

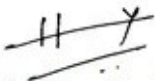
Patient Name : Mrs.MALATHI RAMAPPA	Collected : 22/Jun/2024 12:12PM
Age/Gender : 58 Y 6 M 0 D/F	Received : 22/Jun/2024 04:34PM
UHID/MR No : CBAS.0000093274	Reported : 22/Jun/2024 06:56PM
Visit ID : CBASOPV103898	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6987	

DEPARTMENT OF HAEMATOLOGY

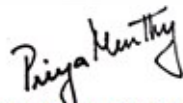
ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	37.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.21	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	72.5	fL	83-101	Calculated
MCH	23.7	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	16.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,450	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54.7	%	40-80	Electrical Impedence
LYMPHOCYTES	31.8	%	20-40	Electrical Impedence
EOSINOPHILS	3.3	%	1-6	Electrical Impedence
MONOCYTES	9.5	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2981.15	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1733.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	179.85	Cells/cu.mm	20-500	Calculated
MONOCYTES	517.75	Cells/cu.mm	200-1000	Calculated
BASOPHILS	38.15	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.72		0.78- 3.53	Calculated
PLATELET COUNT	248000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	69	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Page 1 of 17



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SIN No: BED240161202

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**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324**

RBCs: Show rouleaux formation and are Microcytic hypochromic RBCs. with a few elliptocytes seen

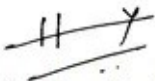
WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

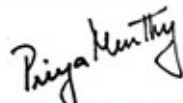
HEMOPARASITES: negative

**IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE.**

**Note: Kindly evaluate for iron deficiency status.**



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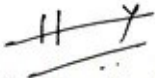
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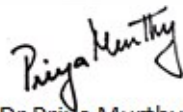
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	189	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:

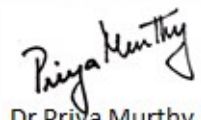
- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	254	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.

  
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SIN No:EDT240069090

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	9.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	237	mg/dL		Calculated


**Comment:**

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

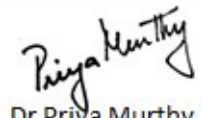
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	155	mg/dL	<200	CHO-POD
TRIGLYCERIDES	74	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	108	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.30		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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.46	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.36	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	11.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	101.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.42	g/dL	6.6-8.3	Biuret
ALBUMIN	4.09	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.33	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		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.

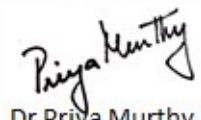
Values also correlate well with increasing BMI.

- 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

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

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



SIN No:SE04757689

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 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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**APOLLO CLINICS NETWORK**

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal ) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery ) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie)  
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Patient Name : Mrs.MALATHI RAMAPPA	Collected : 22/Jun/2024 12:12PM
Age/Gender : 58 Y 6 M 0 D/F	Received : 22/Jun/2024 05:27PM
UHID/MR No : CBAS.0000093274	Reported : 22/Jun/2024 06:33PM
Visit ID : CBASOPV103898	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6987	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324**


**2. Cholestatic Pattern:**

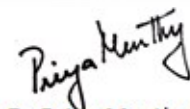
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.

Correlation with PT (Prothrombin Time) helps.

  
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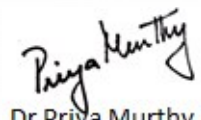
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.79	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	19.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.14	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.76	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.42	g/dL	6.6-8.3	Biuret
ALBUMIN	4.09	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.33	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		0.9-2.0	Calculated

  
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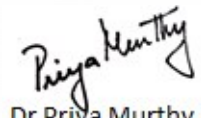
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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	101.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.00	U/L	<38	IFCC

  
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.3	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.368	µIU/mL	0.34-5.60	CLIA

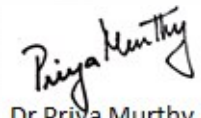
Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

  
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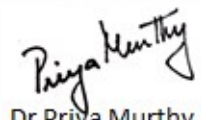
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Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

  
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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	26.7	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

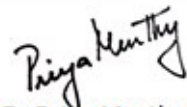
VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.

  
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Nephrotic syndrome.

**Increased levels:**

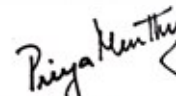
Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	334	pg/mL	107.2-653.3	CLIA

**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

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



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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)

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

  
 1860 500 7788  
 www.apolloclinic.com

Patient Name : Mrs.MALATHI RAMAPPA	Collected : 22/Jun/2024 12:11PM
Age/Gender : 58 Y 6 M 0 D/F	Received : 22/Jun/2024 05:12PM
UHID/MR No : CBAS.0000093274	Reported : 22/Jun/2024 06:49PM
Visit ID : CBASOPV103898	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6987	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

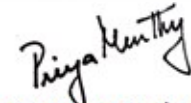
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE ++++		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	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/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



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



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



SIN No:UR2372116

This test has been performed at Apollo Health & Lifestyle Lab, ARCOFEMI 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 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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 **1860 500 7788**  
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Patient Name	: Mrs.MALATHI RAMAPPA	Collected	: 22/Jun/2024 12:11PM
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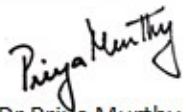
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10 high power fields.



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Consultant Pathologist



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SIN No:UR2372116

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Patient Name : Mrs.MALATHI RAMAPPA	Collected : 22/Jun/2024 12:11PM
Age/Gender : 58 Y 6 M 0 D/F	Received : 22/Jun/2024 05:12PM
UHID/MR No : CBAS.0000093274	Reported : 22/Jun/2024 07:12PM
Visit ID : CBASOPV103898	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6987	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

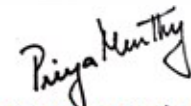
\*\*\* End Of Report \*\*\*

Result/s to Follow:

LBC PAP TEST (PAPSURE), PERIPHERAL SMEAR, GLUCOSE (FASTING) - URINE



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M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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



SIN No:UPP017706

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**Patient Name** : Mrs. MALATHI RAMAPPA

**Age/Gender** : 58 Y/F

**UHID/MR No.** : CBAS.0000093274

**OP Visit No** : CBASOPV103898

**Sample Collected on** :

**Reported on** : 22-06-2024 15:17

**LRN#** : RAD2358994

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 35E6987

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**DEPARTMENT OF RADIOLOGY**

---

**SONO MAMOGRAPHY - SCREENING**

Both breasts show normal echotexture and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

**IMPRESSION**

**No significant abnormality is seen in this study.**

(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. V K PRNAV VENKATESH**  
MBBS,MD  
Radiology

**Patient Name** : Mrs. MALATHI RAMAPPA

**Age/Gender** : 58 Y/F

**UHID/MR No.** : CBAS.0000093274

**OP Visit No** : CBASOPV103898

**Sample Collected on** :

**Reported on** : 22-06-2024 15:09

**LRN#** : RAD2358994

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 35E6987

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears enlarged in size (16.0 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear 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 echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Right kidney** appear normal in size 9.9x1.2 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Left kidney** appear normal in size 9.5x1.3 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

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

**Uterus** appears normal in size with anteverted position and measuring 6.4x2.1x3.3 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 0.5 cm.

**Both ovaries** No adnexal mass/collection. No evidence of any adnexal pathology noted.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

### **IMPRESSION:-**

**FATTY HEPATOMEGALY.**

### **Suggested clinical correlation.**

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. V K PRNAV VENKATESH**  
**MBBS,MD**  
Radiology

**Patient Name** : Mrs. MALATHI RAMAPPA

**Age/Gender** : 58 Y/F

**UHID/MR No.** : CBAS.0000093274

**OP Visit No** : CBASOPV103898

**Sample Collected on** :

**Reported on** : 22-06-2024 14:32

**LRN#** : RAD2358994

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 35E6987

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

**IMPRESSION:**

**No obvious abnormality seen in the present study.**



**Dr. V K PRNAV VENKATESH**  
**MBBS,MD**  
Radiology

**Name** : Mrs. MALATHI RAMAPPA

**Age**: 58 Y

**Sex**: F

**UHID**:CBAS.0000093274

**OP Number**:CBASOPV103898

**Address** : blr

**Plan** : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

**Bill No** :CBAS-OCR-62844

**Date** : 22.06.2024 11:53

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNACOLOGY CONSULTATION ✓	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE ✓	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	VITAMIN D - 25 HYDROXY (D2+D3)	
17	URINE GLUCOSE(FASTING)	
18	SONO MAMOGRAPHY - SCREENING	
19	HbA1c, GLYCATED HEMOGLOBIN	
20	ALKALINE PHOSPHATASE - SERUM/PLASMA	
21	X-RAY CHEST PA	
22	ENT CONSULTATION	
23	FITNESS BY GENERAL PHYSICIAN	
24	BLOOD GROUP ABO AND RH FACTOR	
25	VITAMIN B12	
26	LIPID PROFILE	
27	BODY MASS INDEX (BMI)	
28	OPHTHAL BY GENERAL PHYSICIAN	
29	ULTRASOUND - WHOLE ABDOMEN	
30	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Authorized by  
*Yogesh*

Dr. Yogesh Kothari  
MD, DNB, FESC, FEP  
Reg. No. - KMC 44065

Date: IST: 2024-06-22 10:42:13

**Personal Details**  
UHID: 01P3FGAT6WC0TPG  
PatientID: 1234  
Name: MALATHI R  
Age: 58  
Gender: Female  
Mobile: 56656495959

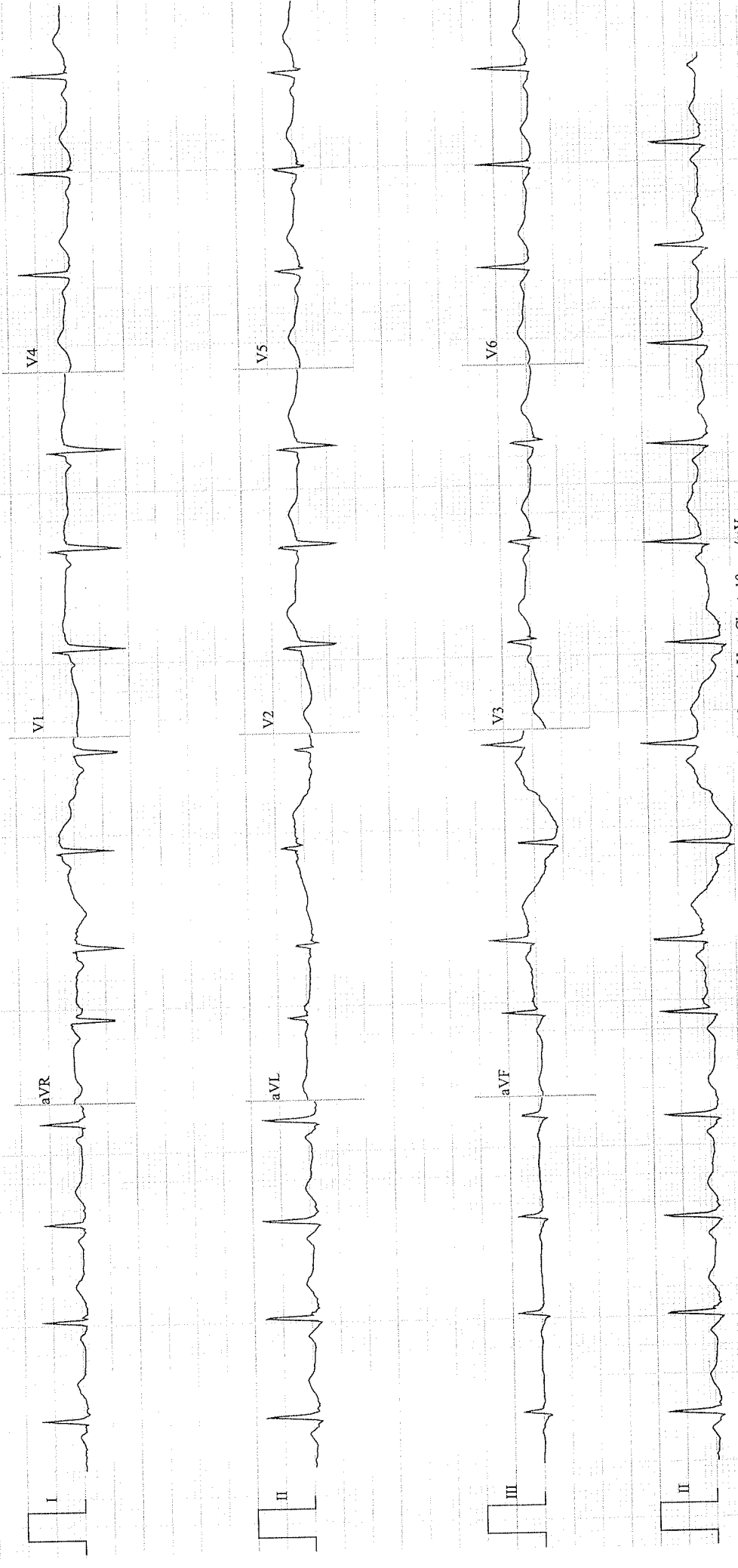
**Pre-Existing Medical-Conditions**  
**Symptoms**

**Vitals**

**Measurements**  
HR: 87 BPM  
PR: 134 ms  
PD: 111 ms  
QRSD: 81 ms  
QRS Axis: 38 deg  
QT/QTc: 365/365 ms

**Interpretation**  
Normal sinus rhythm  
Normal axis

This trace is generated by *KardiaScreen: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDRX*



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

**ECHOCARDIOGRAPHY REPORT**

**Name: MRS MALATHI R      Age: 58 YEARS      GENDER: FEMALE**

**Consultant: Dr. VISHAL KUMAR H.      Date : 22/06/2024**

**Findings**

**2D Echo cardiography**

**Chambers**

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

**Septa**

- IVS: Intact
- IAS: Intact

**Valves**

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

**Great Vessels**

- Aorta: Normal
- Pulmonary Artery: Normal

**Pericardium: Normal**

**Doppler echocardiography**

Mitral Valve	E	0.62	m/sec	A	0.94	m/sec	TRIVAL MR
Tricuspid Valve	E	0.42	m/sec	A	0.58	m/sec	No TR
Aortic Valve	Vmax	1.20	m/sec				TRIVAL AR
Pulmonary Valve	Vmax	0.86	m/sec				No PR
Diastolic Dysfunction	GARDE 1 LVDD						

**M-Mode Measurements**

<b>Parameter</b>	<b>Observed Value</b>	<b>Normal Range</b>	
Aorta	2.8	2.6-3.6	cm
left Atrium	3.2	2.7-3.8	cm
Aortic Cusp Separation	1.5	1.4-1.7	cm
IVS - Diastole	0.9	0.9-1.1	cm
left Ventricle-Diastole	4.8	4.2-5.9	cm
Posterior wall-Diastole	0.9	0.9-1.1	cm
IVS-Systole	1.3	1.3-1.5	cm
left Ventricle-Systole	2.8	2.1-4.0	cm
Posterior wall-Systole	1.3	1.3-1.5	cm
Ejection Fraction	60	≥ 50	%
Fractional shortening	30	≥ 20	%
Right Ventricle	2.3	2.0-3.3	cm

**Impression -**

- MILD LVH
- No RWMA,S
- Normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot
- GRADE 1 LVDD

**DR. VISHAL KUMAR H.**

**CLINICAL CARDIOLOGIST**



Date : 22/6/24  
MR No :  
Name : Mr. Malathu.  
Age/Gender : 58 yrs.  
Mobile no :

Department : NUTRITION & DIETETICS  
Consultant : DT, ROHINI RAGHU  
Reg No :  
Qualification : M.Sc, RD ( food & nutrition)  
Consulting Timings :  
Phone No.: 080-26611236/8/9

Diagnosis: DM II (10 yrs) at the age of 52y.  
Admission - Blood High glucose neuropathic  
low fat diet.  
Ht, 158cm  
Wt, 74.3y  
IBW - 60kg.  
WASH - up to 5-8y.  
Brush - 4-6 times/day.  
\* Dinner - 7-8pm - No sn.  
Water - 2-5 - 3lit/day  
① ②  
\* Water - 2-5 - 3lit/day  
Oil - 4-5 - 3lit/day  
Flax seed - 1tablespoon/day  
milk - 2y.

1 month - 72kg  
2 month - 69kg  
3 month - 66kg  
4 month - 63kg  
5 month - 60kg  
6 month - 58kg  
15-18y  
Dt. Rohini Raghav  
9449349333

**PAP SMEAR CONSENT FORM**

PATIENT NAME: *Malathw* AGE: *58Y* GENDER: *F* DATE: *22/6/2018*

**MENSTRUAL AND REPRODUCTIVE HISTORY**

AGE OF MENARCHE : *14Y*  
AGE OF MENOPAUSAL IF APPLICABLE : *52Y*  
MENSTRUAL REGULARITY : *REGULAR/IRREGULAR*  
FIRST DAY OF LAST MENSTRUATION PERIOD: *6ay back*  
AGE AT MARRIAGE : *19Y*  
YEAR'S OF MARRIED LIFE : *41Y*  
CONTRACEPTION : *YES()NO()IF YES WHAT KIND?*  
HORMONAL TREATMENT : *YES() NO() IF YES WHAT KIND?*  
GRAVIDA (NO OF TIME'S CONCEIVED) :  
PARA(NO OF CHILDBIRTH) :  
LIVE(NO OF LIVING CHILDREN) :  
ABORTIONS :  
MISCARRIAGES/ABORTION :  
AGE OF FIRST CHILD :  
AGE OF LAST CHILD :  
PREVIOUS PAP SMEAR REPORT :

*38Y ♀*  
*34Y ♀*  
*U/D*

**SPECULUM EXAMINATION FINDINGS**

EXTERNAL GENITALIA  
VAGINA  
CERVIX  
SMEAR THAKEN FROM – ENDOCERVIX  
ECTOCERVIX  
POSTERIOR VAGINA

*(N)*

HEREBY DECLARE THAT THE ABOVE INFORMINFORMATION TRUE I HAVE BEEN EXPLAINED THE PROCEDURE AND GIVEN MY CONSENT TO UNDERGO THE SAME.

SIGNATURE OF THE PATEINT

SIGNATURE OF THE DOCTOR

*[Handwritten Signature]*

# Apollo Clinic

## CONSENT FORM

Patient Name: Malathi Ramappa Age: 58 / F

UHID Number: ..... Company Name: .....

I Mr/Mrs/Ms ..... Employee of .....

(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.

ENT, Fitness  
by General

Physician

Pending

27/6/2024

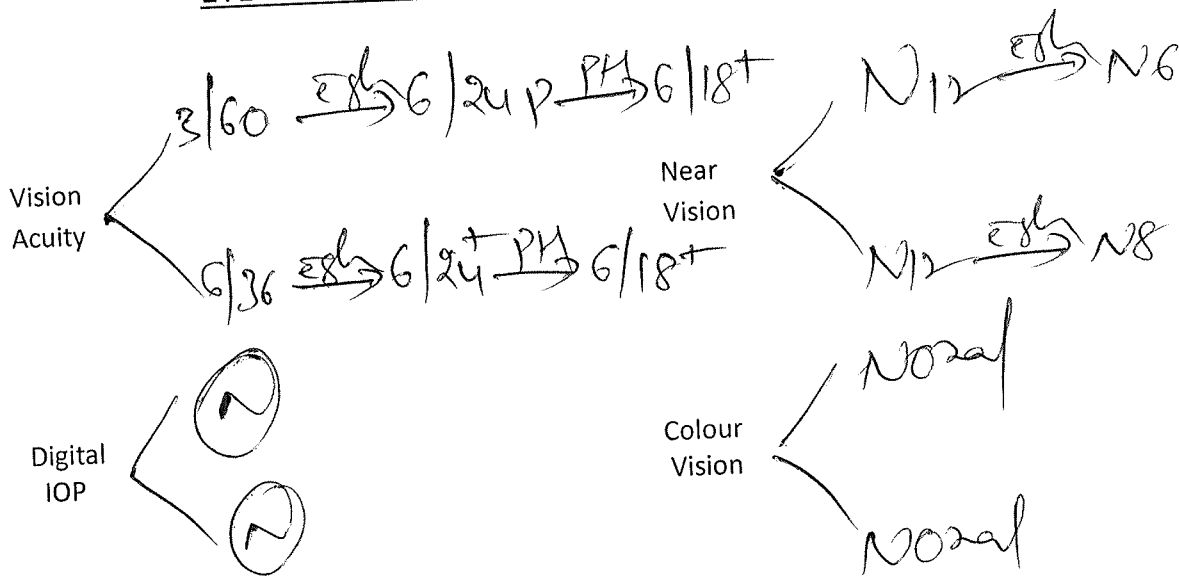
Patient Signature:  Date: 22/6/2024

Ms. Malathi

58/F

22/6/24

EYE CHECK UP REPORT



• Fundus:

• Ant. Segment :-

• Media:

• Pupil:

Need retinal evaluation  
 normal

BC Myopic presbyopia, partially corrected by glass. Adv for dilated refraction & retinal opinion.

OKS

# Your appointment is confirmed

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

Fri 6/21/2024 4:57 PM

To:malathicorp@gmail.com <malathicorp@gmail.com>

Cc:Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>;Irfan Ali S <Irfanali.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Ht- 158  
wt- 74.3  
BP- 114/69  
PR- 87

Dear MALATHI RAMAPPA,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **BASAVANAGUDI clinic** on **2024-06-22 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 COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - 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.



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ಮಾಲತಿ ರಾಮಪ್ಪಾ  
Malathi Ramappa  
ಜನ್ಮ ದಿನಾಂಕ / DOB : 17/07/1966  
ಸ್ತ್ರೀ / FEMALE



4930 8691 6221

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Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India  
RO - BANGALORE SOUTH  
Chandrakiran, 10-A, Kasturba Road, P.B.  
No. 5179, Bangalore, Karnataka, ,  
Bangalore- 80

To,

The Chief Medical Officer

M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup 50-60 Female**

Shri/Smt./Kum. MALATHI RAMAPPA,.

P.F. No. 634547 Designation : CustomerService Associate(CSA)

Checkup for Financial Year 2024-2025 **Approved Charges Rs. 5000.00**

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

(Signature of the Employee)

करो यूनियन बैंक ऑफ इंडिया  
Yours Faithfully,  
BANK OF INDIA

BRANCH MANAGER/SENIOR MANAGER  
राजराजेश्वरीनगर शाखा, बंगलूर-560 098  
Rajarajeshwarinagar Br., Bangalore-98

PS. : Status of the application- Sanctioned