

Patient Name : Mrs.NEHA	Collected : 09/Mar/2024 10:33AM
Age/Gender : 30 Y 3 M 23 D/F	Received : 09/Mar/2024 01:16PM
UHID/MR No : CMAR.0000342980	Reported : 09/Mar/2024 04:55PM
Visit ID : CMAROPV784712	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7983436166	

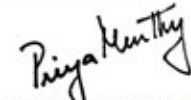
DEPARTMENT OF HAEMATOLOGY

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>				
HAEMOGLOBIN	11.5	g/dL	12-15	Spectrophotometer
PCV	34.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.18	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	82.1	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,560	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55	%	40-80	Electrical Impedence
LYMPHOCYTES	32.6	%	20-40	Electrical Impedence
EOSINOPHILS	4.3	%	1-6	Electrical Impedence
MONOCYTES	7.8	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4158	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2464.56	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	325.08	Cells/cu.mm	20-500	Calculated
MONOCYTES	589.68	Cells/cu.mm	200-1000	Calculated
BASOPHILS	22.68	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.69		0.78- 3.53	Calculated
PLATELET COUNT	220000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	32	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				



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SIN No:BED240063474

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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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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RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

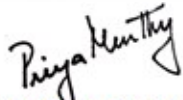
HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA.**

Kindly correlate clinically.



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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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	97	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  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  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)	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.

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

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SIN No:EDT240028936

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HbA1c, GLYCATED HEMOGLOBIN	5.3	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL	Calculated


Comment:

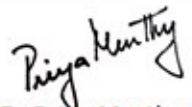
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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.

- 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	160	mg/dL	<200	CHO-POD
TRIGLYCERIDES	72	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>101</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.56		0-4.97	Calculated

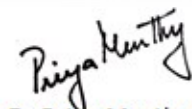
**Comment:**

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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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.

  
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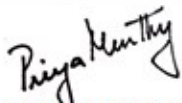
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.74	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.64	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	35.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.49	g/dL	6.6-8.3	Biuret
ALBUMIN	4.06	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.43	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		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'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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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	17.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.60	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.05	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>135</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.49	g/dL	6.6-8.3	Biuret
ALBUMIN	4.06	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.43	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		0.9-2.0	Calculated



DR.SHIVARAJA SHETTY  
M.B.B.S.,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST



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



SIN No:SE04656079

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

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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APOLLO CLINICS NETWORK

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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 1860 500 7788  
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Patient Name : Mrs.NEHA	Collected : 09/Mar/2024 10:33AM
Age/Gender : 30 Y 3 M 23 D/F	Received : 09/Mar/2024 01:16PM
UHID/MR No : CMAR.0000342980	Reported : 09/Mar/2024 03:07PM
Visit ID : CMAROPV784712	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7983436166	

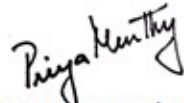
**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	16.00	U/L	<38	IFCC



**DR.SHIVARAJA SHETTY**  
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Consultant Pathologist



SIN No:SE04656079

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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034

 **1860 500 7788**  
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Patient Name : Mrs.NEHA	Collected : 09/Mar/2024 10:33AM
Age/Gender : 30 Y 3 M 23 D/F	Received : 09/Mar/2024 12:55PM
UHID/MR No : CMAR.0000342980	Reported : 09/Mar/2024 02:41PM
Visit ID : CMAROPV784712	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7983436166	

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)	1.29	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.38	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.255	µIU/mL	0.34-5.60	CLIA

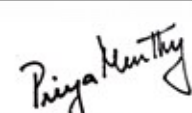
Comment:

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

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



SIN No:SPL24042203

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 Karnataka - 560034

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



Patient Name : Mrs.NEHA	Collected : 09/Mar/2024 10:33AM
Age/Gender : 30 Y 3 M 23 D/F	Received : 09/Mar/2024 12:55PM
UHID/MR No : CMAR.0000342980	Reported : 09/Mar/2024 02:41PM
Visit ID : CMAROPV784712	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7983436166	

DEPARTMENT OF IMMUNOLOGY

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



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



SIN No:SPL24042203

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Patient Name : Mrs.NEHA	Collected : 09/Mar/2024 10:33AM
Age/Gender : 30 Y 3 M 23 D/F	Received : 09/Mar/2024 02:41PM
UHID/MR No : CMAR.0000342980	Reported : 09/Mar/2024 04:26PM
Visit ID : CMAROPV784712	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7983436166	

DEPARTMENT OF CLINICAL PATHOLOGY

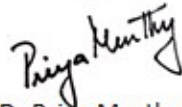
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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	1.020		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

Page 13 of 16



Dr. Chinki Anupam  
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Consultant Pathologist



Dr Priya Murthy  
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Consultant Pathologist



SIN No:UR2301673

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APOLLO CLINICS NETWORK

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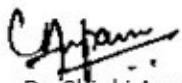
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Patient Name : Mrs.NEHA	Collected : 09/Mar/2024 01:21PM
Age/Gender : 30 Y 3 M 23 D/F	Received : 10/Mar/2024 12:25AM
UHID/MR No : CMAR.0000342980	Reported : 10/Mar/2024 12:32AM
Visit ID : CMAROPV784712	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7983436166	

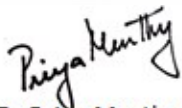
**DEPARTMENT OF CLINICAL PATHOLOGY**

**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



Dr. Chinki Anupam  
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Dr. Priya Murthy  
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Consultant Pathologist



SIN No:UPP017055

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

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**APOLLO CLINICS NETWORK**

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Patient Name : Mrs.NEHA	Collected : 09/Mar/2024 10:33AM
Age/Gender : 30 Y 3 M 23 D/F	Received : 09/Mar/2024 02:41PM
UHID/MR No : CMAR.0000342980	Reported : 09/Mar/2024 04:40PM
Visit ID : CMAROPV784712	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7983436166	

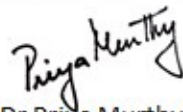
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



Dr. Vidya Aniket Gore  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr Priya Murthy  
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SIN No:UF011096

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

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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)

Patient Name : Mrs.NEHA	Collected : 09/Mar/2024 08:43PM
Age/Gender : 30 Y 3 M 23 D/F	Received : 11/Mar/2024 11:46AM
UHID/MR No : CMAR.0000342980	Reported : 13/Mar/2024 07:39PM
Visit ID : CMAROPV784712	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7983436166	

**DEPARTMENT OF CYTOLOGY**

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


**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	5518/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	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.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL 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.A.Kalyan Rao  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

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**CAP**  
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COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS076181

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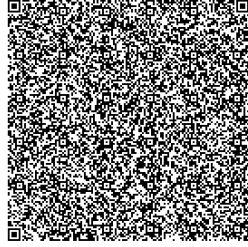


भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0013/81001/02161

To  
नेहा चौधरी तोमर  
Neha Chaudhary Tomar  
C/O: Vikas Tomar  
50A  
Suncity Grand colony  
Saharanpur  
Saharanpur Uttar Pradesh - 247001  
7599007522



आपका **आधार** क्रमांक / Your **Aadhaar** No. :

**2786 8023 6578**

VID : 9189 3894 6587 7320

मेरा **आधार**, मेरी पहचान



भारत सरकार  
Government of India



नेहा चौधरी तोमर  
Neha Chaudhary Tomar  
जन्म तिथि/DOB: 16/11/1993  
महिला/ FEMALE

Issue Date : 10/03/2014

**2786 8023 6578**

VID : 9189 3894 6587 7320

मेरा **आधार**, मेरी पहचान



Government of India



## सूचना

- **आधार** पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

## INFORMATION

- **Aadhaar** is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- **आधार** देश भर में मान्य है।
- **आधार** कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- **आधार** में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- **आधार** को अपने स्मार्ट फोन पर रखें, **mAadhaar App** के साथ।

- **Aadhaar** is valid throughout the country.
- **Aadhaar** helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in **Aadhaar**.
- Carry Aadhaar in your smart phone – use **mAadhaar App**.



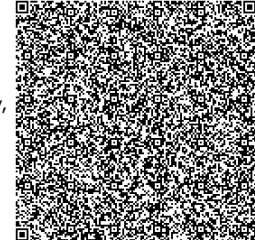
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
द्वारा: विकास तोमर, 50ए, सनसिटी ग्रान्ड कॉलोनी,  
सहारनपुर, सहारनपुर,  
उत्तर प्रदेश - 247001

Address:  
C/O: Vikas Tomar, 50A, Suncity Grand colony,  
Saharanpur, Saharanpur,  
Uttar Pradesh - 247001

Download Date: 02/05/2014



**2786 8023 6578**

VID : 9189 3894 6587 7320

1947 | help@uidai.gov.in | www.uidai.gov.in



## ing Request(bobS10586), Beneficiary Code-169269

nediwheel.in&gt;

er@bankofbaroda.com&gt;

ael.in &lt;customercare@mediwheel.in&gt;

n wellness@mediwheel.in. [Learn why this is important](#)

न में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.

DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.

011-41195959

ar VIKAS TOMER,

we have received your booking request for the following health checkup, please upload HRM letter as soon as possible.

Upload HRM Letter

Booking Date : 20-02-2024

Member Package Name : Mediwheel Full Body Health Checkup Female Below 40

Hospital Package Name : Mediwheel Full Body Health Annual Plus Check

Health Check Code :

Name of Diagnostic/Hospital : Apollo Clinic

Address of Diagnostic/Hospital- : Apollo Clinic, 673/A, Shriram Samruddhi Apartments, Varthur Road, Near Kundalahalli Signal, Whitefield, BEML Layout, Brookefield - 560066

Appointment Date : 24-02-2024

Preferred Time : 8:00am

## Member Information

Booked Member Name	Age	Gender
ISHA TOMER	30 year	Female

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs Neha on 09-03-2024

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

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

Dr. \_\_\_\_\_  
Medical Officer



*This certificate is not meant for medico-legal purposes*

Date : 09-03-2024  
MR NO : CMAR.0000342980

Department : GENERAL  
Doctor :

Name : Mrs. NEHA

Registration No :

Age/ Gender : 30 Y / Female

Qualification :

Consultation Timing: 10:23

Height : 162cm	Weight : 76 kg	BMI :	Waist Circum :
Temp :	Pulse : 99 bpm	Resp :	B.P : 110/70 mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

C/S ENT

Dns @

Ear : @

Throat : @

*AS*

Follow up date:

Doctor Signature



Neha  
ID: 342980

30 Years

Female

09.03.2024 12:17:07  
APOLLO MEDICAL CENTRE  
KUNDALAHALLI  
BANGALORE

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

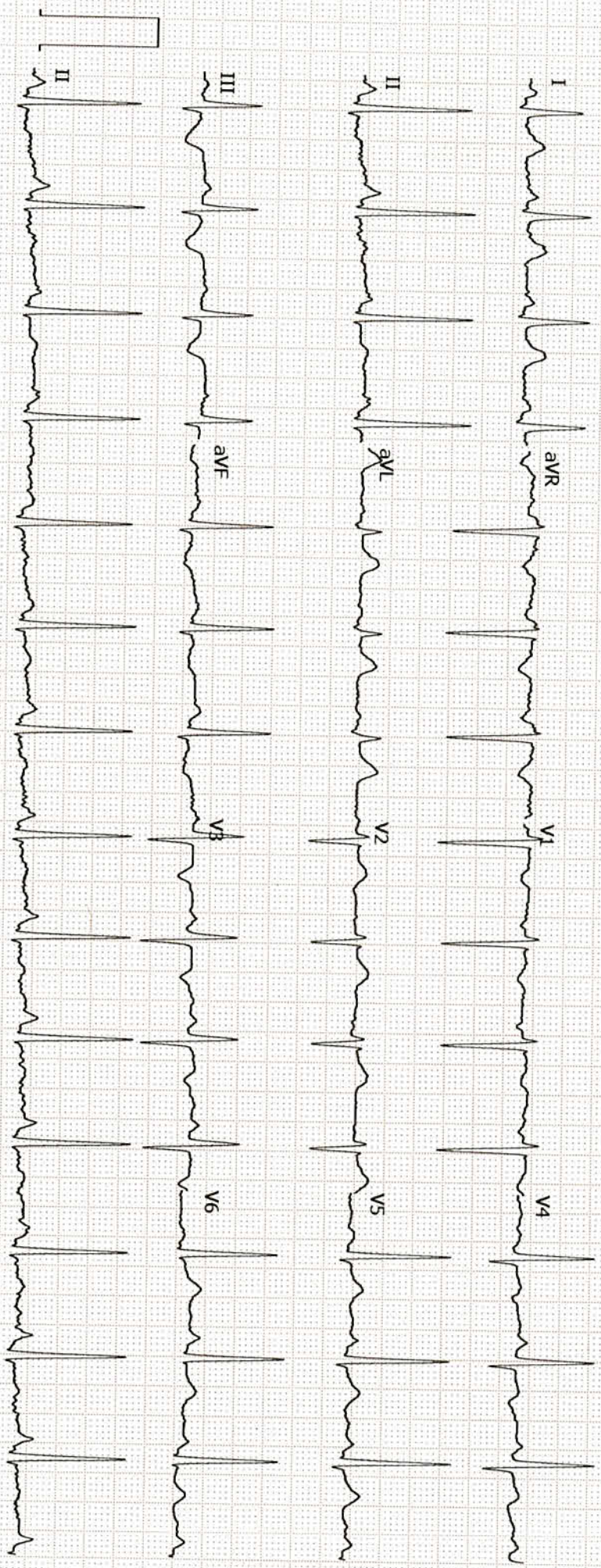
Room:

86 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 80 ms  
QT / QTcBaz : 362 / 433 ms  
PR : 136 ms  
P : 98 ms  
RR / PP : 698 / 697 ms  
P / QRS / T : 53 / 54 / -15 degrees

Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 20 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed  
4x2.5x3 25\_R1 1/1



Patient Name	: Mrs. NEHA	Age	: 30 Y F
UHID	: CMAR.0000342980	OP Visit No	: CMAROPV784712
Reported on	: 09-03-2024 20:10	Printed on	: 09-03-2024 20:14
Adm/Consult Doctor	:	Ref Doctor	: SELF

## 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:** Minimally distended.

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

**PANCREAS:** Obscured by bowel gas. However the visualized parts of pancreas are appearing grossly normal

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

Right kidney measures 10.5 x 3.9 cm.

Left kidney measures 9.8 x 4.9 cm.

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

**UTERUS:-** Endometrium measures 7.5 mm.

**OVARIES:** Both ovaries appear normal in size and echopattern.

No free fluid is seen.

**IMPRESSION:-**

**NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.**

Suggested clinical correlation and further evaluation with higher imaging techniques if clinically needed.

Patient Name	: Mrs. NEHA	Age	: 30 Y F
UHID	: CMAR.0000342980	OP Visit No	: CMAROPV784712
Reported on	: 09-03-2024 20:10	Printed on	: 09-03-2024 20:14
Adm/Consult Doctor	:	Ref Doctor	: SELF

---

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.

Printed on: 09-03-2024 20:10

---End of the Report---



**Dr. RAMESH G**  
MBBS DMRD  
RADIOLOGY

Patient Name : Mrs. NEHA Age : 30 Y/F  
 UHID : CMAR.0000342980 OP Visit No : CMAROPV784712  
 Conducted By: : Dr. PRASHANT RAMDAS WANKHADE Conducted Date : 09-03-2024 19:21  
 Referred By : SELF

**ECHO ( 2D & COLOUR DOPPLER)**

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	26mm	25 - 37 mm	IVS(ed)	08mm	06 - 11 mm
LA(es)	30mm	19 - 40 mm	LVPW(ed)	08mm	06 - 11 mm
LVID(ed)	46mm	35 - 55 mm	EF	60 %	(50 - 70 %)
LVID(es)	30mm	24 - 42 mm			

**MORPHOLOGICAL DATA**

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal, MVE- 0.93m/s, MVA- 0.52m/s, MVE/A- 1.8
Aortic Valve	Normal, 1.18m/s
Tricuspid Valve	Normal, Trace TR PASP-13+10=23mmHg
Pulmonary Valve	Normal, 0.77m/s
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
LV - RWMA	No RWMA at rest.
LV - FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal

Rhythm	Sinus
IMPRESSION	Normal cardiac chambers Normal valves No RWMA at rest Normal LV Systolic function No pulmonary hypertension Normal pericardium, No intracardiac masses / thrombi

  
**Dr. Prashant Ramdas**  
Consultant Cardiologist  
DMC No. 53011



<b>Patient Name</b>	: Mrs. NEHA	<b>Age/Gender</b>	: 30 Y/F
<b>UHID/MR No.</b>	: CMAR.0000342980	<b>OP Visit No</b>	: CMAROPV784712
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-03-2024 20:14
<b>LRN#</b>	: RAD2262128	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 7983436166		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

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

<b>Patient Name</b>	: Mrs. NEHA	<b>Age/Gender</b>	: 30 Y/F
<b>UHID/MR No.</b>	: CMAR.0000342980	<b>OP Visit No</b>	: CMAROPV784712
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-03-2024 18:03
<b>LRN#</b>	: RAD2262128	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 7983436166		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

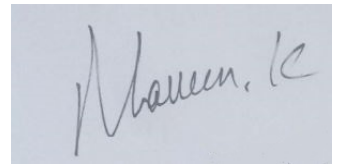
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. NAVEEN KUMAR K**  
**MBBS, DMRD Radiology, (DNB)**  
Radiology

Patient Name : Mrs. NEHA Age : 30 Y/F  
 UHID : CMAR.0000342980 OP Visit No : CMAROPV784712  
 Conducted By: : Dr. PRASHANT RAMDAS WANKHADE Conducted Date : 09-03-2024 19:21  
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Tricuspid Valve	Normal, Trace TR PASP-13+10=23mmHg
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Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal

Patient Name : Mrs. NEHA Age : 30 Y/F  
 UHID : CMAR.0000342980 OP Visit No : CMAROPV784712  
 Conducted By: : Dr. PRASHANT RAMDAS WANKHADE Conducted Date : 09-03-2024 19:21  
 Referred By : SELF

Right Atrium	Normal
Left Atrium	Normal
LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Normal cardiac chambers Normal valves No RWMA at rest Normal LV Systolic function No pulmonary hypertension Normal pericardium, No intracardiac masses / thrombi

**Dr. Prashant Ramdas**  
**Consultant Cardiologist**  
**DMC No. 53011**