

Patient Name : Mrs. KSS Kameshwari  
 UHID : CASR.0000183983  
 Conducted By: : Dr. MRINAL .  
 Referred By : SELF

Age : 50 Y/F  
 OP Visit No : CASROPV21  
 Conducted Date : 25-11-2023 1

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.5 CM
LA (es)	2.6 CM
LVID (ed)	4.5 CM
LVID (es)	3.0 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	60 %
%FD	30 %

MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
MITRAL -E: 0.6 m/sec	A: 0.8 m/sec
PJV- 0.8 m/sec	
AJV- 1.2 m/sec	

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Conducted Date : 25-11-2023 1

**IMPRESSION;**

NORMAL CHAMBERS.

NO RWMA


GOOD LV FUNCTION.

GRADE 1 LV DIASTOLIC DYSFUNCTION.

NO MR/AR/TR/PAH.

NO LA / LV CLOTS.

NO PERICARDIAL EFFUSION.



Dr. MRINAL .

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Conducted Date : 27-11-2023 1

### ECG REPORT

#### **Observation :-**

1. Sinus Tachycardia.
2. Heart rate is 110 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see


#### **Impression:**

SINUS TACHYCARDIA.

WITHIN NORMAL LIMITS.

FOR CLINICAL CORRELATION .

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



Dr. MRINAL .

Patient Name : Mrs. KSS Kameshwari

Age : 50 Y F

UHID : CASR.0000183983

OP Visit No : CASROPV216457

Reported on : 25-11-2023 12:26

Printed on : 29-11-2023 13:46

Adm/Consult Doctor :

Ref Doctor : SELF

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**DEPARTMENT OF RADIOLOGY**

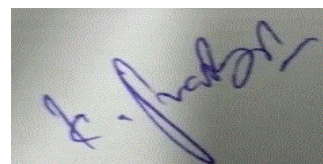
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**SONO MAMMOGRAPHY - SCREENING**

**NOT DONE BREAST SCAN**

Printed on:25-11-2023 12:26

---End of the Report---



**Dr. PRAVEEN BABU KAJA**  
Radiology

Patient Name : Mrs. KSS Kameshwari Age : 50 Y F  
UHID : CASR.0000183983 OP Visit No : CASROPV216457  
Reported on : 25-11-2023 12:27 Printed on : 29-11-2023 13:46  
Adm/Consult Doctor : Ref Doctor : SELF

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size with increased echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Right kidney : 99x42mm**

**Left kidney : 104x44mm**

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality.

**Uterus 73x55x62mm** Bulky in size and shows normal echotexture. Endometrial Thickness measures **8mm**

**Right ovary : 21x20mm**

**Left ovary : 19x23mm**

Both ovaries appear normal in size, shape and echotexture. No evidence of any adnexal pathology noted.

**IMPRESSION:-Grade 1 Fatty Liver.**  
**Bulky Uterus**

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**Thickened Endometrium**

**Suggested clinical correlation and further evaluation if necessary .**

Printed on:25-11-2023 12:27

---End of the Report---



**Dr. PRAVEEN BABU KAJA**  
Radiology

Patient Name : Mrs. KSS Kameshwari Age : 50 Y F  
UHID : CASR.0000183983 OP Visit No : CASROPV216457  
Reported on : 26-11-2023 08:50 Printed on : 29-11-2023 13:46  
Adm/Consult Doctor : Ref Doctor : SELF

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## DEPARTMENT OF RADIOLOGY

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### X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

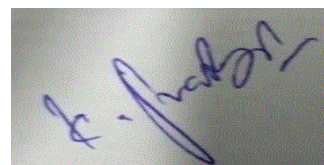
Thoracic wall and soft tissues appear normal.

### CONCLUSION :

No obvious abnormality seen

Printed on:26-11-2023 08:50

---End of the Report---



**Dr. PRAVEEN BABU KAJA**  
Radiology

Patient Name : Mrs.KSS KAMESHWARI	Collected : 25/Nov/2023 10:05AM
Age/Gender : 50 Y 6 M 0 D/F	Received : 25/Nov/2023 01:16PM
UHID/MR No : CASR.0000183983	Reported : 25/Nov/2023 03:06PM
Visit ID : CASROPV216457	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 244961/56461	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	10.7	g/dL	12-15	Spectrophotometer
PCV	31.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.27	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	59.9	fL	83-101	Calculated
MCH	20.4	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	17.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,640	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	70.2	%	40-80	Electrical Impedance
LYMPHOCYTES	22.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	4.7	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	6767.28	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2178.64	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	241	Cells/cu.mm	20-500	Calculated
MONOCYTES	453.08	Cells/cu.mm	200-1000	Calculated

PLATELET COUNT	373000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	39	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC- MICROCYTIC HYPOCHROMIC.MILD DEGREE OF ANISOPOIKILOCYTOSIS WITH TEAR DROP CELLS,ELLIPTOCYTES AND OVALOCYTES SEEN.  
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA  
KINDLY CORRELATE WITH IRON STUDIES.



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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:BED230289893

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

**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

Address: A-12, # 1-S-71/A/12b, Rishab Heights, Rukminipuri Housing Colony, A S Rao Nagar, Hyderabad, Telangana, India - 500062



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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UHID/MR No : CASR.0000183983	Reported : 25/Nov/2023 05:57PM
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	AB			Microplate technology
Rh TYPE	Positive			Microplate technology



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Age/Gender : 50 Y 6 M 0 D/F	Received : 25/Nov/2023 01:29PM
UHID/MR No : CASR.0000183983	Reported : 25/Nov/2023 02:45PM
Visit ID : CASROPV216457	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	110	mg/dL	70-100	GOD - POD
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**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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	174	mg/dL	70-140	HEXOKINASE
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**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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	7.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	160	mg/dL		Calculated

**Comment:**

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

REFERENCE GROUP	HBA1C %
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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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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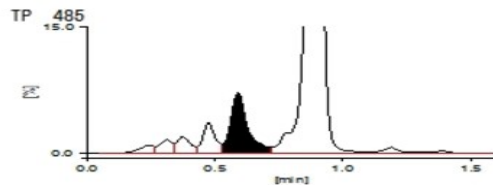
Chromatogram Report

1 V5.28 1 2023-11-25 13:54:50  
 ID EDT230106255  
 Sample No. 11250098 SL 0007 - 08  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
ATA	0.7	0.24	9.16
A1B	1.0	0.31	13.50
F	1.3	0.38	18.77
LA1C+	2.2	0.48	30.46
SA1C	7.2	0.59	83.66
AO	90.3	0.89	1271.45
H-V0			
H-V1			
H-V2			

Total Area 1427.00

HbA1c 7.2 % IFCC 55 umol/mol  
HbA1 8.8 % HbF 1.3 %



SIN No:PLF02059894,PLP1390546,EDT230106255

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	168	mg/dL	<200	CHO-POD
TRIGLYCERIDES	225	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	125	mg/dL	<130	Calculated
LDL CHOLESTEROL	80	mg/dL	<100	Calculated
VLDL CHOLESTEROL	45	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.91		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.



SIN No:SE04550513

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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.50	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	82.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.94	g/dL	6.6-8.3	Biuret
ALBUMIN	3.87	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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.

Patient Name : Mrs.KSS KAMESHWARI	Collected : 25/Nov/2023 10:05AM
Age/Gender : 50 Y 6 M 0 D/F	Received : 25/Nov/2023 01:28PM
UHID/MR No : CASR.0000183983	Reported : 25/Nov/2023 02:50PM
Visit ID : CASROPV216457	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 244961/56461	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04550513

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

**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

Address: A-12, # 1-S-71/A/12b, Rishab Heights, Rukminipuri Housing Colony, A S Rao Nagar, Hyderabad, Telangana, India - 500062



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.KSS KAMESHWARI	Collected : 25/Nov/2023 10:05AM
Age/Gender : 50 Y 6 M 0 D/F	Received : 25/Nov/2023 01:28PM
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Visit ID : CASROPV216457	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.46	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	17.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.12	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.04	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.72	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)



SIN No:SE04550513

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Patient Name : Mrs.KSS KAMESHWARI	Collected : 25/Nov/2023 10:05AM
Age/Gender : 50 Y 6 M 0 D/F	Received : 25/Nov/2023 01:28PM
UHID/MR No : CASR.0000183983	Reported : 25/Nov/2023 02:24PM
Visit ID : CASROPV216457	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 244961/56461	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/L	<38	IFCC



SIN No:SE04550513

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Patient Name : Mrs.KSS KAMESHWARI	Collected : 25/Nov/2023 10:05AM
Age/Gender : 50 Y 6 M 0 D/F	Received : 25/Nov/2023 01:26PM
UHID/MR No : CASR.0000183983	Reported : 25/Nov/2023 02:24PM
Visit ID : CASROPV216457	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 244961/56461	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	0.75	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.06	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.759	µIU/mL	0.38-5.33	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

1. 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.
2. 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.
3. 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.
4. 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



SIN No:SPL23167902

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

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APOLLO CLINICS NETWORK

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Patient Name : Mrs.KSS KAMESHWARI	Collected : 25/Nov/2023 10:05AM
Age/Gender : 50 Y 6 M 0 D/F	Received : 25/Nov/2023 02:49PM
UHID/MR No : CASR.0000183983	Reported : 25/Nov/2023 07:20PM
Visit ID : CASROPV216457	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 244961/56461	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue

**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	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2227140

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

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Patient Name : Mrs.KSS KAMESHWARI	Collected : 25/Nov/2023 10:05AM
Age/Gender : 50 Y 6 M 0 D/F	Received : 25/Nov/2023 02:49PM
UHID/MR No : CASR.0000183983	Reported : 25/Nov/2023 05:58PM
Visit ID : CASROPV216457	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 244961/56461	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



SIN No:UPP015854,UF009864

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

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Patient Name : Mrs.KSS KAMESHWARI	Collected : 25/Nov/2023 01:36PM
Age/Gender : 50 Y 6 M 0 D/F	Received : 25/Nov/2023 04:11PM
UHID/MR No : CASR.0000183983	Reported : 25/Nov/2023 07:07PM
Visit ID : CASROPV216457	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 244961/56461	

DEPARTMENT OF CYTOLOGY

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

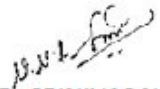
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	19700/23
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>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 \*\*\*

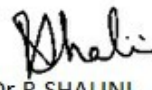
Result/s to Follow:  
PERIPHERAL SMEAR




Dr.SRINIVAS N.S.NORI  
M.B.B.S,M.D(Pathology)  
CONSULTANT PATHOLOGY



Dr.RAJESH BATTINA  
PhD.(Biochemistry)  
Consultant Biochemist



Dr.R.SHALINI  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

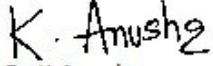


Dr.E.Maruthi Prasad  
Msc,PhD(Biochemistry)  
Consultant Biochemist

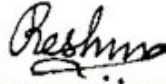
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DEPARTMENT OF CYTOLOGY

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



Dr.K.Anusha  
M.B.B.S,M.D(Biochemistry)  
Consultant Biochemist



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



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



SIN No:CS070555

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

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Patient Name	: Mrs. KSS Kameshwari	Age	: 50 Y/F
UHID	: CASR.0000183983	OP Visit No	: CASROPV216457
Reported By:	: Dr. MRINAL .	Conducted Date	: 27-11-2023 11:29
Referred By	: SELF		

---

### **ECG REPORT**

#### **Observation :-**

1. Sinus Tachycardia.
2. Heart rate is 110 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

#### **Impression:**

SINUS TACHYCARDIA.

WITHIN NORMAL LIMITS.

FOR CLINICAL CORRELATION .

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



Dr. MRINAL .



CLIENT HAS DENIED TO DO SONO MAMOGRAPHY

**From:** noreply@apolloclinics.info  
**Sent:** 12 October 2023 13:58  
**To:** customercare@mediwheel.in  
**Cc:** Asraonagar Apolloclinic; Abdul Khader; Syamsunder M  
**Subject:** Your Apollo order has been confirmed



**Dear KSS Kameshwari .,**

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **A.S. RAO NAGAR clinic** on **2023-10-25** at **08:20-08:25**.

Payment Mode	<b>Credit</b>
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324]</b>

**"As stated in the agreement terms, kindly carry all relevant documents such as HR Authorization Letter, Appointment Confirmation Mail, valid government ID proof, company ID card etc. along with you."**

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

## **Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check Centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

## **For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

**For further assistance please call us on our Help Line #: 1860 500 7788.**

**Clinic Address: A-12, # 1-9-71/A/12/B, RISHAB HEIGHTS, RUKMINIPURI HOUSING COLONY, A.S.RAO NAGAR.**

**Contact No: (040) 48522317.**

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,  
Apollo Team



**Apollo Clinic**

PHYSICAL EXAMINATION FORM

**Apollo Clinic**  
Excellence. Class. Forever.

Date 25/11/23

UHIP 183983

Name Mrs. K.S.S. Kameshram Age 50y/F

Height 145 Cms

Weight 102.6 Kgs

Chest Measurement (in)cm (out)cm

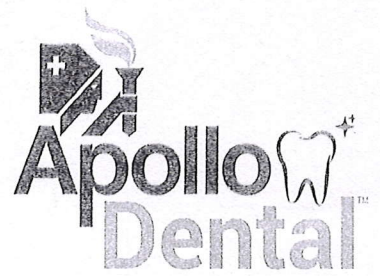
Waist cm HIP

Pulse 125 Bt/Min BMI 49 kgs/cm<sup>2</sup>

BP 110/60 mm/Hg SPO2 95 %

Apollo Clinic, A.S. Rao Nagar.

# ORAL EXAMINATION FORM



Date: 25/11/2023

Patient ID: \_\_\_\_\_ MHC

Patient Name: Mrs. KSS Rameshwar Age: 50 Sex: Male  Female

Chief Complaint: General checkup

Medical History: ~~NAD~~ H/O diabetes

Drug Allergy:

Medication currently taken by the Guest:

Initial Screenign Findings:

Dental Caries:

Missing Teeth:

Impacted Teeth:

Attrition / Abrasion: Generalized

Bleeding: ++

Pockets / Recession:

Calculus / Stains: ++

Mobility:

Restored Teeth:

Non - restorable Teeth for extraction / Root Stumps:

Malocclusion:

Others:

ADU

Advice:- ① Advised oral prophylaxis & follow up.

Doctor Name & Signature: D. Mounik

# POWER PRESCRIPTION

NAME: **KAMESWARI** GENDER: **M/F** DATE: **25/1/23**  
 AGE: **50** UHID:

### RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	+ 1.75	+ 0.75	180	6/6
NEAR	+ 2.00	-	-	nb

### LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	+ 1.00	-	-	6/6
NEAR	+ 2.00	-	-	nb

COLOUR VISION : **normal**

DIAGNOSIS :

OTHER FINDINGS :

INSTRUCTIONS :

*[Signature]*  
SIGNATURE