


Name : Mrs. Shashikala Address : bangalore Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age: 42 Y Sex: F	UHID: CINR.0000162081  <small>* C I N R . 0 0 0 0 1 6 2 0 8 1 *</small> OP Number: CINROPV217562 Bill No :CINR-OCR-93351 Date : 31.01.2024 08:37
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Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANFERASE (GGT)	
3	SONO MAMOGRAPHY - SCREENING	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2 D ECHO	
6	LIVER FUNCTION TEST (LFT)	
7	X-RAY CHEST PA	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNAECOLOGY CONSULTATION	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	ECG	
18	BLOOD GROUP ABO AND RH FACTOR	
19	LIPID PROFILE	
20	BODY MASS INDEX (BMI)	
21	LBC PAP TEST- PAPSURE	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

Patient Name	: Mrs. Shashikala	Age/Gender	: 42 Y/F
UHID/MR No.	: CINR.0000162081	OP Visit No	: CINROPV217562
Sample Collected on	:	Reported on	: 31-01-2024 15:35
LRN#	: RAD2221468	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9916401812		

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. DHANALAKSHMI B
MBBS, DMRD
Radiology

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DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

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

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

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

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

UTERUS: Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 7 mm. **Neobthian cyst noted in cervix.**

OVARIES: Both ovaries appearing normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.



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DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

ULTRASOUND OF BOTH BREASTS

Bilateral breast shows predominantly fatty and glandular breast parenchyma in all the quadrants of the both breasts.

Right breast shows multiple cysts about 10-12 largest measuring 2.9x1.0cm with thin septation ductal dilatation noted.

Left breast shows multiple cysts about 12-13 largest measuring 1.8x1.0cm.

No evidence of any architectural distortion noted.


No ductal ectasia noted.

Skin and Subcutaneous tissue appears normal.

Right and left axilla: No significant lymphadenopathy .

IMPRESSION : 1. MULTIPLE CYSTS IN BOTH BREASTS.

2. SUGGESTED FURTHER EVALUATION WITH MRI.



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Radiology

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Visit ID : CINROPV217562	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9916401812	

DEPARTMENT OF HAEMATOLOGY

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

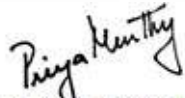
Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA					
HAEMOGLOBIN	12.8	Normal	g/dL	12-15	Spectrophotometer
PCV	37.50	Normal	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.99	Normal	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	94.1	Normal	fL	83-101	Calculated
MCH	32.1	High	pg	27-32	Calculated
MCHC	34.1	Normal	g/dL	31.5-34.5	Calculated
R.D.W	11.4	Low	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,060	Normal	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)					
NEUTROPHILS	57.9	Normal	%	40-80	Electrical Impedance
LYMPHOCYTES	33.8	Normal	%	20-40	Electrical Impedance
EOSINOPHILS	0.8	Low	%	1-6	Electrical Impedance
MONOCYTES	7.2	Normal	%	2-10	Electrical Impedance
BASOPHILS	0.3	Normal	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT					
NEUTROPHILS	3508.74	Normal	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2048.28	Normal	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	48.48	Normal	Cells/cu.mm	20-500	Calculated
MONOCYTES	436.32	Normal	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.18	Normal	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	248000	Normal	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	Normal	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR		Normal			

RBCs: are normocytic normochromic

Page 1 of 15



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Consultant Pathologist



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



SIN No: BED240023100

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DEPARTMENT OF HAEMATOLOGY

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

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

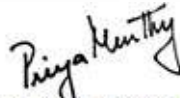
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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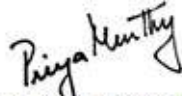
DEPARTMENT OF HAEMATOLOGY

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



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Patient Name : Mrs.SHASHIKALA	Collected : 31/Jan/2024 08:50AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	99	Normal	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	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	Normal	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	Status	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA					
HBA1C, GLYCATED HEMOGLOBIN	5.4	Normal	%		HPLC

Page 4 of 15



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CONSULTANT BIOCHEMIST

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ESTIMATED AVERAGE GLUCOSE (eAG)	108	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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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM					
TOTAL CHOLESTEROL	300	High	mg/dL	<200	CHO-POD
TRIGLYCERIDES	80	Normal	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	76	High	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	224	High	mg/dL	<130	Calculated
LDL CHOLESTEROL	208.3	High	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16	Normal	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.95	Normal		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.


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APOLLO CLINICS NETWORK

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



Patient Name : Mrs.SHASHIKALA	Collected : 31/Jan/2024 08:50AM
Age/Gender : 42 Y 6 M 30 D/F	Received : 31/Jan/2024 11:24AM
UHID/MR No : CINR.0000162081	Reported : 31/Jan/2024 12:52PM
Visit ID : CINROPV217562	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9916401812	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM					
BILIRUBIN, TOTAL	0.56	Normal	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	Normal	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	Normal	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	Normal	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	Normal	U/L	<35	IFCC
ALKALINE PHOSPHATASE	63.00	Normal	U/L	30-120	IFCC
PROTEIN, TOTAL	7.22	Normal	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	Normal	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	Normal	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69	Normal		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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Patient Name : Mrs.SHASHIKALA	Collected : 31/Jan/2024 08:50AM
Age/Gender : 42 Y 6 M 30 D/F	Received : 31/Jan/2024 11:24AM
UHID/MR No : CINR.0000162081	Reported : 31/Jan/2024 12:52PM
Visit ID : CINROPV217562	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9916401812	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.63	Normal	mg/dL	0.51-0.95	Jaffe's, Method
UREA	25.60	Normal	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.0	Normal	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.73	Normal	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.00	Normal	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.26	Normal	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	130	Low	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	Normal	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	99	Low	mmol/L	101-109	ISE (Indirect)



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Patient Name : Mrs.SHASHIKALA	Collected : 31/Jan/2024 08:50AM
Age/Gender : 42 Y 6 M 30 D/F	Received : 31/Jan/2024 11:24AM
UHID/MR No : CINR.0000162081	Reported : 31/Jan/2024 11:57AM
Visit ID : CINROPV217562	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9916401812	

DEPARTMENT OF BIOCHEMISTRY

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

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



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Patient Name : Mrs.SHASHIKALA	Collected : 31/Jan/2024 08:50AM
Age/Gender : 42 Y 6 M 30 D/F	Received : 31/Jan/2024 11:26AM
UHID/MR No : CINR.0000162081	Reported : 31/Jan/2024 12:18PM
Visit ID : CINROPV217562	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9916401812	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	1.2	Normal	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.80	Normal	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.839	Normal	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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Karnataka- 560034



Patient Name : Mrs.SHASHIKALA	Collected : 31/Jan/2024 08:50AM
Age/Gender : 42 Y 6 M 30 D/F	Received : 31/Jan/2024 11:26AM
UHID/MR No : CINR.0000162081	Reported : 31/Jan/2024 12:18PM
Visit ID : CINROPV217562	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9916401812	

DEPARTMENT OF IMMUNOLOGY

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



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Patient Name : Mrs.SHASHIKALA	Collected : 31/Jan/2024 08:50AM
Age/Gender : 42 Y 6 M 30 D/F	Received : 31/Jan/2024 12:44PM
UHID/MR No : CINR.0000162081	Reported : 31/Jan/2024 03:26PM
Visit ID : CINROPV217562	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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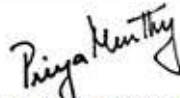
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Status	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	Normal		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025	Normal		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION					
URINE PROTEIN	NEGATIVE			NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE			NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE			NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE			NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL			NORMAL	EHRlich
BLOOD	NEGATIVE			NEGATIVE	Dipstick
NITRITE	NEGATIVE			NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE			NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY					
PUS CELLS	1-2	Normal	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3		/hpf	<10	MICROSCOPY
RBC	NIL		/hpf	0-2	MICROSCOPY
CASTS	NIL	Normal		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT			ABSENT	MICROSCOPY



Dr. Shobha Emmanuel
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Dr. Priya Murthy
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Consultant Pathologist



SIN No: UR2271791

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Patient Name : Mrs.SHASHIKALA	Collected : 31/Jan/2024 08:50AM
Age/Gender : 42 Y 6 M 30 D/F	Received : 31/Jan/2024 12:44PM
UHID/MR No : CINR.0000162081	Reported : 31/Jan/2024 03:16PM
Visit ID : CINROPV217562	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9916401812	

DEPARTMENT OF CLINICAL PATHOLOGY

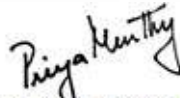
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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



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Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
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SIN No:UF010406

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Karnataka - 560034

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Patient Name : Mrs.SHASHIKALA	Collected : 31/Jan/2024 08:50AM
Age/Gender : 42 Y 6 M 30 D/F	Received : 01/Feb/2024 11:30AM
UHID/MR No : CINR.0000162081	Reported : 02/Feb/2024 02:09PM
Visit ID : CINROPV217562	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9916401812	

DEPARTMENT OF CYTOLOGY

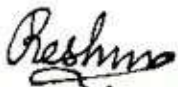
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	1914/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
c	NON NEOPLASTIC FINDINGS	INFLAMMATORY SMEAR
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:



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

SIN No:CS073670

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)

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

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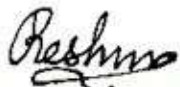
1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.SHASHIKALA
Age/Gender : 42 Y 6 M 30 D/F
UHID/MR No : CINR.0000162081
Visit ID : CINROPV217562
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9916401812

Collected : 31/Jan/2024 08:50AM
Received : 01/Feb/2024 11:30AM
Reported : 02/Feb/2024 02:09PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

PERIPHERAL SMEAR



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

SIN No:CS073670

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