



CANN- 238657  
OCR- 100348


 **ఆధార్**  
Unique Identification Authority of India


**చిరునామా:**  
C/O ఏల వి సత్యనారాయణ, 24/396,  
1వ ఫ్లోర్, 1వ సమెంట్ మార్గము, ఏలబస  
ఆఫీస్ దగ్గర, ఎంప్లాయిస్ కాలనీ,  
నూజివిడు, నూజివిడు, కృష్ణ, ఆంధ్ర ప్రదేశ్,  
521201

**Address:**  
C/O, L V Satyanarayana, 24/396,  
1st Floor, 1st Cement Road, Near  
Lic Office, Employees Colony,  
Nuzvid, Nuzvid, Krishna, Andhra  
Pradesh, 521201

**8718 2504 6728**

 1947  
1800 300 1947

 help@uidai.gov.in

 www.uidai.gov.in

 **భారత ప్రభుత్వం**  
Government of India



లక్కప్రగడ పావని  
Lakkapragada Pavani  
పుట్టిన తేదీ / DOB : 12/08/1991  
స్త్రీ / Female



**8718 2504 6728**

**ఆధార్ - సామాన్యుని హక్కు**

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

| PARTICULARS                     | EMPLOYEE DETAILS         |
|---------------------------------|--------------------------|
| NAME                            | MS. PAVANI LAKKAPRAGADA  |
| EC NO.                          | 176273                   |
| DESIGNATION                     | SINGLE WINDOW OPERATOR A |
| PLACE OF WORK                   | CHENNAI,ANNANAGAR        |
| BIRTHDATE                       | 12-08-1991               |
| PROPOSED DATE OF HEALTH CHECKUP | 29-02-2024               |
| BOOKING REFERENCE NO.           | 23M176273100094062E      |

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **27-02-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

Name: Parvati Lakshminarayana  
 Occupation: .....  
 Age: 324 Sex: Male  Female   
 Address: .....  
 Ph: .....

Date: 29/12/24 Reg. No.: 233652  
 Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History:

Nil

Present Complaint:

Nil

**ON EXAMINATION:**

Ocular Movements :

Anterior Segment :

Intra-Ocular-Pressure :

Visual Acuity: D.V. :

Without Glass :

With Glass :

N.V. :

Visual Fields :

Fundus :

Impression :

Advice :

Colour Vision :

**RE**

**LE**

Free

Free

N

N

6/p  
6

6/p  
6

N6

N6

Free

Free

N

N

ENT check up

Parani Lakkapragada

32/F

29/2/24

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

General Examination / Allergies  
History

No complaints

of E

(R) sided unilateral

tonsillar enlargement  
firm to hard on palpation.

Adv:

Tonsillectomy & biopsy.

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Mrs. Pavani

32/F

29/2/24.

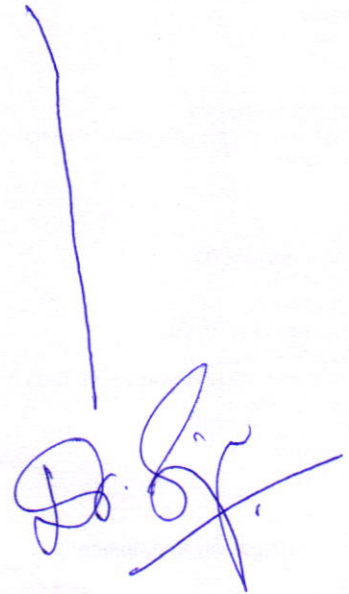
|         |         |       |               |
|---------|---------|-------|---------------|
| Height: | Weight: | BMI:  | Waist Circum: |
| Temp:   | Pulse:  | Resp: | B.P:          |

General Examination / Allergies History

Rx

→ Adv. OPG

→ Adv Ext  $\frac{8}{8}$



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

|              |                            |                |                    |
|--------------|----------------------------|----------------|--------------------|
| Patient Name | : Mrs. PAVANI LAKKAPRAGADA | Age            | : 32 Y/F           |
| UHID         | : CANN.0000233657          | OP Visit No    | : CANNOPV393889    |
| Reported By: | : Dr. ARULNITHI AYYANATHAN | Conducted Date | : 29-02-2024 17:12 |
| Referred By  | : SELF                     |                |                    |

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### **ECG REPORT**

#### **Observation :-**

Heart rate is 83beats per minutes.

#### **Impression:**

NON SPECIFIC T WAVE CHANGES

----- END OF THE REPORT -----

Dr. ARULNITHI AYYANATHAN

Patient Name : Mrs. PAVANI LAKKAPRAGADA Age : 32 Y/F  
UHID : CANN.0000233657 OP Visit No : CANNOPV393889  
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 29-02-2024 12:43  
Referred By : SELF

---

## **2D-ECHO WITH COLOUR DOPPLER**

### Dimensions:

|                          |        |
|--------------------------|--------|
| Ao (ed)                  | 2.4 CM |
| LA (es)                  | 3.6 CM |
| LVID (ed)                | 4.8 CM |
| LVID (es)                | 2.6 CM |
| IVS (Ed)                 | 0.5 CM |
| LVPW (Ed)                | 0.6 CM |
| EF                       | 66 %   |
| %FD                      | 36 %   |
| MITRAL VALVE :           | NORMAL |
| AML                      | NORMAL |
| PML                      | NORMAL |
| AORTIC VALVE             | NORMAL |
| TRICUSPID VALVE          | NORMAL |
| PULMONARY VALVE          | NORMAL |
| RIGHT VENTRICLE          | NORMAL |
| INTER ATRIAL SEPTUM      | INTACT |
| INTER VENTRICULAR SEPTUM | INTACT |
| PULMONARY ARTERY         | NORMAL |
| AORTA                    | NORMAL |
| RIGHT ATRIUM             | NORMAL |
| LEFT ATRIUM              | NORMAL |
| LEFT VENTRICLE           | NORMAL |
| PERICARDIUM              | NORMAL |

|               |                            |                |                    |
|---------------|----------------------------|----------------|--------------------|
| Patient Name  | : Mrs. PAVANI LAKKAPRAGADA | Age            | : 32 Y/F           |
| UHID          | : CANN.0000233657          | OP Visit No    | : CANNOPV393889    |
| Conducted By: | : Dr. RAKESH P GOPAL       | Conducted Date | : 29-02-2024 12:43 |
| Referred By   | : SELF                     |                |                    |

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**DOPPLER STUDIES MITRAL INFLOW** : E 0.9 m/sc A 0.6 m/sc

Velocity / Gradient Across Pulmonic Valve :0.7 m/sc

Velocity / Gradient Across Aortic Valve :0.7 m/sc

**IMPRESSION :**

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR FUNCTION (EF- 66%)

STRUCTURALLY VALVES ARE NORMAL

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE

*Rakesh Gopal*

Dr.  
RAKESH P  
GOPAL



|               |                            |                |                    |
|---------------|----------------------------|----------------|--------------------|
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| UHID          | : CANN.0000233657          | OP Visit No    | : CANNOPV393889    |
| Conducted By: | : Dr. RAKESH P GOPAL       | Conducted Date | : 29-02-2024 12:43 |
| Referred By   | : SELF                     |                |                    |

---

|                            |                            |                    |                    |
|----------------------------|----------------------------|--------------------|--------------------|
| <b>Patient Name</b>        | : Mrs. PAVANI LAKKAPRAGADA | <b>Age/Gender</b>  | : 32 Y/F           |
| <b>UHID/MR No.</b>         | : CANN.0000233657          | <b>OP Visit No</b> | : CANNOPV393889    |
| <b>Sample Collected on</b> | :                          | <b>Reported on</b> | : 01-03-2024 11:35 |
| <b>LRN#</b>                | : RAD2251652               | <b>Specimen</b>    | :                  |
| <b>Ref Doctor</b>          | : SELF                     |                    |                    |
| <b>Emp/Auth/TPA ID</b>     | : bobE11600                |                    |                    |

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 9.9 cms.

Portal and splenic veins appear normal. No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 10.6 x 3.9cms.

Left kidney measures 10.0 x 4.2cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus measures 8.3 x 3.5 x 4.8cms and shows normal endometrial and myometrial echoes.

The endometrial thickness 6mm.

Right ovary measures 3.2 x 1.4 cms.

**Few cysts, some haemorrhagic noted arising from right adnexa largest of 3.2 x 2.6cm with internal echoes**

Left ovary measures 2.9 x 1.8cms.

Left ovary is normal in size and echotexture.

Bladder is normal in contour.

IMPRESSION:

**Patient Name** : Mrs. PAVANI LAKKAPRAGADA

**Age/Gender** : 32 Y/F

---

**\*RIGHT OVARIAN /ADNEXAL HAEMORRHAGIC CYSTS -LIKELY ENDOMETRIOTIC  
-SUGGESTED CLINICAL CORRELATION**

DISCLAIMER: THIS US SCNRRENING STUDY IS BASED ON SOUND WAVES AND REFLECTION. NOT A DIRECT VISUALISATION OF ORGANS. BASED ON PATIENT HABITUS, BOWEL GAS OBSCURATION AND OTHER FACTORS, MANY CONDITIONS MAY NOT BE PICKED UP BY US STUDY AND SHOULD BE TREATED WITH CLINICAL CORRELATION. NOT AN MLC DOCUMENT. MANY INCIDENTAL FINDINGS OF LOW PRIORITY MIGHT NOT BE MENTIONED AS IT IS NOT A FOCUSED STUDY.

**Dr. ASHIQ MOHAMMED JEFFREY**

MD

Radiology

**Patient Name** : Mrs. PAVANI LAKKAPRAGADA

**Age/Gender** : 32 Y/F

**UHID/MR No.** : CANN.0000233657

**OP Visit No** : CANNOPV393889

**Sample Collected on** :

**Reported on** : 29-02-2024 16:30

**LRN#** : RAD2251652

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE11600

---

**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION:**

**\*NO SIGNIFICANT ABNORMALITY DETECTED.**

**Dr. PRAVEENA SHEKAR T**  
**MBBS, DMRD, FAGE**  
Radiology

|  |  |
|--|--|
| Patient Name : Mrs.PAVANI LAKKAPRAGADA | Collected : 29/Feb/2024 08:51 AM           |
| Age/Gender : 32 Y 6 M 17 D/F           | Received : 29/Feb/2024 01:22 PM            |
| UHID/MR No : CANN.0000233657           | Reported : 29/Feb/2024 01:58 PM            |
| Visit ID : CANNOPV393889               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE11600            |  |

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

|                |   |
|----------------|---|
| METHODOLOGY    | : Microscopic   |
| RBC MORPHOLOGY | : Mild anisocytosis, microcytic hypochromic RBC's admixed with predominantly normocytic normochromic RBC's noted. |
| WBC MORPHOLOGY | : Normal in number, Morphology and distribution. No abnormal cells seen.  |
| PLATELETS      | : Adequate in number.   |
| PARASITES      | : No haemoparasites seen  |
| NOTE/COMMENT   | : Please correlate clinically.  |



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

SIN No:BED240053009

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.  
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:  
D No.30, F - Block 2nd Avenue, Anna Nagar East, Chennai.600 102,  
Phone - 044-26224504 / 05



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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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| Emp/Auth/TPA ID : bobE11600            |  |

**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>10.7</b>  | g/dL          | 12-15           | Spectrophotometer              |
| PCV   | <b>33.20</b> | %             | 36-46           | Electronic pulse & Calculation |
| RBC COUNT                                   | 4.34         | Million/cu.mm | 3.8-4.8         | Electrical Impedance           |
| MCV   | <b>76.5</b>  | fL            | 83-101          | Calculated                     |
| MCH   | <b>24.6</b>  | pg            | 27-32           | Calculated                     |
| MCHC  | 32.2         | g/dL          | 31.5-34.5       | Calculated                     |
| R.D.W                                       | <b>14.2</b>  | %             | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                 | 7,800        | cells/cu.mm   | 4000-10000      | Electrical Impedance           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>  |              |               |                 |                                |
| NEUTROPHILS                                 | 56.9         | %             | 40-80           | Electrical Impedance           |
| LYMPHOCYTES                                 | 33.2         | %             | 20-40           | Electrical Impedance           |
| EOSINOPHILS                                 | 2.8          | %             | 1-6             | Electrical Impedance           |
| MONOCYTES                                   | 6.5          | %             | 2-10            | Electrical Impedance           |
| BASOPHILS                                   | 0.6          | %             | <1-2            | Electrical Impedance           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>             |              |               |                 |                                |
| NEUTROPHILS                                 | 4438.2       | Cells/cu.mm   | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                 | 2589.6       | Cells/cu.mm   | 1000-3000       | Calculated                     |
| EOSINOPHILS                                 | 218.4        | Cells/cu.mm   | 20-500          | Calculated                     |
| MONOCYTES                                   | 507          | Cells/cu.mm   | 200-1000        | Calculated                     |
| BASOPHILS                                   | 46.8         | Cells/cu.mm   | 0-100           | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)           | 1.71         |               | 0.78- 3.53      | Calculated                     |
| <b>PLATELET COUNT</b>                       | 269000       | cells/cu.mm   | 150000-410000   | Electrical impedance           |
| <b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b> | <b>50</b>    | mm/hour       | 0-20            | Capillary photometry           |
| <b>PERIPHERAL SMEAR</b>                     |              |               |                 |                                |

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Mild anisocytosis, microcytic hypochromic RBC's admixed with predominantly normocytic

Page 2 of 14



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



SIN No:BED240053009

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| Visit ID : CANNOPV393889               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE11600            |  |

**DEPARTMENT OF HAEMATOLOGY**

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

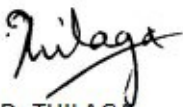
normochromic RBC's noted.

**WBC MORPHOLOGY** : Normal in number, Morphology and distribution. No abnormal cells seen.

**PLATELETS** : Adequate in number.

**PARASITES** : No haemoparasites seen

**NOTE/COMMENT** : Please correlate clinically.



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|  |  |
|--|--|
| Patient Name : Mrs.PAVANI LAKKAPRAGADA | Collected : 29/Feb/2024 08:51 AM           |
| Age/Gender : 32 Y 6 M 17 D/F           | Received : 01/Mar/2024 07:37 AM            |
| UHID/MR No : CANN.0000233657           | Reported : 01/Mar/2024 12:49 PM            |
| Visit ID : CANNOPV393889               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE11600            |  |

**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>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b> |          |      |                 |                       |
| BLOOD GROUP TYPE  | O        |      |                 | Microplate technology |
| Rh TYPE   | Negative |      |                 | Microplate technology |
| Confirmed by Du testing.                                |          |      |                 |                       |

  
Dr.KASULA SIDDARTHA  
M.B.B.S,DNB(Pathology)  
Consultant Pathologist

Page 4 of 14  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:HA06570116

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

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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

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|  |  |
|--|--|
| Patient Name : Mrs.PAVANI LAKKAPRAGADA | Collected : 29/Feb/2024 08:51 AM           |
| Age/Gender : 32 Y 6 M 17 D/F           | Received : 29/Feb/2024 01:16 PM            |
| UHID/MR No : CANN.0000233657           | Reported : 29/Feb/2024 02:36 PM            |
| Visit ID : CANNOPV393889               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE11600            |  |

**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 | 88     | 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.



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No: PLF02114980

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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

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|  |  |
|--|--|
| Patient Name : Mrs.PAVANI LAKKAPRAGADA | Collected : 29/Feb/2024 01:08PM            |
| Age/Gender : 32 Y 6 M 17 D/F           | Received : 29/Feb/2024 04:03PM             |
| UHID/MR No : CANN.0000233657           | Reported : 29/Feb/2024 04:24PM             |
| Visit ID : CANNOPV393889               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE11600            |  |

**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>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b> | 93     | 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.



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:PLP1425365

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|  |  |
|--|--|
| Patient Name : Mrs.PAVANI LAKKAPRAGADA | Collected : 29/Feb/2024 08:51 AM           |
| Age/Gender : 32 Y 6 M 17 D/F           | Received : 29/Feb/2024 01:24 PM            |
| UHID/MR No : CANN.0000233657           | Reported : 29/Feb/2024 02:35 PM            |
| Visit ID : CANNOPV393889               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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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>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b> |        |       |                 |            |
| HBA1C, GLYCATED HEMOGLOBIN                            | 5.7    | %     |                 | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                       | 117    | 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)



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:EDT240023918

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|  |  |
|--|--|
| Patient Name : Mrs.PAVANI LAKKAPRAGADA | Collected : 29/Feb/2024 08:51 AM           |
| Age/Gender : 32 Y 6 M 17 D/F           | Received : 29/Feb/2024 01:23 PM            |
| UHID/MR No : CANN.0000233657           | Reported : 29/Feb/2024 04:11 PM            |
| Visit ID : CANNOPV393889               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE11600            |  |

**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>LIPID PROFILE , SERUM</b> |              |       |                 |                             |
| TOTAL CHOLESTEROL            | 163          | mg/dL | <200            | CHO-POD                     |
| TRIGLYCERIDES                | 126          | mg/dL | <150            | GPO-POD                     |
| HDL CHOLESTEROL              | <b>32</b>    | mg/dL | 40-60           | Enzymatic Immuno-inhibition |
| NON-HDL CHOLESTEROL          | <b>131</b>   | mg/dL | <130            | Calculated                  |
| LDL CHOLESTEROL              | <b>105.8</b> | mg/dL | <100            | Calculated                  |
| VLDL CHOLESTEROL             | 25.2         | mg/dL | <30             | Calculated                  |
| CHOL / HDL RATIO             | <b>5.09</b>  |       | 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<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>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.



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:SE04645116

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|  |  |
|--|--|
| Patient Name : Mrs.PAVANI LAKKAPRAGADA | Collected : 29/Feb/2024 08:51 AM           |
| Age/Gender : 32 Y 6 M 17 D/F           | Received : 29/Feb/2024 01:23 PM            |
| UHID/MR No : CANN.0000233657           | Reported : 29/Feb/2024 04:11 PM            |
| Visit ID : CANNOPV393889               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE11600            |  |

**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>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                 |                    |
| BILIRUBIN, TOTAL                         | 0.27   | mg/dL | 0.3-1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.05   | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 0.22   | mg/dL | 0.0-1.1         | CALCULATED         |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 11     | U/L   | <35             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 19.0   | U/L   | <35             | IFCC               |
| ALKALINE PHOSPHATASE                     | 80.00  | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | 7.60   | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 4.20   | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 3.40   | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 1.24   |       | 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.



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:SE04645116

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|--|--|
| Patient Name : Mrs.PAVANI LAKKAPRAGADA | Collected : 29/Feb/2024 08:51 AM           |
| Age/Gender : 32 Y 6 M 17 D/F           | Received : 29/Feb/2024 01:23 PM            |
| UHID/MR No : CANN.0000233657           | Reported : 29/Feb/2024 04:11 PM            |
| Visit ID : CANNOPV393889               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE11600            |  |

**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  | 0.69   | mg/dL  | 0.72 – 1.18     | JAFFE METHOD             |
| UREA  | 13.00  | mg/dL  | 17-43           | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | 6.1    | mg/dL  | 8.0 - 23.0      | Calculated               |
| URIC ACID   | 4.60   | mg/dL  | 2.6-6.0         | Uricase PAP              |
| CALCIUM   | 9.10   | mg/dL  | 8.8-10.6        | Arsenazo III             |
| PHOSPHORUS, INORGANIC                                       | 3.40   | mg/dL  | 2.5-4.5         | Phosphomolybdate Complex |
| SODIUM  | 141    | mmol/L | 136–146         | ISE (Indirect)           |
| POTASSIUM   | 3.9    | mmol/L | 3.5–5.1         | ISE (Indirect)           |
| CHLORIDE  | 106    | mmol/L | 101–109         | ISE (Indirect)           |
| PROTEIN, TOTAL  | 7.60   | g/dL   | 6.6-8.3         | Biuret                   |
| ALBUMIN   | 4.20   | g/dL   | 3.5-5.2         | BROMO CRESOL GREEN       |
| GLOBULIN  | 3.40   | g/dL   | 2.0-3.5         | Calculated               |
| A/G RATIO   | 1.24   |        | 0.9-2.0         | Calculated               |



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|                 |                           |              |                               |
|-----------------|---------------------------|--------------|-------------------------------|
| Patient Name    | : Mrs.PAVANI LAKKAPRAGADA | Collected    | : 29/Feb/2024 08:51 AM        |
| Age/Gender      | : 32 Y 6 M 17 D/F         | Received     | : 29/Feb/2024 01:23PM         |
| UHID/MR No      | : CANN.0000233657         | Reported     | : 29/Feb/2024 04:10PM         |
| Visit ID        | : CANNOPV393889           | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                 | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : bobE11600               |              |                               |

**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> | 11.00  | U/L  | <38             | IFCC   |



**DR. R. SRIVATSAN**  
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Address:  
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,  
Phone - 044-26224504 / 05



**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.PAVANI LAKKAPRAGADA | Collected : 29/Feb/2024 08:51 AM           |
| Age/Gender : 32 Y 6 M 17 D/F           | Received : 29/Feb/2024 01:30 PM            |
| UHID/MR No : CANN.0000233657           | Reported : 29/Feb/2024 02:48 PM            |
| Visit ID : CANNOPV393889               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE11600            |  |

**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)                      | 0.718  | ng/mL  | 0.7-2.04        | CLIA   |
| THYROXINE (T4, TOTAL)                              | 8.41   | µg/dL  | 5.48-14.28      | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 4.330  | 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  |



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No: SPL24034992

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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**APOLLO CLINICS NETWORK**

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|  |  |
|--|--|
| Patient Name : Mrs.PAVANI LAKKAPRAGADA | Collected : 29/Feb/2024 08:51 AM           |
| Age/Gender : 32 Y 6 M 17 D/F           | Received : 29/Feb/2024 01:14 PM            |
| UHID/MR No : CANN.0000233657           | Reported : 29/Feb/2024 01:54 PM            |
| Visit ID : CANNOPV393889               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE11600            |  |

**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                                     | 2-4         | /hpf | <10              | MICROSCOPY                 |
| RBC  | NIL         | /hpf | 0-2              | MICROSCOPY                 |
| CASTS  | ABSENT      |      | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS   | ABSENT      |      | ABSENT           | MICROSCOPY                 |

Page 13 of 14



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

SIN No:UR2293759

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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

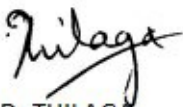
| Test Name                    | Result   | Unit | Bio. Ref. Range | Method   |
|------------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE |      | NEGATIVE        | Dipstick |

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

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

Result/s to Follow:  
LBC PAP TEST (PAPSURE)

Page 14 of 14



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

SIN No:UF010839

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