


| | |
|----------------------------------|--|
| Patient Name : Mrs.KANEEZ FATIMA | Collected : 20/Jan/2024 09:47AM |
| Age/Gender : 25 Y 7 M 5 D/F | Received : 20/Jan/2024 12:06PM |
| UHID/MR No : CCHA.0000175774 | Reported : 20/Jan/2024 02:08PM |
| Visit ID : CCHAOPV320542 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 332885 | |

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 12.4 | g/dL | 12-15 | Spectrophotometer |
| PCV | 35.90 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.49 | Million/cu.mm | 3.8-4.8 | Electrical Impedence |
| MCV | 79.9 | fL | 83-101 | Calculated |
| MCH | 27.6 | pg | 27-32 | Calculated |
| MCHC | 34.6 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 15.7 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 7,310 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 60.5 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 28.9 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 3 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 7.2 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.4 | % | 0-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4422.55 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2112.59 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 219.3 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 526.32 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 29.24 | Cells/cu.mm | 0-100 | Calculated |
| PLATELET COUNT | 321000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 2 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |
| RBC NORMOCYTIC NORMOCHROMIC | | | | |
| WBC WITHIN NORMAL LIMITS | | | | |
| PLATELETS ARE ADEQUATE ON SMEAR | | | | |


 Dr.KASULA SIDDARTHA
 M.B.B.S,DNB(Pathology)
 Consultant Pathologist

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SIN No:BED240014307


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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE


Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

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

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


Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist



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| Patient Name : Mrs.KANEEZ FATIMA | Collected : 20/Jan/2024 01:11PM |
| Age/Gender : 25 Y 7 M 5 D/F | Received : 20/Jan/2024 04:38PM |
| UHID/MR No : CCHA.0000175774 | Reported : 20/Jan/2024 05:24PM |
| Visit ID : CCHAOPV320542 | Status : Final Report |
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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. Range | Method |
|-------------------------------|--------|-------|-----------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 90 | mg/dL | 70-100 | GOD - POD |

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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ 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) | 114 | mg/dL | 70-140 | HEXOKINASE |

Comment:

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

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



Dr.E.Maruthi Prasad
Msc,PhD(Biochemistry)
Consultant Biochemist

SIN No:PLP1410184

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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. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.7 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 117 | 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)



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:EDT240006043

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DEPARTMENT OF BIOCHEMISTRY

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

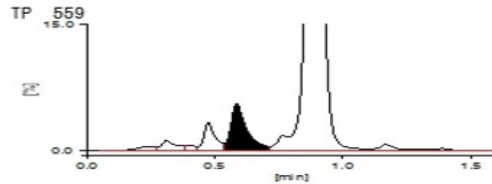
Chromatogram Report

HLC72368 V5.28 1 2024-01-20 13:11:14
 ID EDT240006043
 Sample No. 01200090 SL 0005 - 06
 Patient ID
 Name
 Comment

| CALIB Name | % | Time | Area |
|------------|------|------|---------|
| A1A | 0.5 | 0.25 | 8.19 |
| A1B | 0.9 | 0.31 | 16.50 |
| F | 0.3 | 0.40 | 5.18 |
| LA1C+ | 1.9 | 0.47 | 33.25 |
| SA1C | 5.7 | 0.59 | 79.90 |
| AO | 92.3 | 0.88 | 1644.62 |
| H-V0 | | | |
| H-V1 | | | |
| H-V2 | | | |

Total Area 1787.64

HbA1c 5.7 % **IFCC 39 mmol/mol**
 HbA1 7.1 % HbF 0.3 %



20-01-2024 13:11:14 APOLLO

1 / 1

APOLLO DIAGNOSTICS GLOBAL
BALANAGER



Dr. RAJESH BATTINA
 PhD.(Biochemistry)
 Consultant Biochemist

SIN No:EDT240006043

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Dr. RAJESH BATTINA
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 162 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 83 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 57 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 105 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 88.4 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 16.6 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 2.84 | | 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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Consultant Biochemist

SIN No:SE04605092

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DEPARTMENT OF BIOCHEMISTRY

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



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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.94 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.16 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.78 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 17 | U/L | <35 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 13.0 | U/L | <35 | IFCC |
| ALKALINE PHOSPHATASE | 85.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.06 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.94 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.12 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 2.33 | | 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.
- 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:



Dr. RAJESH BATTINA
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Consultant Biochemist

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



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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 | 0.65 | mg/dL | 0.66 - 1.09 | Modified Jaffe, Kinetic |
| UREA | 21.20 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 9.9 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.72 | mg/dL | 2.6-6.0 | Uricase PAP |
| CALCIUM | 9.91 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.85 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 139 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.3 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 104 | mmol/L | 101-109 | ISE (Indirect) |



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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. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 20.00 | U/L | <38 | IFCC |



Dr.E.Maruthi Prasad
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DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.21 | ng/mL | 0.87-1.78 | CLIA |
| THYROXINE (T4, TOTAL) | 8.78 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 3.808 | µIU/mL | 0.38-5.33 | CLIA |

Comment:

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

- 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. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:SPL24009403

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

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| | | | |
|-----------------|---------------------|--------------|-------------------------------|
| Patient Name | : Mrs.KANEEZ FATIMA | Collected | : 20/Jan/2024 09:47AM |
| Age/Gender | : 25 Y 7 M 5 D/F | Received | : 20/Jan/2024 12:38PM |
| UHID/MR No | : CCHA.0000175774 | Reported | : 20/Jan/2024 01:58PM |
| Visit ID | : CCHAOPV320542 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 332885 | | |

DEPARTMENT OF IMMUNOLOGY

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



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:SPL24009403

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

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| | |
|----------------------------------|--|
| Patient Name : Mrs.KANEEZ FATIMA | Collected : 20/Jan/2024 09:47AM |
| Age/Gender : 25 Y 7 M 5 D/F | Received : 20/Jan/2024 02:09PM |
| UHID/MR No : CCHA.0000175774 | Reported : 20/Jan/2024 04:21PM |
| Visit ID : CCHAOPV320542 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 332885 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | HAZY | | CLEAR | Visual |
| pH | 5.5 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.025 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GOD - POD |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | EHRlich |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | POSITIVE +++ | | NEGATIVE | PYRROLE HYDROLYSIS |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 20-25 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 3-4 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |


 Dr.KASULA SIDDARTHA
 M.B.B.S,DNB(Pathology)
 Consultant Pathologist

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SIN No:UR2265484

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

| | |
|----------------------------------|--|
| Patient Name : Mrs.KANEEZ FATIMA | Collected : 20/Jan/2024 01:11PM |
| Age/Gender : 25 Y 7 M 5 D/F | Received : 20/Jan/2024 04:36PM |
| UHID/MR No : CCHA.0000175774 | Reported : 20/Jan/2024 07:01PM |
| Visit ID : CCHAOPV320542 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 332885 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UPP016245

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



| | |
|----------------------------------|--|
| Patient Name : Mrs.KANEEZ FATIMA | Collected : 20/Jan/2024 09:47AM |
| Age/Gender : 25 Y 7 M 5 D/F | Received : 20/Jan/2024 02:07PM |
| UHID/MR No : CCHA.0000175774 | Reported : 20/Jan/2024 06:17PM |
| Visit ID : CCHAOPV320542 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 332885 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

Result/s to Follow:

PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)



Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

SIN No:UF010245

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

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Patient Name : Mrs. Kaneez Fatima

Age/Gender : 25 Y/F

UHID/MR No. : CCHA.0000175774

OP Visit No : CCHAOPV320542

Sample Collected on :

Reported on : 20-01-2024 19:16

LRN# : RAD2212611

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 332885

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

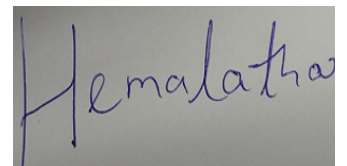
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. G HEMALATHA
MBBS,DNB
Radiology

| | | | |
|----------------------------|----------------------|--------------------|--------------------|
| Patient Name | : Mrs. Kaneez Fatima | Age/Gender | : 25 Y/F |
| UHID/MR No. | : CCHA.0000175774 | OP Visit No | : CCHAOPV320542 |
| Sample Collected on | : | Reported on | : 20-01-2024 16:08 |
| LRN# | : RAD2212611 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 332885 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size .**Increased Echogenicity**. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.**Liver measures : 13 cm .**

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.
Spleen measures : 10 cm .

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No hydronephrosis seen on either side.
Right kidney measures : 97 x 45 mm . , Left kidney measures : 110 x 40 mm .
Calculus seen in Right kidney it measures : 4 mm . Left kidney normal .

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size. It shows normal shape & echo pattern.Endometrial echo-complex appears normal and **measures 8 mm**.No intra/extra uterine gestational sac seen. **Uterus measures : 70 x 25 x 32 mm .**

Both ovaries appear normal in size, shape and echotexture.
Right ovary measures : 24 x 14 mm . , Left ovary measures : 27 x 16 mm .
No evidence of any adnexal pathology noted.

IMPRESSION:-

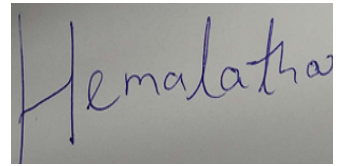
1 . GRADE - I FATTY LIVER .

Patient Name : Mrs. Kaneez Fatima

Age/Gender : 25 Y/F

2 . NON OBSTRUCTIVE RIGHT RENAL CALCULUS .

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. G HEMALATHA
MBBS,DNB
Radiology

| | | | |
|--------------|----------------------|----------------|--------------------|
| Patient Name | : Mrs. Kaneez Fatima | Age | : 25 Y/F |
| UHID | : CCHA.0000175774 | OP Visit No | : CCHAOPV320542 |
| Reported By: | : Dr. A RAVINDRA | Conducted Date | : 20-01-2024 19:12 |
| Referred By | : SELF | | |

ECG REPORT

Observation :-

1. Sinus Tachycardia.
2. Heart rate is 109beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

SINUS TACHYCARDIA,

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



Dr. A RAVINDRA

Patient Name : Mrs. Kaneez Fatima Age : 25 Y/F
UHID : CCHA.0000175774 OP Visit No : CCHAOPV320542
Conducted By: : Dr. A RAVINDRA Conducted Date : 20-01-2024 15:32
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.7 CM
LA (es) 2.5 CM
LVID (ed) 4.2 CM
LVID (es) 3.0 CM
IVS (Ed) 0.9 CM
LVPW (Ed) 0.9 CM
EF 65.00%
%FD 32.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NO EFFUSION

LEFT VENTRICLE:-NO RWMA

| | | | |
|---------------|----------------------|----------------|--------------------|
| Patient Name | : Mrs. Kaneez Fatima | Age | : 25 Y/F |
| UHID | : CCHA.0000175774 | OP Visit No | : CCHAOPV320542 |
| Conducted By: | : Dr. A RAVINDRA | Conducted Date | : 20-01-2024 15:32 |
| Referred By | : SELF | | |

COLOUR AND DOPPLER STUDIES:NO MR/TR/AR/PR,

PWD: A<E AT MITRAL INFLOW

E/A-E: 0.9m/sec A: 0.8m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO
1.1m/sec

VELOCITY ACROSS THE AV UPTO 1.1m/sec

IMPRESSION:

NORMAL CHAMBERS,

NO RWMA,

GOOD LV FUNCTION,

NO MR/TR/ AR/PR,



Dr. A
RAVINDRA

Patient Name : Mrs. Kaneez Fatima
UHID : CCHA.0000175774
Conducted By: : Dr. A RAVINDRA
Referred By : SELF

Age : 25 Y/F
OP Visit No : CCHAOPV320542
Conducted Date : 20-01-2024 15:32

NO PE/NO CLOT/VEGS.