

Patient Name : Mrs.RENUKA DEVI MARNI	Collected : 08/Jun/2024 10:01AM
Age/Gender : 39 Y 8 M 19 D/F	Received : 08/Jun/2024 11:22AM
UHID/MR No : CHSR.0000161835	Reported : 08/Jun/2024 01:03PM
Visit ID : CHSROPV316689	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6482	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.5	g/dL	12-15	Spectrophotometer
PCV	43.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.9	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88.9	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,670	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	48.9	%	40-80	Electrical Impedance
LYMPHOCYTES	36.6	%	20-40	Electrical Impedance
EOSINOPHILS	6.8	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3750.63	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2807.22	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	521.56	Cells/cu.mm	20-500	Calculated
MONOCYTES	544.57	Cells/cu.mm	200-1000	Calculated
BASOPHILS	46.02	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.34		0.78- 3.53	Calculated
PLATELET COUNT	276000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-20	Modified Westgren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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Consultant Pathologist



Dr Priya Murthy
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SIN No:BED240147690

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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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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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

WBCs: are normal in total number with mild increase in eosinophils.

PLATELETS: appear adequate in number.

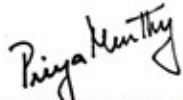
HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.

Kindly corelate clinically



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE

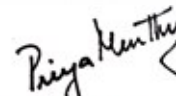
Comment:

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.


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SIN No:PLF02170010

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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

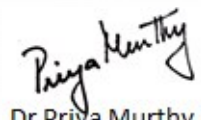
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


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SIN No:EDT240064513

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	178	mg/dL	<200	CHO-POD
TRIGLYCERIDES	74	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	63	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	100.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.83		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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SIN No:SE04744028

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.68	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	82.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.16	g/dL	6.6-8.3	Biuret
ALBUMIN	4.07	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.09	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		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.

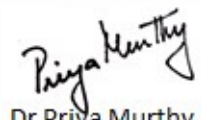
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1

In Alcoholic Liver Disease AST: ALT usually >2

This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2

2. Cholestatic Pattern:


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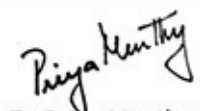
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- ALP – Disproportionate increase in ALP compared with AST, ALT.
 - Bilirubin may be elevated.
 - ALP elevation also seen in pregnancy, impacted by age and sex.
 - To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates 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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Consultant Biochemist


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



SIN No:SE04744028

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Patient Name : Mrs.RENUKA DEVI MARNI	Collected : 08/Jun/2024 10:01AM
Age/Gender : 39 Y 8 M 19 D/F	Received : 08/Jun/2024 11:29AM
UHID/MR No : CHSR.0000161835	Reported : 08/Jun/2024 12:19PM
Visit ID : CHSROPV316689	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6482	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.59	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	15.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.28	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.77	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.16	g/dL	6.6-8.3	Biuret
ALBUMIN	4.07	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.09	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		0.9-2.0	Calculated


Govinda Raju N L
 MSc, MPhil, (Phd)
 Consultant Biochemist


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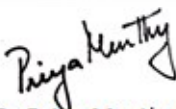
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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


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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.04	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.12	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.331	µIU/mL	0.34-5.60	CLIA

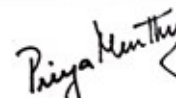
Comment:

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

Page 11 of 16


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SIN No:SPL24097122

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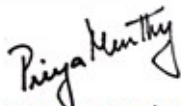

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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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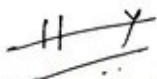
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

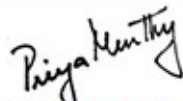
Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	POSITIVE ++		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	10-15	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.



Dr. Harshitha Y
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Consultant Pathologist



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Consultant Pathologist



SIN No: UR2363206

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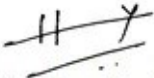
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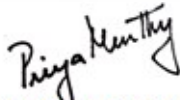
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



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Patient Name : Mrs.RENUKA DEVI MARNI	Collected : 08/Jun/2024 02:25PM
Age/Gender : 39 Y 8 M 19 D/F	Received : 09/Jun/2024 01:26PM
UHID/MR No : CHSR.0000161835	Reported : 11/Jun/2024 05:18PM
Visit ID : CHSROPV316689	Status : Final Report
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Emp/Auth/TPA ID : 35E6482	

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE


	CYTOLOGY NO.	13041/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH METAPLASTIC CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology, few intermediate cells showing high N/C ratio and smooth nuclear borders. Inflammatory cells, predominantly neutrophils.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE-ASC-US
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE-ASC-US

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

FOLLOW UP

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr.A. Kalyan Rao
M.B.B.S., M.D(Pathology)
Consultant Pathologist

Page 15 of 16
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COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS081728

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Visit ID : CHSROPV316689
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 35E6482

Collected : 08/Jun/2024 02:25PM
Received : 09/Jun/2024 01:26PM
Reported : 11/Jun/2024 05:18PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY



Dr.A.Kalyan Rao
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

Page 16 of 16
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS081728

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

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

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Fri 6/7/2024 11:48 AM

To:renu.peravalli@gmail.com <renu.peravalli@gmail.com>

Cc:Hsr Apolloclinic <hsr@apolloclinic.com>;Anusha Siripurapu <anusha.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

Dear RENUKA DEVI MARNI,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **HSR LAYOUT clinic** on **2024-06-08** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

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 be followed for a 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 alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, 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: 54, FIRST FLOOR, 12TH MAIN ROAD, HSR LAYOUT.

Contact No: (080) 2572 4235 -36.

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 Clinic

Customer Pending Tests
General Consultation

Name : Mrs. RENUKA DEVI MARNI

Age: 39 Y

UHID:CHSR.0000161835

Address : HSR

Sex: F



Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:CHSROPV316689

Bill No :CHSR-OCR-69021

Date : 08.06.2024 09:42

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM + PERIPHERAL SMEAR	
5	GYNACOLOGY CONSULTATION	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	PERIPHERAL SMEAR	
9	ECG - 01	
10	LBC PAP TEST- PAPSURE	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION - 27	
13	HbA1c, GLYCATED HEMOGLOBIN	
14	ENT CONSULTATION - 23	
15	FITNESS BY GENERAL PHYSICIAN	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
18	BODY MASS INDEX (BMI)	
19	OPHTHAL BY GENERAL PHYSICIAN - 07	
20	ULTRASOUND - WHOLE ABDOMEN	
21	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) - 8.30 AM	

Audio
Data
Opht

Mrs: Renuka
39/F

Ophthalm

Gls	with out	Gls
o/c	"	o/c
C/r	17	17
	<hr/>	<hr/>
	17	17

Advt new glass

Puro
Puro
Add +1.00 (Bd)

[Signature]



Date : 08-06-2024
MR NO : CHSR.0000161835



Department : GENERAL
Doctor :

Name : Mrs. RENUKA DEVI MARNI

Registration No :

Age/ Gender : 39 Y / Female

Qualification :

Consultation Timing: 09:42

O/B : C + 1

P/O : CGG

Rx : Adv scaling & polishing.

Dr. Ashwarya



Date : 08-06-2024
 MR NO : CHSR.0000161835

Department : GENERAL

Doctor :

Apollo Clinic
 Expertise. Closer to you.

Dr. Karishma

Name : Mrs. RENUKA DEVI MARNI

Registration No :

Patel

Age/ Gender : 39 Y / Female

Qualification :

(ENT)

GUJ 0000052KTK

Consultation Timing: 09:42

Ht - 148cm

wt - 63kg

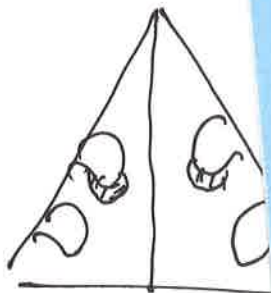
BP - 113/82 mmHg

Pulse - 68bpm

Kidney : Allergic Rx

ME : Eau : (R) / (P)
 2/wax

Nose :



B/L Polypoids

B/L ITH (P)

Throat : -N-

Allergic Rhinitis

Daytime symptoms*

- Nasal congestion & mouth breathing
- Daytime fatigue and sleepiness
- Morning headache
- Attention deficit problems
- Behavioral issues

Nighttime symptoms*

- Nasal congestion that worsens at night
- Insomnia or restless sleep
- Obstructive sleep apnoea (OSA)
- Snoring
- Difficulty waking up



Date : 08-06-2024
MR NO : CHSR.0000161835



Department : GENERAL
Doctor : Sugeng

Name : Mrs. RENUKA DEVI MARNI

Registration No : 20834

Age/ Gender : 39 Y / Female

Qualification :

Consultation Timing: 09:42

O/H: - Md-14yr
P1y
DD-1208
MH: - Regular. 28day
amp - 20/5/24.

Both Breast ⊕

P/A - Soft

P/S - ABC taken
WD ⊕.

Rp

161835
39 Years

08/06/2024 11:22:54 AM Mrs RENUKA DEVI MARNI
Female

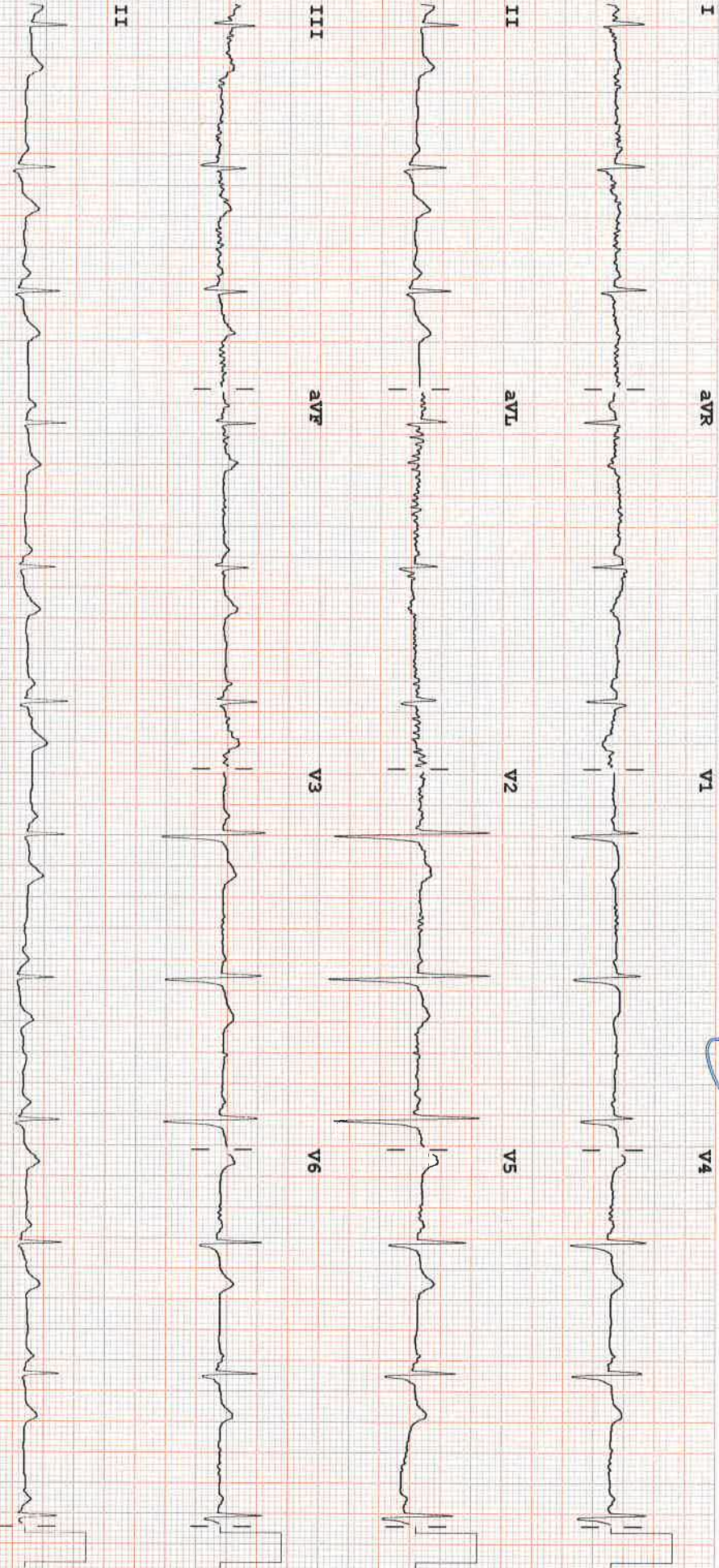
THE APOLLO CLINIC
Dept: ECG

Rate	68	SINUS RHYTHM.....	normal P axis, V-rate 50-99
RR	882	CONSIDER LEFT ATRIAL ABNORMALITY.....	wide or notched P waves
PR	140		
QRSD	90		
QT	384		
QTcB	409		
QTcF	400		
--AXIS--			
P	49		
QRS	56		
T	74		

- OTHERWISE NORMAL ECG -

(N)

Fac: APOLLO CLINIC



Dev:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~0.50-40 Hz W PH090A CL P?

Apollo Clinic

CONSENT FORM

Patient Name: Renukadevi - Marni Age: 39yrs
UHID Number: CHSR 0000161835 Company Name: _____

I Renukadevi - Marni Employee of Union Bank of India
(Company) Want to inform you that I am not interested in getting _____

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

General Consultation } coming for Monday
Ultra Sound } 10/6/2024

Patient Signature: Renukadevi Date: 08/06/2024

University of Western Australia

Faculty of Health Sciences

Department of Health, Behaviour and Society

Dr. [Name]

Senior Lecturer

Faculty of Health Sciences

University of Western Australia

Perth, Western Australia

Phone: +61 8 9347 6000

Mobile: +61 8 9347 6000

Email: [Email]

Web: [Website]

Photo

Signature

Patient Name : Mrs. RENUKA DEVI MARNI

Age/Gender : 39 Y/F

UHID/MR No. : CHSR.0000161835

OP Visit No : CHSR0PV316689

Sample Collected on :

Reported on : 10-06-2024 09:55

LRN# : RAD2346492

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 35E6482

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size and echotexture.No intra hepatic biliary / venous radicular dilation.No focal lesion seen.CBD and Main Portal vein appear normal.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size and echotexture. No focal lesion is seen. No evidence of splenic hilar varices/collaterals.

PANCREAS : Only head and body visualized, appear normal.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

UTERUS : Normal in size and echotexture. Uniform myometrial echoes are normal. Endometrial thickness is normal and measures 5 mm. (**IUCD**)

OVARIES : Both ovaries are normal in size and echotexture.

No free fluid is seen in the peritoneum.

IMPRESSION :

- **No Significant Abnormality Seen.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr.Abid Hussain.
Consultant Radiologist.

Dr. M SONIA PAVANI
MBBS, M.D (Radio-Diagnosis)
Radiology