

Patient Name	: Mrs.LAVANYA P	Collected	: 04/Oct/2024 09:15AM
Age/Gender	: 39 Y 3 M 19 D/F	Received	: 04/Oct/2024 12:38PM
UHID/MR No	: CANN.0000241989	Reported	: 04/Oct/2024 01:52PM
Visit ID	: CANNOPV425861	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: PMC-36E2111		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Microcytic hypochromic RBC's admixed with 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
NOTE/COMMENT	: Please correlate clinically.



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

SIN No:CAG241000694

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

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.6	g/dL	12-15	Spectrophotometer
PCV	37.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.92	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	76.3	fL	83-101	Calculated
MCH	25.7	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.1	%	40-80	Electrical Impedance
LYMPHOCYTES	35.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.6	%	1-6	Electrical Impedance
MONOCYTES	8.9	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3386.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2288	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	234	Cells/cu.mm	20-500	Calculated
MONOCYTES	578.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	13	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.48		0.78- 3.53	Calculated
PLATELET COUNT	243000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Microcytic hypochromic RBC's admixed with predominantly normocytic normochromic

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DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

RBC's noted.

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PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen

NOTE/COMMENT : Please correlate clinically.



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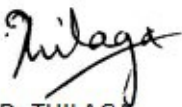
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DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			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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UHID/MR No : CANN.0000241989	Reported : 04/Oct/2024 02:18PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	118	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	92	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	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE	11	U/L	<50	UV with P5P

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M.D.(Biochemistry)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

(ALT/SGPT) , SERUM

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL , SERUM	0.37	mg/dL	0.3–1.2	DPD



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN/CREATININE RATIO , SERUM				
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.65	mg/dL	0.72 – 1.18	JAFFE METHOD
BUN / CREATININE RATIO	12.94			Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE , SERUM	0.65	mg/dL	0.72 – 1.18	JAFFE METHOD



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	AMBER		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.027		1.002-1.030	Bromothymol Blue
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	POSITIVE++		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	10	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	PRESENT	/hpf	Occasional-Few	Microscopy

CALCIUM OXALATE CRYSTALS PRESENT.

Result is rechecked. Kindly correlate clinically.

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.



Dr. MARQUESS RAJ
M.D, DipRCPATH, D.N.B (PATH)
Consultant Pathologist

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APOLLO CLINICS NETWORK

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



Patient Name	: Mrs.LAVANYA P	Collected	: 04/Oct/2024 09:15AM
Age/Gender	: 39 Y 3 M 19 D/F	Received	: 04/Oct/2024 02:27PM
UHID/MR No	: CANN.0000241989	Reported	: 04/Oct/2024 03:44PM
Visit ID	: CANNOPV425861	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: PMC-36E2111		

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

*** End Of Report ***



Dr.MARQUESS RAJ
M.D,DipRCPath,D.N.B(PATH)
Consultant Pathologist

SIN No:CAG241000692

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

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

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



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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr. MARQUESS RAJ
M.D, DipRCPATH, D.N.B (PATH)
Consultant Pathologist

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

Patient Name	: Mrs. LAVANYA P	Age	: 39Yrs 3Mths 21Days
UHID	: CANN.0000241989	OP Visit No.	: CANNOPV425861
Printed On	: 04-10-2024 02:52 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: PMC-36E2111		

DEPARTMENT OF RADIOLOGY

X- RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

*NO SIGNIFICANT ABNORMALITY DETECTED.

---End Of The Report---

Dr.NIVETHA K
MBBS, MD, DNB
119321
Radiology

Patient Name	: Mrs. LAVANYA P	Age	: 39Yrs 3Mths 21Days
UHID	: CANN.0000241989	OP Visit No.	: CANNOPV425861
Printed On	: 04-10-2024 09:07 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: PMC-36E2111		

DEPARTMENT OF CARDIOLOGY

Observation :-

- 1. Sinus Rhythm.**
- 2. Heart rate is 75 beats per minutes.**

Impression:

NORMAL RESTING ECG.

---End Of The Report---

Dr. ARULNITHI AYYANATHAN
MBBS., MRCP, AB, MBA
63907
Cardiology

CANR-24/1983
OCR-107164

இந்திய அரசாங்கம்
Government of India

ஆதார் என்பது அடையாளத்திற்கான என்றாகும் குடியுரிமை, அல்லது பிறந்த தேதிக்கான என்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல் ஆகியவை XMI.)
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

9065 2370 5089

எனது ஆதார், எனது அடையாளம்

Aadhaar no. issued: 10/02/2017



லாவண்யா P
Lavanya P
பிறந்த நாள்/DOB: 15/06/1985
பெண்/ FEMALE

P. Lavanya
4/10/24

Female

04.10.2024 8:57:37 AM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

75 bpm
-- / -- mmHg

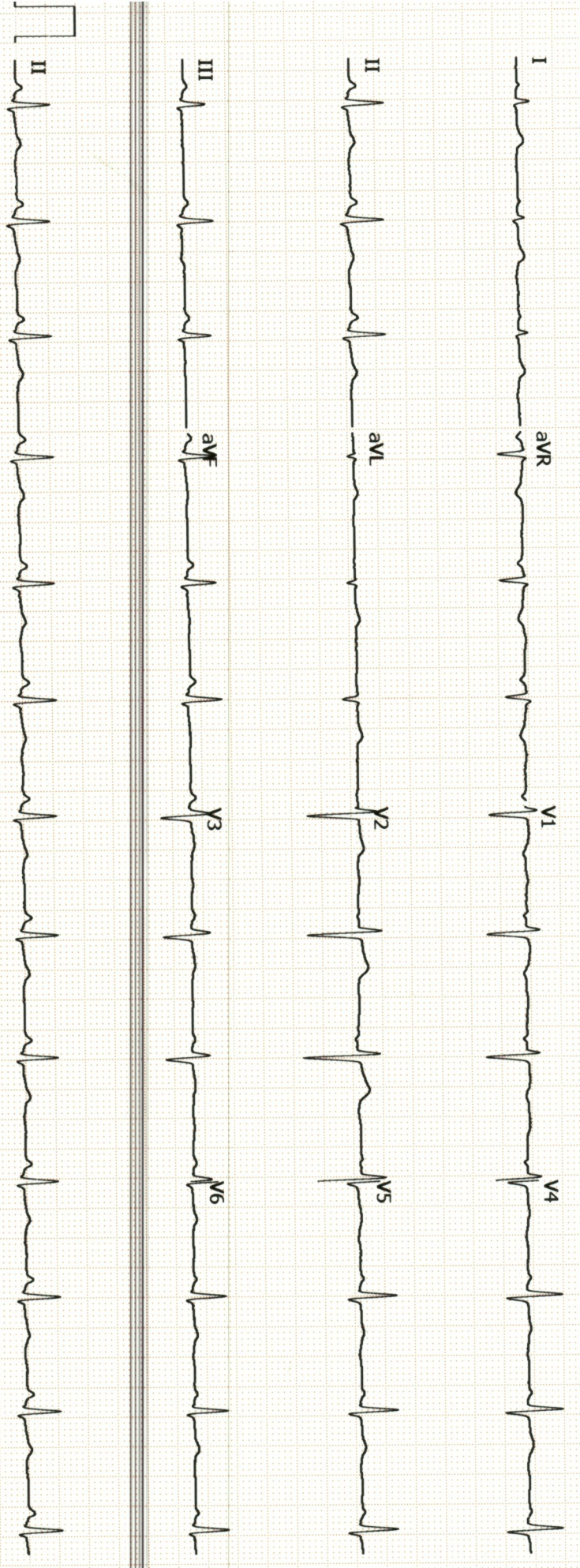
Technician:

Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcBaz : 374 / 417 ms
PR : 132 ms
P : 106 ms
RR / PP : 794 / 800 ms
P / QRS / T : 75 / 75 / 35 degrees

NR

Qx



Qx

Unconfirmed

Fwd: Health Check up Booking Confirmed Request(36E2111),Package Code-PKG10000488, Beneficiary Code-320890

From Lavanya P <lavanyameghna1@gmail.com>
Date Fri 10/4/2024 8:04 AM
To Annanagar Apolloclinic <annanagar@apolloclinic.com>

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

From: **Mediwheel** <wellness@mediwheel.in>
Date: Thu, Sep 26, 2024, 3:40 PM
Subject: Health Check up Booking Confirmed Request(36E2111),Package Code-PKG10000488, Beneficiary Code-320890
To: <lavanyameghna1@gmail.com>
Cc: <customercare@mediwheel.in>

011-41195959

Dear **Lavanya P**,

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

Hospital Package Name : Pre-employment Health Checkup H
Name of Diagnostic/Hospital : Apollo Clinic - Anna Nagar
Address of Diagnostic/Hospital- : 30, F- Block, 2nd Avenue, Anna Nagar East, Chennai - 600012
City : Chennai
State : Tamil Nadu
Pincode : 600012
Appointment Date : 04-10-2024
Confirmation Status : Booking Confirmed
Preferred Time : 08:30 AM - 09:00 AM
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Lavanya P	39 year	Male

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

You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our [Terms & Conditions](#) for more informaion. [Click here](#) to unsubscribe.

Name: Lavanya P
 Occupation:
 Age: 34y Sex: Male Female
 Address:
 Ph:

Date: 11/10/24 Reg. No.: 241989
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History: Existing glass user past 7 years

Present Complaint: Uncomfortable with present glass
with glass RE 6/16

ON EXAMINATION:

	RE	LE
Ocular Movements :		
Anterior Segment :	<u>Free</u>	<u>Free</u>
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		<u>N</u>
Without Glass :	<u>N</u>	
With Glass :		<u>6/18^P</u>
N.V. :	<u>6/18^P</u>	
Visual Fields :		
Fundus :	<u>N6</u>	<u>N6</u>
Impression :		<u>Free</u>
Advice :	<u>Free</u>	<u>N</u>
Colour Vision :	<u>N</u>	

OPHTHALMOLOGY / OPTOMETRIST
[Signature]

