

Patient Name : Mrs.MRS MAHIMA	Collected : 28/Sep/2024 09:06AM
Age/Gender : 36 Y 6 M 26 D/F	Received : 28/Sep/2024 12:40PM
UHID/MR No : RKOR.0000047529	Reported : 28/Sep/2024 03:54PM
Visit ID : CHSROPV334692	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32691	

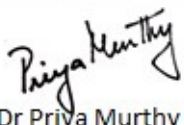
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.1</b>	g/dL	12-15	Spectrophotometer
PCV	<b>31.10</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.59	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>67.9</b>	fL	83-101	Calculated
MCH	<b>22</b>	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	<b>17.7</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,300	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	67.6	%	40-80	Electrical Impedance
LYMPHOCYTES	23.4	%	20-40	Electrical Impedance
EOSINOPHILS	<b>0.9</b>	%	1-6	Electrical Impedance
MONOCYTES	7.9	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4934.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1708.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	65.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	576.7	Cells/cu.mm	200-1000	Calculated
BASOPHILS	14.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.89		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	361000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>41</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs: Show mild anisopoikilocytosis with Microcytic hypochromic RBCs. Tear drop cells, microcytes and pencil cells seen

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



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



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**DEPARTMENT OF HAEMATOLOGY**

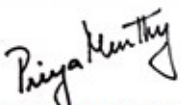
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PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA**

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



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

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



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AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mrs.MRS MAHIMA	Collected : 28/Sep/2024 12:27PM
Age/Gender : 36 Y 6 M 26 D/F	Received : 28/Sep/2024 05:30PM
UHID/MR No : RKOR.0000047529	Reported : 28/Sep/2024 06:29PM
Visit ID : CHSROPV334692	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	92	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)	95	mg/dL	70-140	HEXOKINASE

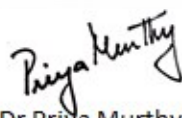
Comment:

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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Patient Name : Mrs.MRS MAHIMA	Collected : 28/Sep/2024 09:06AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	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.

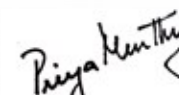
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

  
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 SIN No: HSR240903795

**Apollo Health and Lifestyle Limited** (CIN - U06110TC2800PH615849)  
 This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory  
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 Karnataka - 560034

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Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32691	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	187	mg/dL	<200	CHO-POD
TRIGLYCERIDES	100	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>147</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>127.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.68		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.04		<0.11	Calculated


**Comment:**

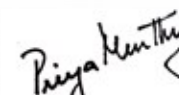
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE  
SIN No:HSR240903791

**Apollo Health and Lifestyle Limited** (CIN - U061107C2800PH6115839)  
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory  
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.37	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	90.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		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's diseases, Cirrhosis, but the increase is usually not >2.


2. Cholestatic Pattern:

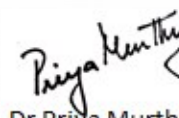
\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

\*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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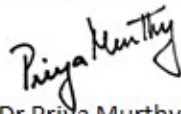
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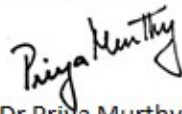
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.60	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	12.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.45	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.25	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	8.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated



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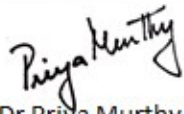
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**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	17.00	U/L	<38	IFCC



**Dr.Govinda Raju N L**  
MSc,PhD(Biochemistry)  
Consultant Biochemistry



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



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SIN No: HSR240903791

**Apollo Health and Lifestyle Limited**

(CIN - U061107C2800PHG115819)  
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory,  
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:  
32-3/100/125, Doddabangla Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034

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

Patient Name : Mrs.MRS MAHIMA	Collected : 28/Sep/2024 09:06AM
Age/Gender : 36 Y 6 M 26 D/F	Received : 28/Sep/2024 01:12PM
UHID/MR No : RKOR.0000047529	Reported : 28/Sep/2024 02:34PM
Visit ID : CHSROPV334692	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32691	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.4	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.678</b>	µIU/mL	0.34-5.60	CLIA

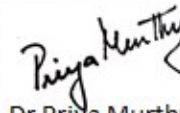
Comment:

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

- 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

  
**Dr. Govinda Raju N L**  
 MSc, PhD (Biochemistry)  
 Consultant Biochemistry

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



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 SIN No: HSR240903798

**Apollo Health and Lifestyle Limited** (CIN: U061107C2000PH6115849)  
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 1860 500 7788  
 www.apolloclinic.com



Patient Name : Mrs.MRS MAHIMA	Collected : 28/Sep/2024 09:06AM
Age/Gender : 36 Y 6 M 26 D/F	Received : 28/Sep/2024 01:12PM
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Emp/Auth/TPA ID : 22E32691	

**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--

*Govinda Raju*  
**Dr.Govinda Raju N L**  
 MSc,PhD(Biochemistry)  
 Consultant Biochemistry

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



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

Patient Name : Mrs.MRS MAHIMA	Collected : 28/Sep/2024 09:06AM
Age/Gender : 36 Y 6 M 26 D/F	Received : 28/Sep/2024 02:15PM
UHID/MR No : RKOR.0000047529	Reported : 28/Sep/2024 02:57PM
Visit ID : CHSROPV334692	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32691	

DEPARTMENT OF CLINICAL PATHOLOGY


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


Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.003		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	2	/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.

  
**Dr. Harshitha Y**  
 M.B.B.S., M.D (Pathology)  
 Consultant Pathologist

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



Patient Name : Mrs.MRS MAHIMA	Collected : 28/Sep/2024 09:06AM
Age/Gender : 36 Y 6 M 26 D/F	Received : 28/Sep/2024 02:15PM
UHID/MR No : RKOR.0000047529	Reported : 28/Sep/2024 03:05PM
Visit ID : CHSROPV334692	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32691	

DEPARTMENT OF CLINICAL PATHOLOGY

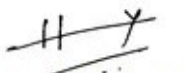
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324


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

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

Result/s to Follow:

GLUCOSE (POST PRANDIAL) - URINE, PERIPHERAL SMEAR, LBC PAP SMEAR

  
**Dr. Harshitha Y**  
 M.B.B.S, M.D (Pathology)  
 Consultant Pathologist

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





Patient Name : Mrs.MRS MAHIMA  
Age/Gender : 36 Y 6 M 26 D/F  
UHID/MR No : RKOR.0000047529  
Visit ID : CHSROPV334692  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E32691

Collected : 28/Sep/2024 09:06AM  
Received : 28/Sep/2024 02:15PM  
Reported : 28/Sep/2024 03:05PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### 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.

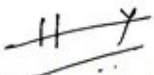
Laboratories not be responsible for any interpretation whatsoever.

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.

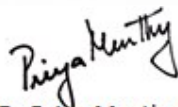
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

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. Harshitha Y**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



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



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SIN No: HSR240903792

**Apollo Health and Lifestyle Limited**, Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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 **1860 500 7788**  
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Patient Name	: Mrs. MRS MAHIMA	Age	: 36Yrs 6Mths 27Days
UHID	: RKOR.0000047529	OP Visit No.	: CHSROPV334692
Printed On	: 28-09-2024 04:50 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E32691		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND OF ABDOMEN & PELVIS

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

**GALL BLADDER** : Minimally distended. No intraluminal calculi seen. Wall thickness is normal.

**PANCREAS** : Obscured by bowel gas. However the visualized parts of the pancreas appear grossly normal. Para-Aortic areas could not be seen.

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

**KIDNEYS** : 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: 6mm.

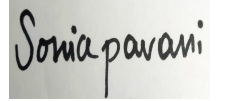
POD – clear.

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

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

( The sonography findings should always be considered in correlation with the clinical and other investigation findings where 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.

---End Of The Report---



Sonia pavani

Dr.M SONIA PAVANI  
MBBS, M.D (Radio-Diagnosis)  
ANP20160002416KTK  
Radiology

---



Patient Name	: Mrs. MRS MAHIMA	Age	: 36Yrs 6Mths 28Days
UHID	: RKOR.0000047529	OP Visit No.	: CHSROPV334692
Printed On	: 29-09-2024 07:01 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E32691		

## DEPARTMENT OF CARDIOLOGY

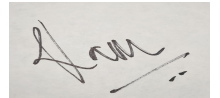
Observation :-

1. Sinus Rhythm.
2. Heart rate is 86 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

**Impression:**

NORMAL RESTING ECG.

---End Of The Report---



Dr.RAMNARESH SOUDRI  
MBBS, MD (General Medicine), DM Cardiology  
81603  
Cardiology

Patient Name	: Mrs. MRS MAHIMA	Age	: 36Yrs 6Mths 28Days
UHID	: RKOR.0000047529	OP Visit No.	: CHSROPV334692
Printed On	: 29-09-2024 04:42 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E32691		

## DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA VIEW

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .


Thoracic wall and soft tissues appear normal.

#### CONCLUSION :

**No obvious abnormality seen**

For clinical correlation.

---End Of The Report---



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