

Patient Name : Mrs.LAVANYA	Collected : 09/Aug/2024 09:57AM
Age/Gender : 42 Y 6 M 0 D/F	Received : 09/Aug/2024 04:08PM
UHID/MR No : CBEL.0000252921	Reported : 09/Aug/2024 06:43PM
Visit ID : CBELOPV489675	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30805	

DEPARTMENT OF HAEMATOLOGY

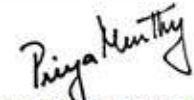
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.1	g/dL	12-15	Spectrophotometer
PCV	35.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.81	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	73.9	fL	83-101	Calculated
MCH	25.1	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,180	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67.1	%	40-80	Electrical Impedance
LYMPHOCYTES	23.5	%	20-40	Electrical Impedance
EOSINOPHILS	4.2	%	1-6	Electrical Impedance
MONOCYTES	4.7	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5488.78	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1922.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	343.56	Cells/cu.mm	20-500	Calculated
MONOCYTES	384.46	Cells/cu.mm	200-1000	Calculated
BASOPHILS	40.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.86		0.78- 3.53	Calculated
PLATELET COUNT	369000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	31	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: Show mild anisopoikilocytosis with Microcytic hypochromic RBCs. Tear drop cells, elliptocytes cells seen



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SIN No:BED240207665

This test has been performed at Apollo Health & Lifestyle Ltd. BANGALORE Laboratory

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

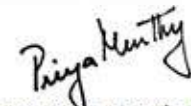
HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE.

Note: Kindly evaluate for iron deficiency status.



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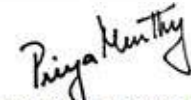
DEPARTMENT OF HAEMATOLOGY

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



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Age/Gender : 42 Y 6 M 0 D/F	Received : 09/Aug/2024 05:30PM
UHID/MR No : CBEL.0000252921	Reported : 09/Aug/2024 06:04PM
Visit ID : CBEL0PV489675	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	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

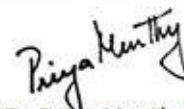
Note:

- 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)	95	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:PLP1480928

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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

Comment:

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

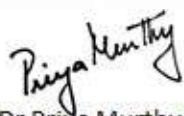
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHO-POD
TRIGLYCERIDES	103	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	130	mg/dL	<130	Calculated
LDL CHOLESTEROL	108.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.50		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.08		<0.11	Calculated

Comment:

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

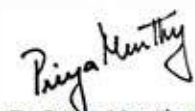
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.52	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	94.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.25	g/dL	6.6-8.3	Biuret
ALBUMIN	4.14	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.11	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:



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Patient Name	: Mrs.LAVANYA	Collected	: 09/Aug/2024 09:57AM
Age/Gender	: 42 Y 6 M 0 D/F	Received	: 09/Aug/2024 04:26PM
UHID/MR No	: CBEL.0000252921	Reported	: 09/Aug/2024 05:41PM
Visit ID	: CBELOPV489675	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S30805		

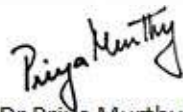
DEPARTMENT OF BIOCHEMISTRY

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

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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SIN No:SE04804394

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.70	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	15.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.44	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.98	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.25	g/dL	6.6-8.3	Biuret
ALBUMIN	4.14	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.11	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated



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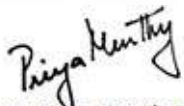
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Age/Gender : 42 Y 6 M 0 D/F	Received : 09/Aug/2024 04:26PM
UHID/MR No : CBEL.0000252921	Reported : 09/Aug/2024 05:04PM
Visit ID : CBELOPV489675	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.00	U/L	<38	IFCC



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Patient Name : Mrs.LAVANYA	Collected : 09/Aug/2024 09:57AM
Age/Gender : 42 Y 6 M 0 D/F	Received : 09/Aug/2024 04:08PM
UHID/MR No : CBEL.0000252921	Reported : 09/Aug/2024 05:25PM
Visit ID : CBEL0PV489675	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30805	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.85	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	5.68	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.390	µIU/mL	0.35-4.94	CMIA

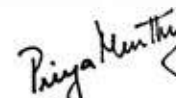
Comment:

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


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SIN No: SPL24129931

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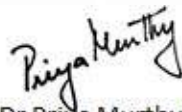
DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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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Patient Name : Mrs.LAVANYA	Collected : 09/Aug/2024 09:57AM
Age/Gender : 42 Y 6 M 0 D/F	Received : 09/Aug/2024 04:46PM
UHID/MR No : CBEL.0000252921	Reported : 09/Aug/2024 05:05PM
Visit ID : CBELOPV489675	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30805	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.003		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

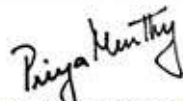
All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 13 of 16



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SIN No: UR2401485

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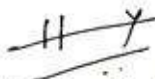
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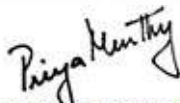
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DEPARTMENT OF CLINICAL PATHOLOGY

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



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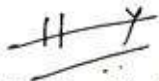
Patient Name : Mrs.LAVANYA	Collected : 09/Aug/2024 09:57AM
Age/Gender : 42 Y 6 M 0 D/F	Received : 09/Aug/2024 05:22PM
UHID/MR No : CBEL.0000252921	Reported : 09/Aug/2024 07:21PM
Visit ID : CBELOPV489675	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

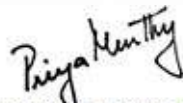
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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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



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SIN No: UF012016

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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.LAVANYA	Collected : 09/Aug/2024 03:09PM
Age/Gender : 42 Y 6 M 0 D/F	Received : 10/Aug/2024 11:53AM
UHID/MR No : CBEL.0000252921	Reported : 11/Aug/2024 11:40AM
Visit ID : CBELOPV489675	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30805	

DEPARTMENT OF CYTOLOGY

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	17742/24
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	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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

Page 16 of 16
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS084576

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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Address:
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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

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

10

Name : Mrs. Lavanya
Age: 42 Y
Sex: F
Address : bellandur
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

UHID:CBEL.0000252921



OP Number:CBEL0PV489675

Bill No :CBEL-OCR-133215

Date : 09.08.2024 09:53

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE R-3	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION R-9	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	SONO MAMOGRAPHY - SCREENING R-11	
18	HbA1c, GLYCATED HEMOGLOBIN	
19	X-RAY CHEST PA R-12	
20	ENT CONSULTATION	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	LIPID PROFILE	
24	BODY MASS INDEX (BMI)	
25	OPHTHAL BY GENERAL PHYSICIAN	
26	ULTRASOUND - WHOLE ABDOMEN R-11	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Ayurveda - 17
physio - 19
LBC Pap test done
on 9.8.2024

D/OB - 8/02/1982
Bp - 102/75 mmHg
PR - 89 b/m.
HT - 155 cm.
WT - 67.7 kg
BMI - 28.1



Apollo Clinic

Consent Form

Patient Name: Lavanya G.S. Age:

UHID Number: 252921 Company Name:

I Mr/Ms/Ms Lavanya Employee of Arcolene - medic wheel

(Company) want to inform you that I am not interested in getting Gynaecology consultations,
Test done which is a part of routine health check package. Diet consultations, Ent consultations
opthal screening, GP [fitness by General]

And I claim the above statement in my full consciousness.

Lavanya G.S.

NAME : MRS. LAVANYA

AGE: 42 YRS

SEX : FEMALE

DATE : 09.08.2024

ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER : Normal in size & echotexture. No focal lesion. No intra hepatic biliary duct dilatation. Portal & hepatic veins appear normal. PV: Normal. CBD: Normal.

GALL BLADDER : Minimally distended.

PANCREAS : Obscured by bowel gas. However the visualised parts of the pancreas appear grossly normal. Para – aortic area could not be seen due to bowel gas.

SPLEEN : Normal in size & echotexture. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY : 9.3 X 3.5 cms, LEFT KIDNEY : 9.3 X 4.9 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture. No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Normal in wall thickness and lumen are normal. Contents clear. No calculus seen.

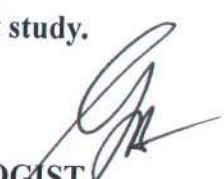
UTERUS : Anteverted. Normal in size and echotexture. Endometrial and myometrium appears normal. Endometrial thickness: 6 mm.
POD – clear.

OVARIES : Both ovaries are normal in size & echopattern. No obvious mass noted.

RIF / LIF: Gas filled bowel loops seen. No abnormal bowel distension or bowel wall thickening.

IMPRESSION : No sonologically detectable abnormality seen in the present study.

DR. RAMESH .G
CONSULTANT RADIOLOGIST



(The sonography finding should always be considered in correlation with the clinical and other investigation findings applicable). It is only a professional opinion . Not valid for medico-legal purpose) higher imaging techniques to be done, depending on the condition of the patient, if clinically needed.

NAME : MRS. LAVANYA

AGE : 42 YRS

SEX : FEMALE

DATE : 09.08.2024

BREAST SCAN

Scan of the bilateral breasts shows normal glandular tissue and fatty lobules.

Sub areolar areas is normal.

No focal solid / cystic lesion seen.

Retro mammary muscular planes are normally visualised.

No axillary lymph nodes seen.

IMPRESSION : - Normal Breast Scan



DR. RAMESH.G
CONSULTANT RADIOLOGIST

(The sonography finding should always be considered in correlation with the clinical and other investigation findings applicable). It is only a professional opinion. Not valid for medico-legal purpose) higher imaging techniques to be done, depending on the condition of the patient, if clinically needed.

Dental

9/8/24

Lovanya
H24F

9353788049

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

ECG

o/e

Regular
HC

Case 36

G.D

8/

M.H.

8/

Under asthma
medication
Since last 8*
years.

Scaling (full mouth) 3000/-

Removal of

8/

Follow up date:

Dr. Jay Krishna
Doctor Signature

NAME : MRS. Lavanya

AGE : 42 YRS

SEX : FEMALE

DATE : 09.08.2024

Chest Radiograph PA View

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

IMPRESSION: No obvious gross abnormality seen in the X-ray



DR. RAMESH . G
CONSULTANT RADIOLOGIST

ADVICE : Higher imaging techniques to be done, depending on the condition of the patient ,if clinically needed.

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

NAME : Mrs. LAVANYA

AGE : 42 YRS

SEX : FEMALE

DATE : 09.08.2024

ECHOCARDIOGRAPHY REPORT

MEASUREMENT

AO	- 20	(20 – 35)mm	LVID(d)	- 40	(36 - 52)mm	IVS	- 9	(06 - 11)mm
LA	- 18	(19- 40)mm	LVID s	- 29	(23- 39)mm	PWD	- 8	(06- 11)mm
EF	- 63	(>50%)						

VALVES

Mitral Valve	: Normal
Aortic Valve	: Normal
Tricuspid Valve	: Normal
Pulmonary Valve	: Normal

CHAMBERS

Left Atrium	: Normal
Right Atrium	: Normal
Left Ventricle	: Normal
Right Ventricle	: Normal

SEPTAE

IVS	: Intact
IAS	: Intact

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

GREAT ARTERIES

Aorta : Normal
Pulmonary Artery : Normal


DOPPLER DATA

Mitral E<A
Aortic wnl
Pulmonary wnl
E' Septal (TDI) wnl
E' Lateral (TDI) wnl

WALL MOTION ABNORMALITIES : No RWMA
Pericardium : Normal
Vegetation/Thrombus : No obvious vegetation seen
OTHER FINDINGS : None

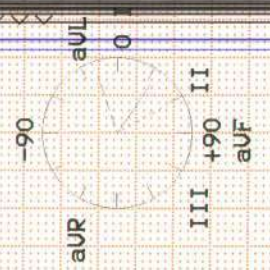
FINAL DIAGNOSIS

CARDIAC CHAMBERS AND VALVES ARE NORMAL
NO RWMA
NORMAL LV SYSTOLIC FUNCTION (LVEF 63 %)
NORMAL PAP (PASP – 12 mmHg)
NO VEGETATION/ CLOT/ EFFUSION
IVC NORMAL (15mm) COLLAPSING


Dr Manjunath Suresh Pandit
MBBS,MD,DM (CARDIOLOGY)
Consultant Interventional cardiologist

Measurement Results:

QRS : 86 ms
 QT/QTcB : 412 / 478 ms
 PR : 146 ms
 P : 112 ms
 RR/PP : 742 / 725 ms
 P/QRS/T : 60/ 35/ -20 degrees
 QTd/QTcBD : 78 / 91 ms
 Sokolow : 1.8 mV
 NK : 11



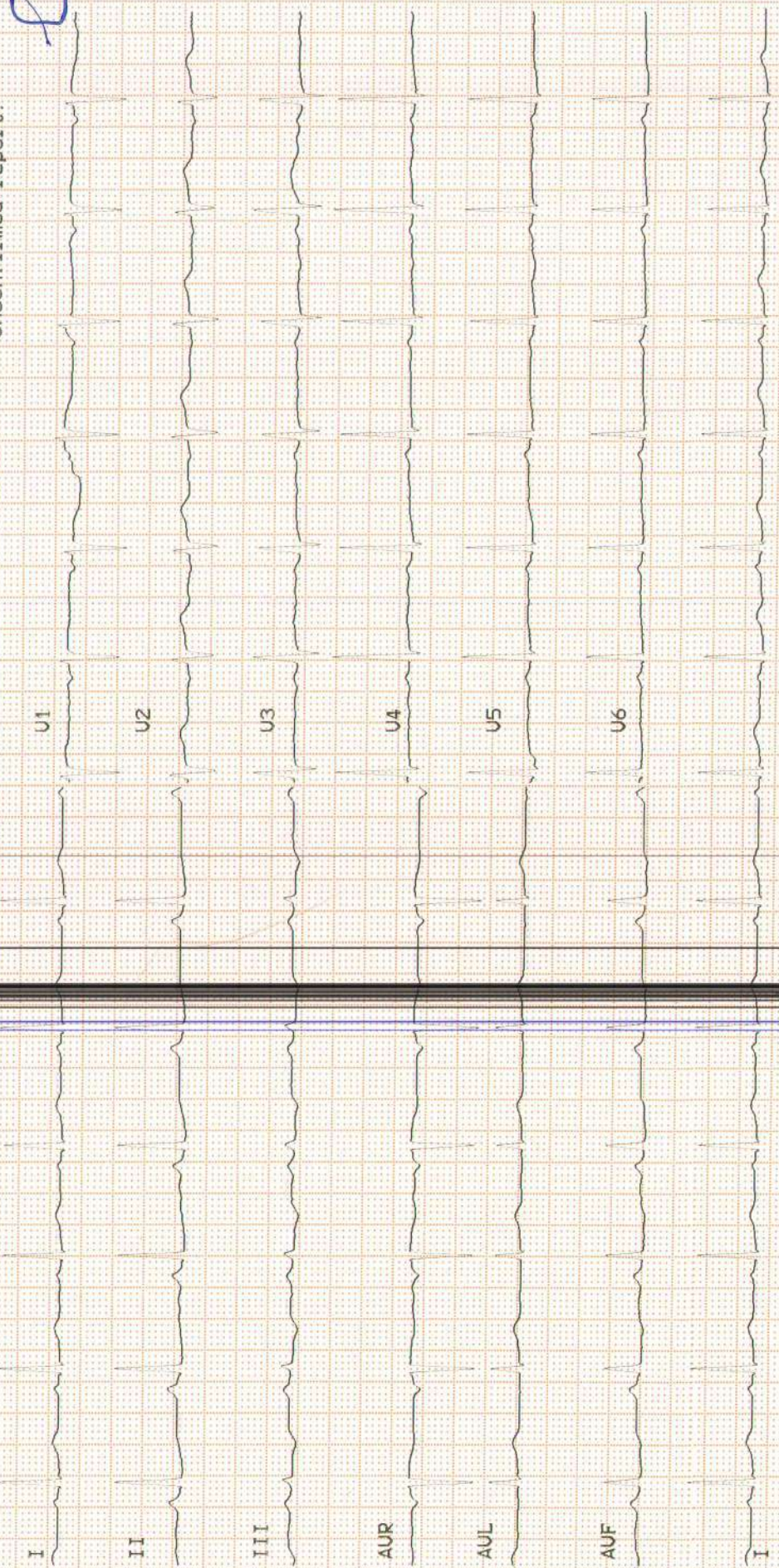
Interpretation:

T wave near baseline (anterior)
 prolonged QT
 borderline ECG

Sinus dysrhythmia

non specific T changes in inferior & anterior leads

Unconfirmed report.



Dr. Dhruva Raju

Mrs. Kavya A 24y 9/8/2024

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

General Examination / Allergies
History

AOU

Vit D
Vit B₁₂

Clinical Diagnosis & Management Plan

Follow up date:

APOLLO CLINIC
BEHIND YOUR
ONE FOLLOW UP WITH SAME DOCTOR
FREE WITH IN 7 DAYS.

Doctor Signature

Apollo Clinic, Bellandur

74/1, Bellandur Ring Road, Varthur, Bangalore East, Pin:560037

Phone: (080) 4022 2555

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BOOK YOUR APPOINTMENT TODAY!

Whatsapp Number : 970 100 3333

Toll Number : 1860 500 7788

Website : www.apolloclinic.com

Fwd: Health Check up Booking Confirmed Request(22SS30805),Package Code-PKG10000376, Beneficiary Code-299394
shivarudrappa H.S <shivaridrappahs@gmail.com>

Wed 8/7/2024 4:29 PM

To:Gauribidanur , Bengaluru Rural Region <VIGAUUR@bankofbaroda.com>

****सावधान: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में कहीं भी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.**
****CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS.**

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Wed, Aug 7, 2024, 2:05 PM

Subject: Health Check up Booking Confirmed Request(22SS30805),Package Code-PKG10000376, Beneficiary Code-299394

To: <shivaridrappahs@gmail.com>

Cc: <customer@mediwheel.in>

Dear **Shivarudrappa H S,**

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

Hospital Package Name : Mediwheel Full Body Annual Plus Check Advanced - Female

Patient Package Name : Mediwheel Full Body Health Checkup Ferralle Above 40

Name of Diagnostic/Hospital : Apollo Clinic - Bellandur

Address of Diagnostic/Hospital : Apollo Clinic, #74/1, Near Central mall, Bellandur ring road, Bellandur - 560103

011-41195959

City : Bangalore
State : Karnataka
Pincode : 560103
Appointment Date : 09-08-2024

Confirmation Status : Booking Confirmed
Preferred Time : 8:30am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Lavanya GS	42 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.

Thanks,
Mediwheel Team
Please Download Mediwheel App

Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 0619/12762/00685

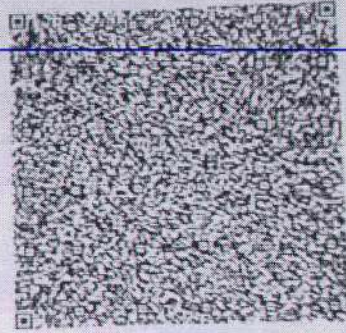
Download Date: 05/08/2020

To
ಜೆ ಎಸ್ ಲಾವಣ್ಯ
G S Lavanya
W/O: Shivarudrappa H S
Manchenahalli ho
Gowdagere
Gowdagere
Chikkaballapur Karnataka - 561211
9449678475

Issue Date: 20/06/2020

Signature valid

Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA
Date: 2020.06.11 11:20
IST



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3468 2182 6251

VID : 9117 6700 3051 5417

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Download Date: 05/08/2020



ಜೆ ಎಸ್ ಲಾವಣ್ಯ
G S Lavanya
ಜನ್ಮ ದಿನಾಂಕ/DOB: 08/02/1982
ಪ್ರ / FEMALE

Issue Date: 20/06/2020



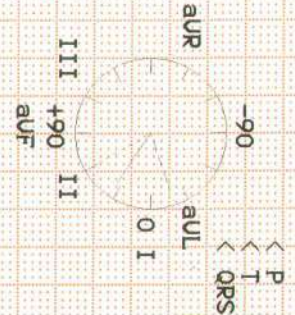
ವಿಳಾಸ:
W/O: S
ಗೌಡಗರೆ,
ಕರ್ನಾಟಕ
Address
W/O: S
Gowda
Karnat

- ಆಧಾರ್ ಗುರುತು
- ಸುರಕ್ಷಿತ ಮತ್ತು ಅಭಿಮತ ಗುರುತು
- ಎಲೆಕ್ಟ್ರಾನಿಕ್ ಪ್ರಮಾಣೀಕರಣ
- Aadhaar
- Verify id
- Authentic
- This is el

- ಆಧಾರ್
- ಸುರಕ್ಷಿತ ಮತ್ತು ಅಭಿಮತ ಗುರುತು
- ಎಲೆಕ್ಟ್ರಾನಿಕ್ ಪ್ರಮಾಣೀಕರಣ
- Aadhaar
- Verify id
- Authentic
- This is el

Measurement Results:

QRS	86 ms
QT/QTcB	412 / 478 ms
PR	146 ms
P	112 ms
RR/PP	742 / 725 ms
P/QRS/T	60 / 35 / -20 degrees
QTd/QTcBD	78 / 91 ms
Sokolow	1.8 mV
NK	11



Interpretation:

~~I-wave near baseline (anterior)~~
~~prolonged QT~~
~~borderline ECG~~

Swiss King
non specific T changes in inferior & leads

Unconfirmed report.

[Signature]

