

Patient Name : Mrs.SHANTHI S	Collected : 22/Jun/2024 12:06PM
Age/Gender : 54 Y 6 M 4 D/F	Received : 22/Jun/2024 05:24PM
UHID/MR No : CTNA.0000208084	Reported : 22/Jun/2024 06:59PM
Visit ID : CTNAOPV202194	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 961989015393	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240161193

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

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.8	g/dL	12-15	Spectrophotometer
PCV	38.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.72	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81.4	fL	83-101	Calculated
MCH	27.2	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.2	%	40-80	Electrical Impedance
LYMPHOCYTES	33.0	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	3.6	%	2-10	Electrical Impedance
BASOPHILS	1.0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5899.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3234	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	215.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	352.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	98	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.82		0.78- 3.53	Calculated
PLATELET COUNT	256000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	58	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.



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DEPARTMENT OF HAEMATOLOGY

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

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

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	191	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)	246	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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



SIN No:PLP1465650

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	10.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	252	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)



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



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.10	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.03	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	110.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.89	g/dl	6.4-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.12		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.

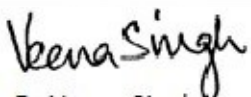
Values also correlate well with increasing BMI.

- 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:



Dr. Veena Singh,
M.D(Pathology)
Consultant Pathologist



SIN No:SE04757677

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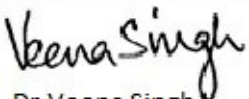
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- ALP – Disproportionate increase in ALP compared with AST, ALT.
 - Bilirubin may be elevated.
 - ALP elevation also seen in pregnancy, impacted by age and sex.
 - To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates 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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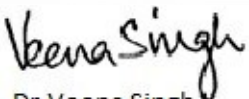
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UHID/MR No : CTNA.0000208084
Visit ID : CTNAOPV202194
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 961989015393

Collected : 22/Jun/2024 12:06PM
Received : 23/Jun/2024 02:21AM
Reported : 23/Jun/2024 10:01AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.57	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	17.70	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.26	mg/dL	2.5-6.2	Uricase
CALCIUM	9.58	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.18	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	97	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.89	g/dl	6.4-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.12		0.9-2.0	Calculated



Dr. Veena Singh,
M.D(Pathology)
Consultant Pathologist



SIN No:SE04757677

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	110.00	U/L	38-126	p-nitrophenyl phosphate

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	27.00	U/L	12-43	Glycylglycine Nitoranalide

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Patient Name : Mrs.SHANTHI S	Collected : 22/Jun/2024 12:06PM
Age/Gender : 54 Y 6 M 4 D/F	Received : 22/Jun/2024 06:58PM
UHID/MR No : CTNA.0000208084	Reported : 22/Jun/2024 07:38PM
Visit ID : CTNAOPV202194	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.27	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.71	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.715	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

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



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



SIN No:SPL24104638

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - 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 IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	9.26	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.

Nephrotic syndrome.

Increased levels:



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DEPARTMENT OF IMMUNOLOGY

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

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	144	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.



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Age/Gender : 54 Y 6 M 4 D/F	Received : 22/Jun/2024 04:57PM
UHID/MR No : CTNA.0000208084	Reported : 22/Jun/2024 05:53PM
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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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
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	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		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 THILAGA
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UR2372108

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DEPARTMENT OF CLINICAL PATHOLOGY

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



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Consultant Pathologist

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Patient Name : Mrs.SHANTHI S	Collected : 22/Jun/2024 12:06PM
Age/Gender : 54 Y 6 M 4 D/F	Received : 22/Jun/2024 04:56PM
UHID/MR No : CTNA.0000208084	Reported : 22/Jun/2024 06:03PM
Visit ID : CTNAOPV202194	Status : Final Report
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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)	NEGATIVE		NEGATIVE	Dipstick

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

*** End Of Report ***

Result/s to Follow:

LIPID PROFILE, LBC PAP TEST (PAPSURE), DIRECT LDL CHOLESTEROL

Page 17 of 17



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

SIN No:UF011844

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



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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)

Name: Mrs. Shanthi S
Age/Gender: 54 Y/F
Address: chennai
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. HARI K

MR No: CTNA.0000208084
Visit ID: CTNAOPV202194
Visit Date: 22-06-2024 12:02
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. Shanthi S
Age/Gender: 54 Y/F
Address: chennai
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. T DEVI SHANMUGA PRIYA

MR No: CTNA.0000208084
Visit ID: CTNAOPV202194
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Address: chennai
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. USHA V

MR No: CTNA.0000208084
Visit ID: CTNAOPV202194
Visit Date: 22-06-2024 12:02
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Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. REKHA SANJAY

MR No: CTNA.0000208084
Visit ID: CTNAOPV202194
Visit Date: 22-06-2024 12:02
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
22-06-2024 14:32	Beats/min	160/80 mmHg	Rate/min	F	155 cms	65.9 Kgs	%	%	Years	27.43	cms	90 cms	89 cms		AHLL09366

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Mediwheel
...Your wellness partner

011-41195959

Dear **S SHANTI**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Checkup Female Above 40

Patient Package Name : MediWheel Full Body Health Checkup Female 50 To 60

Name of Diagnostic/Hospital : Apollo Clinic - T Nagar

Address of Diagnostic/Hospital : Apollo Clinic, Door No 11, 4, Sivaprakasam St, opposite to Brilliant Tutorial, Pondy Bazaar, Parthasarathi Puram, T Nagar - 600017

City : Chennai

State : Tamil Nadu

Pincode : 600017

Appointment Date : 22-06-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
S SHANTI	54 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

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

For Women:

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

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.



सत्यमेव जयते
भारत सरकार



आधार

இந்திய அரசாங்கம்
Government of India

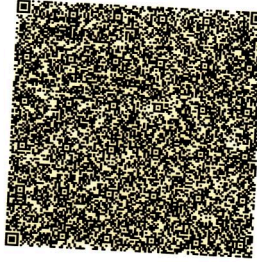
இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 0657/09341/46211

To
சாந்தி ச
Shanthi S
W/O: Mohan
87/74
GANGAI AMMAN KOIL STREET
VADAPALNI
Vadapalani
Chennai Tamil Nadu - 600026
9962163850

Signature

Digitally signed by
Shanthi S
DN: cn=Shanthi S, o=0657/09341/46211
UTC



உங்கள் ஆதார் எண் / Your Aadhaar No. :

9619 8901 5393

VID : 9185 0163 1745 4921

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்

Government of India



ஆதார்

Issue Date: 09/07/2014



சாந்தி ச
Shanthi S
பிறந்த நாள்/DOB: 18/12/1969
பெண்/ FEMALE

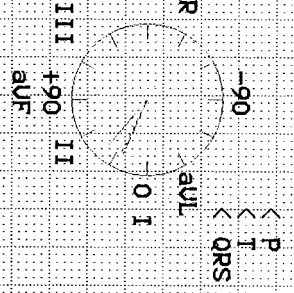
9619 8901 5393

VID : 9185 0163 1745 4921

எனது ஆதார், எனது அடையாளம்

Female

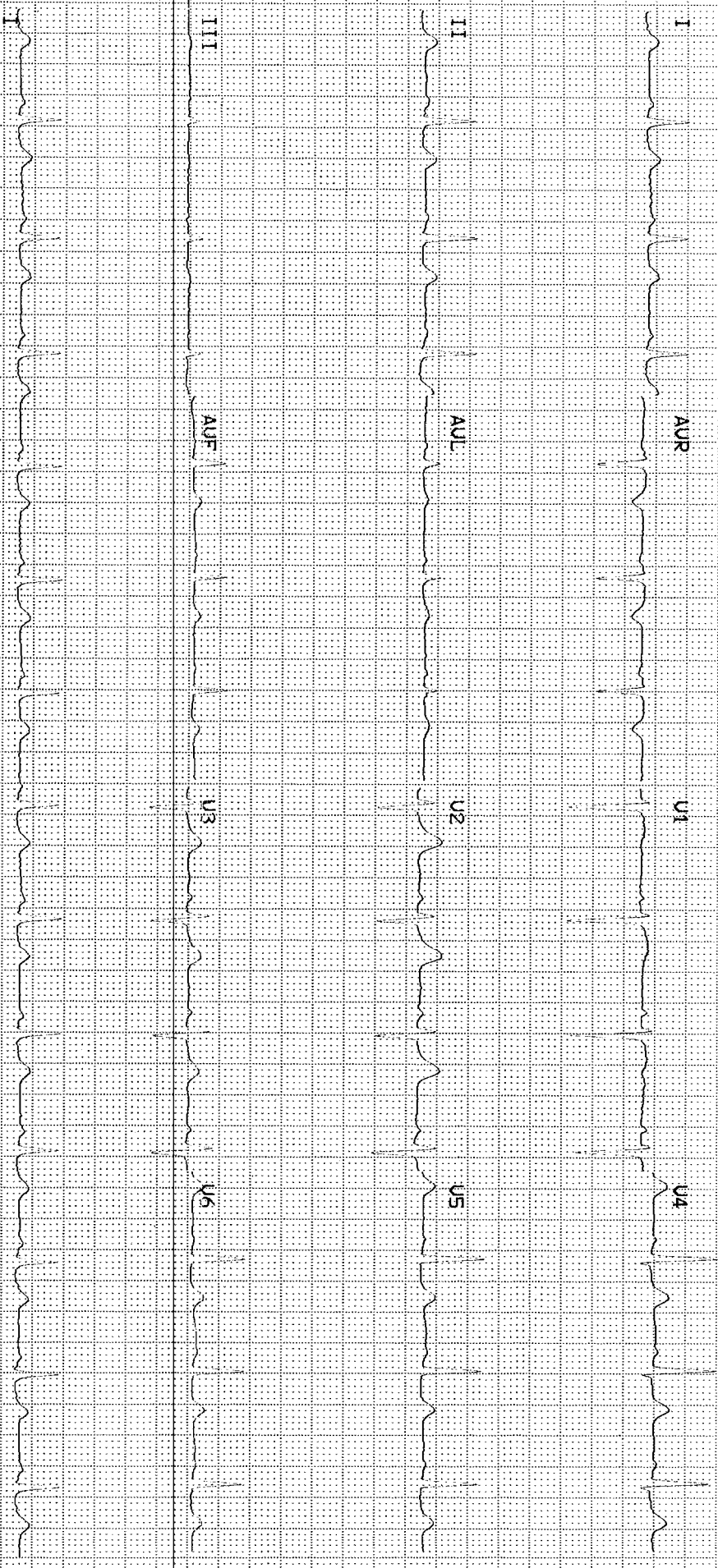
AGE: 54
 Measurement Results:
 QRS 90 ms
 QT/QTcB 384 / 446 ms
 PR 122 ms
 P 94 ms
 RR/PP 730 / 740 ms
 P/QRS/T 26 / 41 / 24 degrees



Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 ST abnormality, possible digitalis effect
 Abnormal ECG

DR

Unconfirmed report.



Patient Name	: Mrs. Shanthi S	Age	: 54 Y/F
UHID	: CTNA.0000208084	OP Visit No	: CTNAOPV202194
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 22-06-2024 12:58
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.0 CM
LA (es)	3.2 CM
LVID (ed)	4.5 CM
LVID (es)	2.8 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	62.00%
%FD	32.00%
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

Patient Name	: Mrs. Shanthi S	Age	: 54 Y/F
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Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 22-06-2024 12:58
Referred By	: SELF		

DOPPLER STUDIES

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.8m/sec A: 1.0m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO 0.4m/sec

VELOCITY ACROSS THE AV UPTO 1.3m/sec

IMPRESSION:

NO REGIONAL WALL MOTION ABNORMALITIES

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

NORMAL LEFT VENTRICULAR IN SIZE

GRADE I LEFT VENTRICULAR DIASTOLIC DYSFUNCTION

NO : PE/PAH

DONE BY

Patient Name : Mrs. Shanthi S Age : 54 Y/F
UHID : CTNA.0000208084 OP Visit No : CTNAOPV202194
Conducted By: : Dr. ASHA MAHILMARAN Conducted Date : 22-06-2024 12:58
Referred By : SELF

NIRMALA



Dr.ASHA
MAHILMARAN.

Patient Name	: Mrs. Shanthi S	Age	: 54 Y/F
UHID	: CTNA.0000208084	OP Visit No	: CTNAOPV202194
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 22-06-2024 12:58
Referred By	: SELF		

Patient Name	: Mrs. Shanthi S	Age	: 54 Y/F
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Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 22-06-2024 12:58
Referred By	: SELF		

Patient Name	: Mrs. Shanthi S	Age	: 54 Y/F
UHID	: CTNA.0000208084	OP Visit No	: CTNAOPV202194
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Referred By	: SELF		

Patient Name	: Mrs. Shanthi S	Age	: 54 Y/F
UHID	: CTNA.0000208084	OP Visit No	: CTNAOPV202194
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 22-06-2024 12:58
Referred By	: SELF		

Patient Name	: Mrs. Shanthi S	Age	: 54 Y/F
UHID	: CTNA.0000208084	OP Visit No	: CTNAOPV202194
Reported By:	: Dr. HARI K	Conducted Date	: 22-06-2024 13:19
Referred By	: SELF		

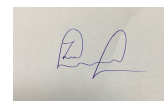
ECG REPORT

Impression:

NORMAL SINUS RHYTHM

NORMAL ECG .

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



Dr. HARI K