

Patient Name : Mrs.U SUVARNA LAKSHMI	Collected : 27/Jan/2024 08:28AM
Age/Gender : 31 Y 7 M 25 D/F	Received : 27/Jan/2024 12:00PM
UHID/MR No : CINR.0000084187	Reported : 27/Jan/2024 01:42PM
Visit ID : CINROPV217178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7416753456	

DEPARTMENT OF HAEMATOLOGY

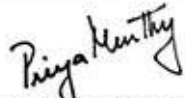
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA					
HAEMOGLOBIN	13.3	L	g/dL	12-15	Spectrophotometer
PCV	39.20	L	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.74	L	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	82.6	L	fL	83-101	Calculated
MCH	28	L	pg	27-32	Calculated
MCHC	34	L	g/dL	31.5-34.5	Calculated
R.D.W	13.6	L	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,310	L	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)					
NEUTROPHILS	61.7	L	%	40-80	Electrical Impedance
LYMPHOCYTES	26	L	%	20-40	Electrical Impedance
EOSINOPHILS	5.8	L	%	1-6	Electrical Impedance
MONOCYTES	6	L	%	2-10	Electrical Impedance
BASOPHILS	0.5	L	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT					
NEUTROPHILS	4510.27	L	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1900.6	L	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	423.98	L	Cells/cu.mm	20-500	Calculated
MONOCYTES	438.6	L	Cells/cu.mm	200-1000	Calculated
BASOPHILS	36.55	L	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	171000	L	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	L	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR		L			

RBCs: are normocytic normochromic



Dr. Shobha Emmanuel
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Consultant Pathologist



Dr. Priya Murthy
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Consultant Pathologist



SIN No: BED240019246

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

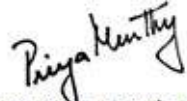
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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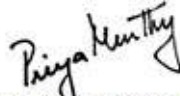
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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA					
BLOOD GROUP TYPE	O	N			Microplate Hemagglutination
Rh TYPE	Positive	N			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	119	L	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA					
HBA1C, GLYCATED HEMOGLOBIN	5.7	L	%		HPLC



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SIN No:EDT240008109



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ESTIMATED AVERAGE GLUCOSE (eAG)	117	N	mg/dL	Calculated
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Comment:

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

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

Note: Dietary preparation or fasting is not required.

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




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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM					
TOTAL CHOLESTEROL	154	L	mg/dL	<200	CHO-POD
TRIGLYCERIDES	85	L	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	L	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	107	L	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.1	L	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17	L	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.28	L		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.




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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM					
BILIRUBIN, TOTAL	0.64	L	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	L	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	L	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	L	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	L	U/L	<35	IFCC
ALKALINE PHOSPHATASE	69.00	L	U/L	30-120	IFCC
PROTEIN, TOTAL	6.94	L	g/dL	6.6-8.3	Biuret
ALBUMIN	4.29	L	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.65	L	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62	L		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:




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• Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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Patient Name : Mrs.U SUVARNA LAKSHMI	Collected : 27/Jan/2024 08:28AM
Age/Gender : 31 Y 7 M 25 D/F	Received : 27/Jan/2024 11:50AM
UHID/MR No : CINR.0000084187	Reported : 27/Jan/2024 01:15PM
Visit ID : CINROPV217178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7416753456	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.53	L	mg/dL	0.51-0.95	Jaffe's, Method
UREA	16.90	L	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.9	L	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.98	L	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	L	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.21	L	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	L	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	L	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	L	mmol/L	101-109	ISE (Indirect)



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04610287



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 |
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Karnataka- 560034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.U SUVARNA LAKSHMI	Collected : 27/Jan/2024 08:28AM
Age/Gender : 31 Y 7 M 25 D/F	Received : 27/Jan/2024 11:50AM
UHID/MR No : CINR.0000084187	Reported : 27/Jan/2024 01:11PM
Visit ID : CINROPV217178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7416753456	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.00	L	U/L	<38	IFCC



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04610287



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Age/Gender : 31 Y 7 M 25 D/F	Received : 27/Jan/2024 11:50AM
UHID/MR No : CINR.0000084187	Reported : 27/Jan/2024 03:03PM
Visit ID : CINROPV217178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7416753456	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-iodothyronine (T3, TOTAL)	1.03	L	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.46	L	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.530	L	µIU/mL	0.35-4.94	CMIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24012577

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APOLLO CLINICS NETWORK

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 1860 500 7788
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Age/Gender : 31 Y 7 M 25 D/F
UHID/MR No : CINR.0000084187
Visit ID : CINROPV217178
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 7416753456

Collected : 27/Jan/2024 08:28AM
Received : 27/Jan/2024 11:50AM
Reported : 27/Jan/2024 03:03PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24012577



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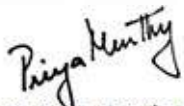
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Patient Name : Mrs.U SUVARNA LAKSHMI	Collected : 27/Jan/2024 08:28AM
Age/Gender : 31 Y 7 M 25 D/F	Received : 27/Jan/2024 11:48AM
UHID/MR No : CINR.0000084187	Reported : 27/Jan/2024 02:40PM
Visit ID : CINROPV217178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7416753456	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE					
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW	N		PALE YELLOW	Visual
TRANSPARENCY	CLEAR	N		CLEAR	Visual
pH	5.5	L		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020	L		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION					
URINE PROTEIN	NEGATIVE	N		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE	N		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE	N		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE	N		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL	N		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE	N		NEGATIVE	Peroxidase
NITRITE	NEGATIVE	N		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE	N		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY					
PUS CELLS	1-2	L	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	N	/hpf	<10	MICROSCOPY
RBC	NIL	N	/hpf	0-2	MICROSCOPY
CASTS	NIL	L		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT	N		ABSENT	MICROSCOPY



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

SIN No:UR2268860



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Patient Name : Mrs.U SUVARNA LAKSHMI	Collected : 27/Jan/2024 11:40AM
Age/Gender : 31 Y 7 M 25 D/F	Received : 27/Jan/2024 09:10PM
UHID/MR No : CINR.0000084187	Reported : 27/Jan/2024 10:24PM
Visit ID : CINROPV217178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7416753456	

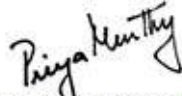
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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



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



SIN No:UPP016341

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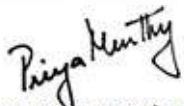
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Patient Name : Mrs.U SUVARNA LAKSHMI	Collected : 27/Jan/2024 08:28AM
Age/Gender : 31 Y 7 M 25 D/F	Received : 27/Jan/2024 11:48AM
UHID/MR No : CINR.0000084187	Reported : 27/Jan/2024 02:27PM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No:UF010320



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Patient Name : Mrs.U SUVARNA LAKSHMI	Collected : 27/Jan/2024 02:24PM
Age/Gender : 31 Y 7 M 25 D/F	Received : 28/Jan/2024 04:50PM
UHID/MR No : CINR.0000084187	Reported : 30/Jan/2024 02:00PM
Visit ID : CINROPV217178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CYTOLOGY

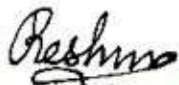
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	1680/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	FUNGAL ELEMENTS MORPHOLOGICALLY CONSISTENT WITH CANDIDA
IV	INTERPRETATION	CANDIDIASIS

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:CS073563

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

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

Page 16 of 16
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



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

Name : Mrs. U Suvarna Lakshmi

Age: 31 Y

UHID: CINR.0000084187

Sex: F



Address : Ulsoor

OP Number: CINROPV217178

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No : CINR-OCR-93239

Date : 27.01.2024 08:26

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2D ECHO - 9:45 Am	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA - 10	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	DENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	LBC PAP TEST- PAPSURE - 3	
21	OPHTH BY GENERAL PHYSICIAN - 5	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION - 1	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

Date : 27-01-2024
MR NO : CINR.0000084187

Department : GENERAL
Doctor :

Name : Mrs. U Suvama Lakshmi

Registration No :

Age/ Gender : 31 Y / Female

Qualification :

Consultation Timing: 08:25

Height : 151-c	Weight : 55-4 kg	BMI : 24.29 kg/m ²	Waist Circum : 82-c
Temp : 98.6 F	Pulse : 74 bpm	Resp : 18 bpm	B.P : 124 / 82 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

~~00/27/2024~~

31 ym AIC, R/gelen, Comp - Jan 11th

Adv : PA

nivaman

vitD3

PA egr outa

Ps - cx healthy

Adv : HBC pap done

Adv vaccine ✓

[Signature]

Follow up date:

Doctor Signature

27.01.2024

Mrs. Suvarna Lakshmi

31yrs/F

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Allergic Rhinitis - Allergic

Ears: Nil

Nose: Nil

Throat: Nil

Follow up date:

Dr. RAVINDRANATH KUDVA
M.B.B.S., D.O.

Post Signature

E.N.T. SURGEON

KMC PES

NO. 13554

BOOK YOUR APPOINTMENT TODAY!

Whatsapp Number : 970 100 3333

Toll Number : 1860 500 7788

Website : www.apolloclinic.com

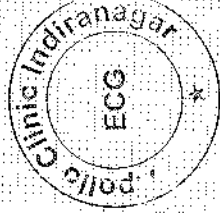
Mrs. u suvama
ID: 84187

02.06.1992
31 Years

Female

27.01.2024 9:25:22
APOLLO CLINIC
INDIRANAGAR
BANGALORE

QRS 78 ms
QT/QTc/Baz 368 / 419 ms
PR 104 ms
P 78 ms
RR/PP 768 / 769 ms
P / QRS / T 31 / 78 / 53 degrees

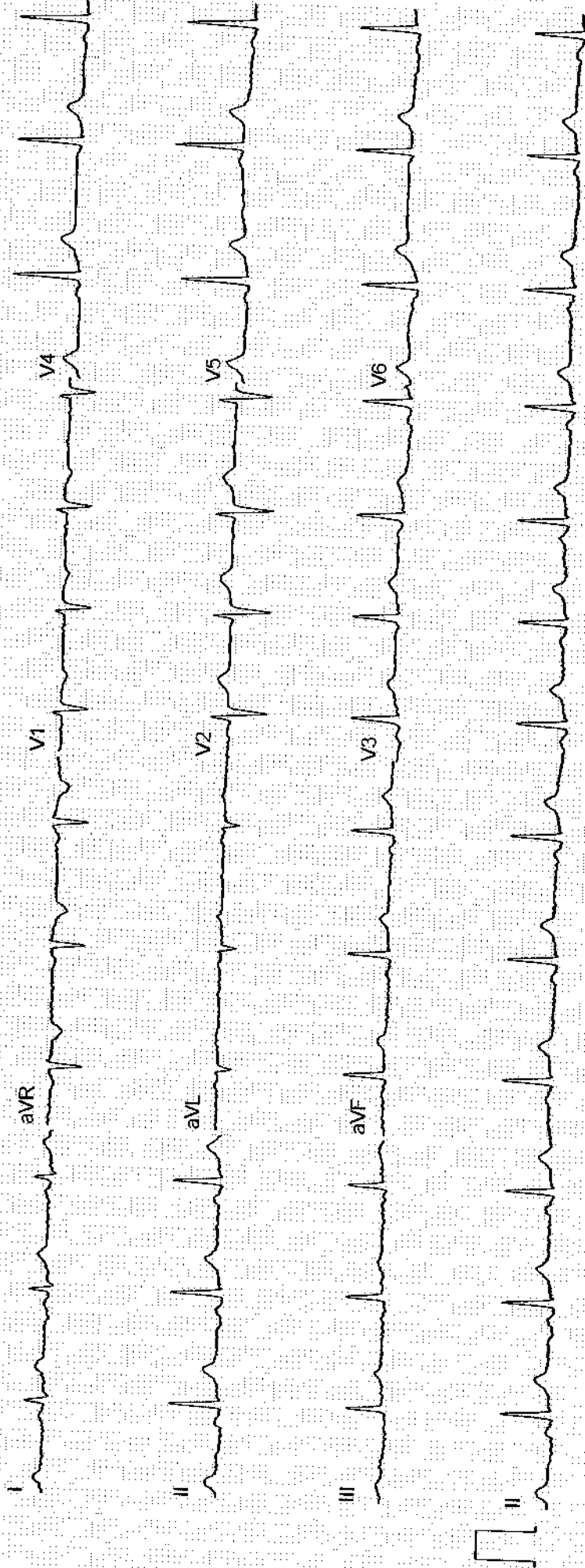


Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Normal

78 bpm
- / - mmHg

Dr. M. SUDHAKAR RAO
Dr. M. SUDHAKAR RAO
MBBS, MD, DM (Cardiol), FACC, FESC, FSCAI
Consultant Cardiologist
KMC Reg No. CTG0000018KTK
Apollo Clinic



NAME: MRS U SURANA
LAKSHMI

AGE/SEX: 31Y/F

OP NUMBER: 84187

Ref By : SLEF

DATE: 27-01-2024

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.0	IVS(D): 1.0	MV: E Vel: 0.9	A Vel : 0.6
LA: 2.6	LVIDD(D): 3.6	AV Peak: 1.5	
	LVPW(D):1.1	PV peak:0.6	
	IVS(S): 1.2		
	LVID(S):2.1		
	LVPW(S):1.2		
	LVEF: 60%		
	TAPSE:2.0		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal

IVS:	Normal
Pericardium:	Normal
IVC:	Normal
Others	---

IMPRESSION :

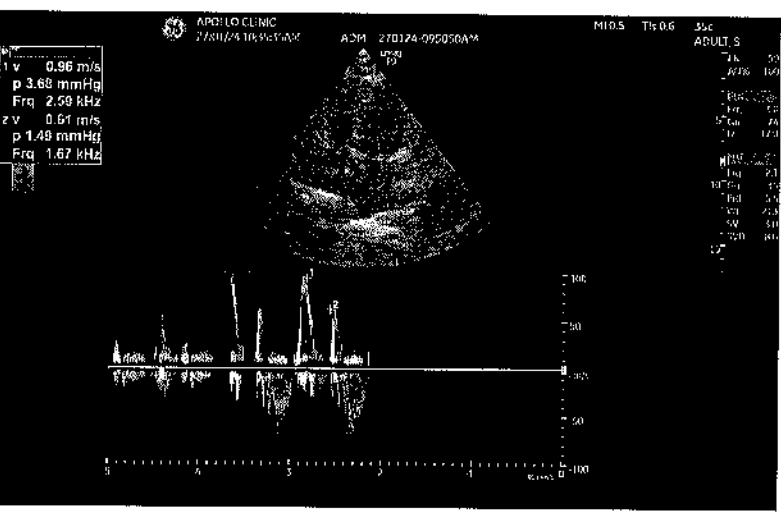
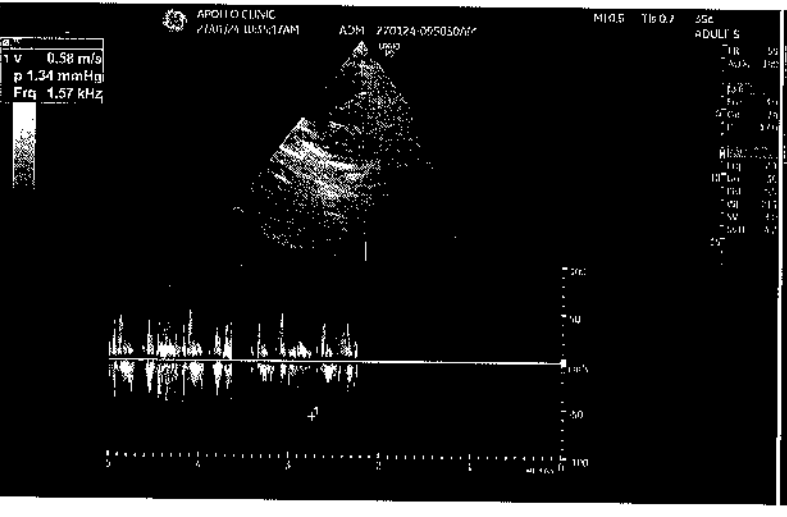
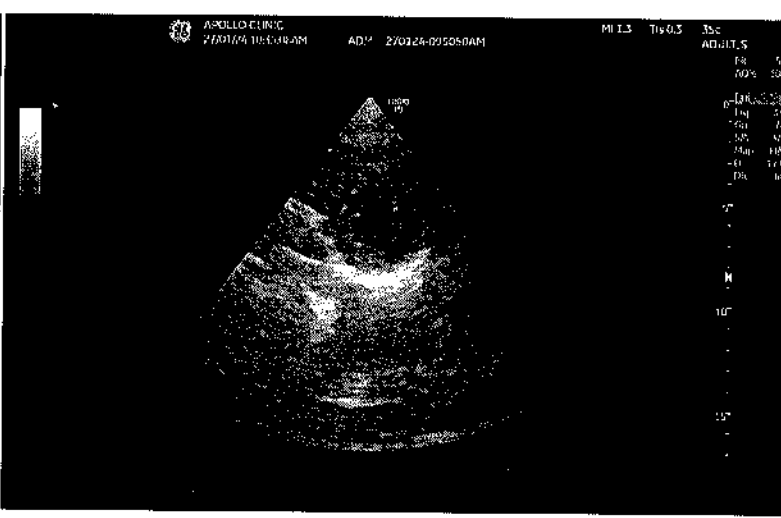
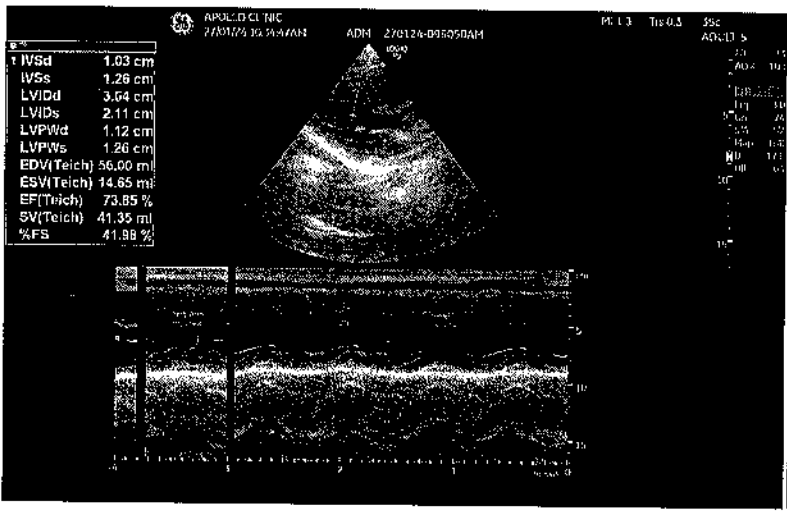
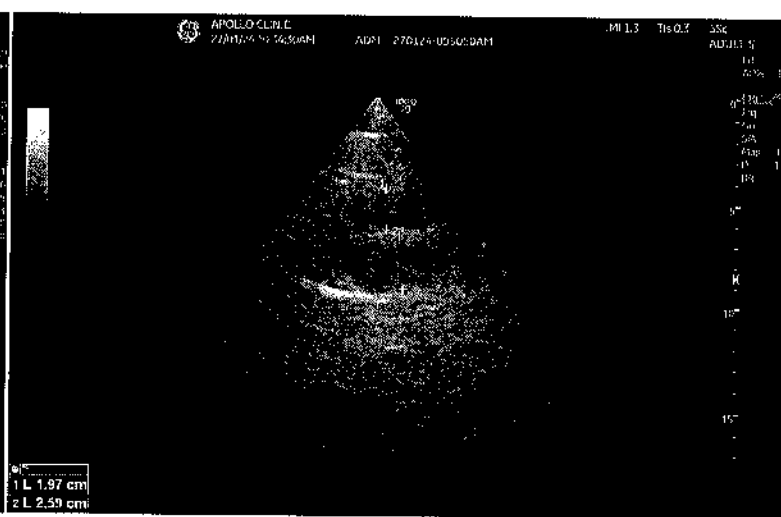
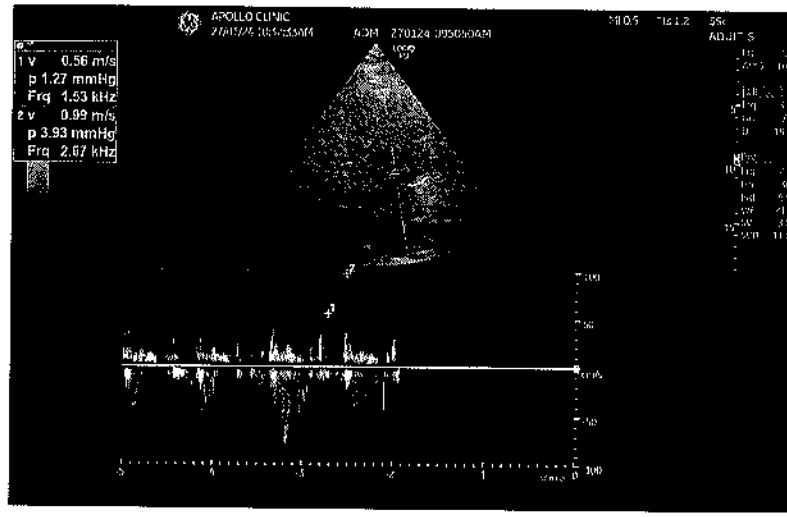
- Normal cardiac chamber and valves
- No Regional wall motion abnormality
- No MR/AR/TR
- No clot/vegetation/pericardial effusion
- Normal LV systolic function - LVEF= 60%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST



Dr. JAGADEESH H V
MBBS,MD, DM(Cardio)
Consultant Cardiologist
KMC Reg No.86848
Apollo Clinic

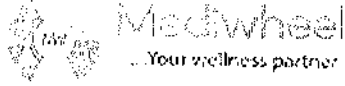


**Health Check up Booking Confirmed Request(bobE4104),Package Code-PKG10000377,
Beneficiary Code-254209**

Message

Mediwheel <wellness@mediwheel.in>
o: suvarna976@gmail.com
c: customercare@mediwheel.in

Wed, 17 Jan 2024 at 18:



011-41195959

Dear **UMMADISETTI SUVARNA LAKSHMI**,

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

Booking Date : 03-01-2024
Hospital Package Name : Mediwheel Full Body Health Annual Plus Check
Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40
Name of Diagnostic/Hospital : Apollo Clinic
Address of Diagnostic/Hospital : 2012,1st floor, Above vision express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038
City : Bangalore
State :
Pincode : 560038
Appointment Date : 27-01-2024
Confirmation Status : Booking Confirmed
Preferred Time : 9:00am-9:30am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MRS. UMMADISETTI SUVARNA LAKSHMI	31 year	Female

Note - Please note to not pay any amount .

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.



ఉమ్మడి స్వయం సేవ
Ummadi Setri Suvama Lakshmi



జన్మ సంవత్సరం/Year of Birth: 1992
సెక్స్ / Female



4305 3211 8249

అధార్ - సామాన్య నివాసి