Block, Bandra-Kurla Complex
Mumbai 400 041, India
Phone: 91 22 2653 5106, Fax: 91 22 2652 5747

Blood Group : AB+ve
Identification Marks : A Mole on the Neck
A Mole on the Wrist of Right Hand

Patient Name : Mrs. Raja J Ruth Surekha

Age/Gender : 49 Y/F

UHID/MR No. : CINR.0000164827

OP Visit No : CINROPV223062

Sample Collected on :

Reported on : 23-03-2024 22:04

LRN# : RAD2279241

Specimen :


Ref Doctor : SELF

Emp/Auth/TPA ID : 9845243296

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

THERMAL SONO MAMMOGRAPHY DONE.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name	: Mrs. Raja J Ruth Surekha	Age/Gender	: 49 Y/F
UHID/MR No.	: CINR.0000164827	OP Visit No	: CINROPV223062
Sample Collected on	:	Reported on	: 23-03-2024 19:48
LRN#	: RAD2279241	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9845243296		

DEPARTMENT OF RADIOLOGY

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

Patient Name	: Mrs. Raja J Ruth Surekha	Age/Gender	: 49 Y/F
UHID/MR No.	: CINR.0000164827	OP Visit No	: CINROPV223062
Sample Collected on	:	Reported on	: 23-03-2024 19:09
LRN#	: RAD2279241	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9845243296		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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 & OVARIES: To be evaluated with full bladder.

No free fluid is seen.

IMPRESSION:

GRADE I FATTY LIVER.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology