

: Miss, Anusha D V

Age: 35 Y

Sex: F

Address: Bangalore

Plan

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:CINR.0000161881



OP Number: CINROPV217108

Bill No :CINR-OCR-93220 Date : 26.01.2024 09:40

Sno S	Secretary Control of the Secretary Control of	
	erive Type/ServiceName	Department
1 A	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2	2D ECHO - PAN INDIA - FY2324
9 لمر	SAMMA GLUTAMYL TRANFERASE (GGT)	
	DECHO - 9 after Main	
	IVER FUNCTION TEST (LFT)	
#G	LUCOSE, FASTING	
75 H	IEMOGRAM + PERIPHERAL SMEAR	
6 G	SYNAECOLOGY CONSULTATION -3 allia Ilam	
7 D	NET CONSULTATION	
_8 C	OMPLETE URINE EXAMINATION	
90	RINE GLUCOSE(POST PRANDIAL)	
10 P	ERIPHERAL SMEAR	*
ત્1 E	<u>co</u> - 6	
12 L	BC PAP TEST- PAPSURE - 3 after 11 am	
13 R	ENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
	ENTAL CONSULTATION —	
15 G	LUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
<u> 19</u> 11	RINE GLUCOSE(FASTING)	
	ÞAtc, GLYCATED HEMOGLOBIN	
18 X	-RAY CHEST PA — LO	
19 E	NT CONSULTATION	
20 FI	TNESS BY GENERAL PHYSICIAN	
<u>21 Bi</u>	LOOD GROUP ABO AND RH FACTOR	
22 <u>L</u> I	PID PROFILE	
	OBY MASS INDEX (BMI) - 6	
	PTHAL BY GENERAL PHYSICIAN	
	LTRASOUND - WHOLE ABDOMEN — 3	
.26 TI	TYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	



Mes Annsha DV 35471² 161881

08. Prathere CNI MBBS MS wi?

Height :	Weig	jht :	вмі:	Waist Circum :
Temp:	Puls	e:	Resp:	B.P :
General Examination / History	Allergies	Clinical Diagnos	is & Management Plan	for tox 7 ch chap
		0/1-		us - Tre Infact
			Hosa	
		Sup	Chon cally.	this notice, thouse
Dr. Robit W	lamer.	\	ation her	
MBBS, MS, DAI M 27/1/24.	BRM 30 Dick	, CV &). Review -	with report.	Dr. Plantes A. C.
Thyronom	sine 10 ym	-) clo pe (AB) c	sistant = gastribis - gastorio do	- 15 year (GERD) Denhan)
I - ClbAic:		ー) / ー	Continue thy	venerm.
TSH:	2.8-	Follow up date:	ndid pend	Doctor Signature relative
Apollo Clinic, Indirana #2012, 1st Floor, 100 Feet Phone: (080) 2521 4614/1 Follow us Apollo Clinic India	: Road, HALIX	5 Q	gar-560038 a lap. Viberelt 1-0-0	Nook Your APPOINTMENT TODAY! Whatsapp Number: 970 100 3333 Toll Number: 1860,500 7788 Website: www.apolloclinic.com AF



Date

26-01-2024

Department

: GENERAL

MR NO

CINR.0000161881

Doctor

Name

Miss, Anusha D V

Registration No

Age/ Gender

35 Y / Female Qualification

Consultation Timing: 09:39

165. __ Height:

Weight: Pulse:

BMI: 26.55-14/12 Resp: 1862

Waist Circum : 🧘⊘ B.P: 110

General Examination / Allergies

History

Temp: 98-6

Clinical Diagnosis & Management Plan

359m, Rlycles, Comp-Jau16/ Sindractive. Sindractive. Spring + Mychice + Not done PA- Floco (M)

Adv Nt D3 anag nitamai scaleig Rb MEFTAL S PAS M N sfood 2days

Follow up date:

Doctor Signature

Follow us // Apollo Clinic India // Apollo Clinics

Toll Number Website

: 1860 500 7788 : www.apolloclinic.com

OPTHAL PRESCRIPTION

PATIENT NAME : 1	mill	Aunstra b	DATE:	26/1/	24
	•	· •			

UHIDNO: 161881

OPTOMETRIST NAME: Ms.Swathi

This is to certify that I have examined

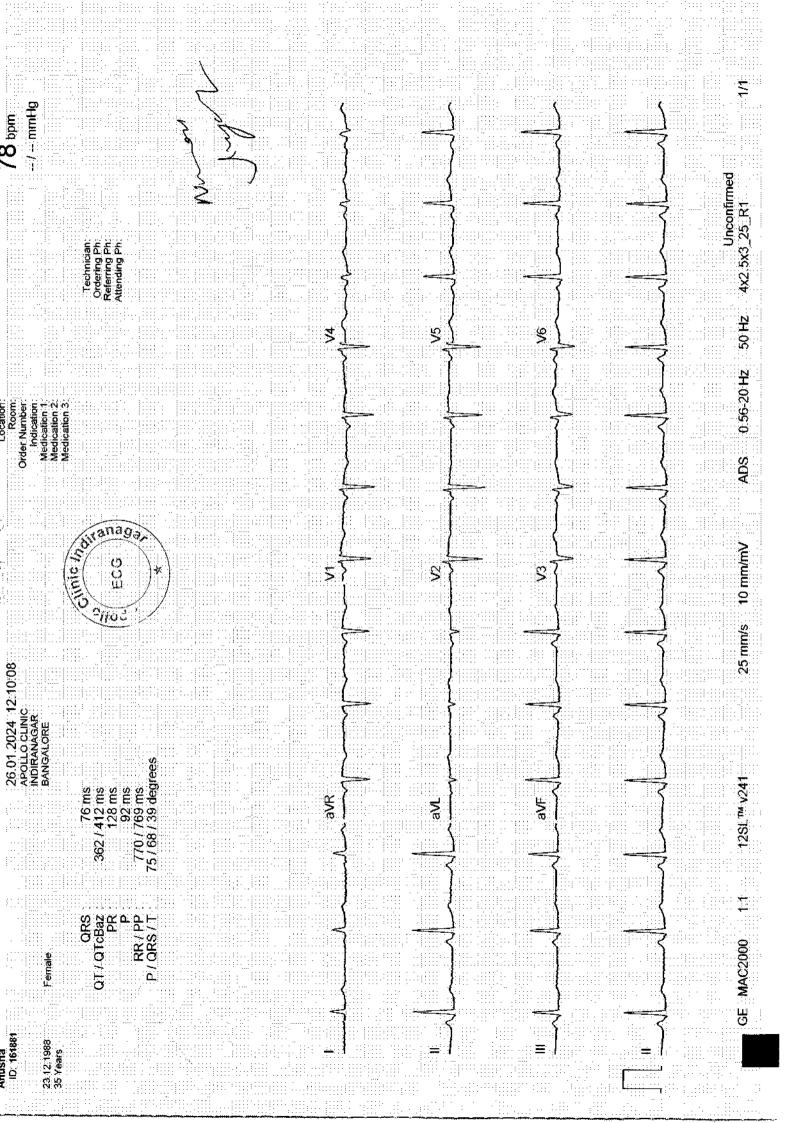
years and findings of his/her eye examination are as follows,

		RIGHT EYE				LEFT EYE		
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	2.50	0.75	60		3.00	I 50	70'	
Add					3 00	FOU	20	

PD-RE: 31-5 -

Colour Vision: nonnal (BG)
Remarks: 9) mg w whom (BG)

Apono clinic indiranagar







NAME: MISS ANUSHA AGE/SEX: 3		35/F	OP NUMBER: 161881	
Ref By : SELF	DATE: 26-	-01-2024		
M mode and dopple	r measurements:			
CIVI	СМ	M/sec		
AO: 2.5	IVS(D): 0.7	MV: E Vel: 0.9	A Vel : 0.5	
LA: 2.8	LVIDD(D): 4.2	AV Peak: 0.9		
	LVPW(D):0.8	PV peak:0.8		
······································	IVS(S): 1.0	· · · · · · · · · · · · · · · · · · ·		
	LVID(S):2.7	· · · · · · · · · · · · · · · · · · ·		
	LVEF: 60%	· :		
	LVPW(S): 1.0			
escriptive findings:	:			
eft Ventricle		Normal		
ight Ventricle:		Normal		
eft Atrium:		Normal		
ight Atrium:		Normal		
litral Valve:	· · · · · · · · · · · · · · · · · · ·	Norma!		
ortic Valve:		Normal		
ricuspid Valve:		Normal		
\S:		Normal		
/S:		Normal	· · · · · · · · · · · · · · · · · · ·	
ericardium:	•	Normal		





/		Expertise. Closer to y
4	J&GIATS	Normal
	Others	

IMPRESSION:

Normal cardiac chamber and valves

No Regional wall motion abnormality

No MR/AR/TR

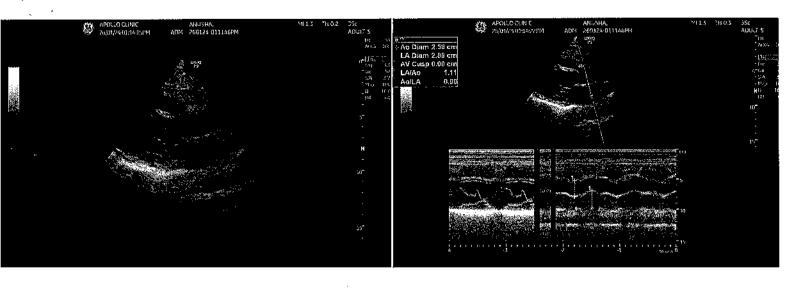
No clot/vegetation/pericardial effusion

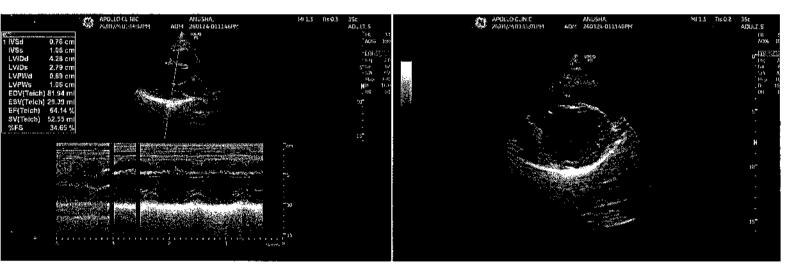
Normal LV systolic function - LVEF= 60%

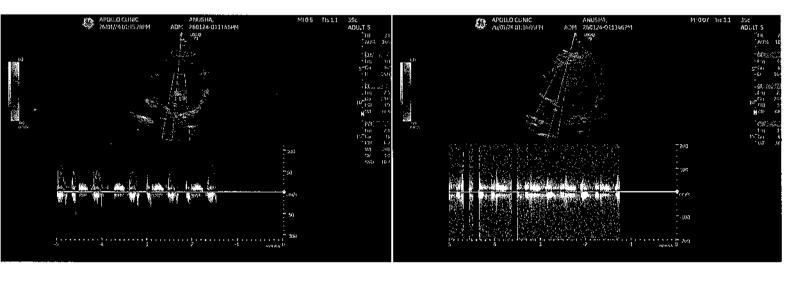
DR ROCKEY KATHERIA MD, DM

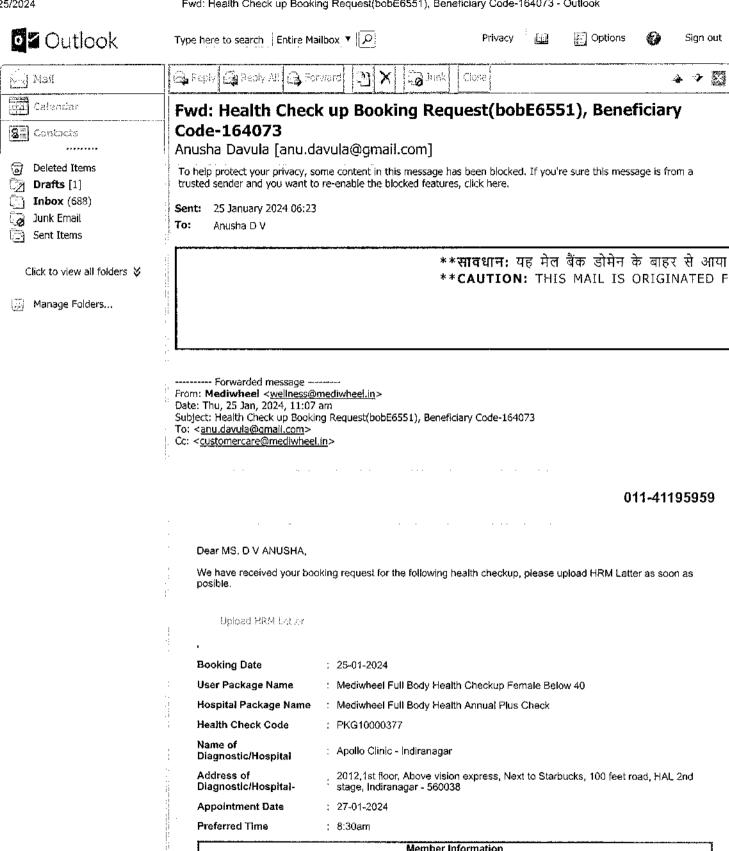
CONSULTANT CARDIOLOGIST

Dr. ROCKEY KATHERIA MBBS, MD, DM(Cardio) Consultant Cardiologist KMC Reg No. 94738 Apollo Clinic









Member Information						
Booked Member Name	Age	Gender				
MS. D V ANUSHA	35 year	Female				

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Tests included in this

Package

- Bmi Check
- Pap Smear
- **Ent Consultation**
- Dietician Consultation Gynae Consultation
- Thyroid Profile
- Blood Glucose (Fasting)



प्रति,

समन्द्यक.

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MS. D V ANUSHA
क.कू.संख्या	125499
पदनाम	FOREX BACK OFFICE
कार्य का स्थान	BANGALORE, VT, NATIONAL SHARED S
जन्म की तारीख	23-12-1988
स्वास्थ्य जांच की प्रस्तावित तारीख	27-01-2024
बुकिंग संदर्भ सं.	23M125499100085962E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 25-01-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवाँइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-(मुख्य महाप्रबंधक) मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,

Mediwheel (Arcofemi Healthcare Limited)

Helpline number: 011-41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. D V ANUSHA
EC NO.	125499
DESIGNATION	FOREX BACK OFFICE
PLACE OF WORK	BANGALORE, VT, NATIONAL SHARED S
BIRTHDATE	23-12-1988
PROPOSED DATE OF HEALTH	27-01-2024
CHECKUP	
BOOKING REFERENCE NO.	23M125499100085962E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 25-01-2024 till 31-03-2024 The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

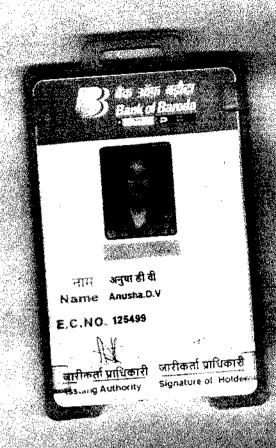
Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter, No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years)
	and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation





Patient Name : Miss. Anusha D V Age/Gender : 35 Y/F

 UHID/MR No.
 : CINR.0000161881
 OP Visit No
 : CINROPV217108

 Sample Collected on
 : 26-01-2024 14:27

Ref Doctor : SELF
Emp/Auth/TPA ID : 9030069317

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 10 mm.

OVARIES: Both ovaries appear normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Dr. AKSHAY A RESHMI
MBBS, MD (Radiology)
Radiology



Patient Name : Miss. Anusha D V Age/Gender : 35 Y/F

UHID/MR No. Sample Collected on

LRN#

Ref Doctor

Emp/Auth/TPA ID

: CINR.0000161881

: RAD2217092

: 9030069317

: SELF

Reported on

Specimen

OP Visit No

: CINROPV217108 : 26-01-2024 15:22

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. RAMESH G MBBS DMRD RADIOLOGY







Age/Gender : 35 Y 1 M 3 D/F
UHID/MR No : CINR.0000161881

Visit ID : CINROPV217108

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9030069317 Collected : 26/Jan/2024 09:45AM Received : 26/Jan/2024 01:28PM

Reported : 26/Jan/2024 06:44PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
IEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11	g/dL	12-15	Spectrophotometer
PCV	34.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.39	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	78	fL	83-101	Calculated
MCH	25.1	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	55.7	%	40-80	Electrical Impedance
LYMPHOCYTES	34.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.6	%	1-6	Electrical Impedance
MONOCYTES	6.1	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2896.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1794	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	187.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	317.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.2	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	297000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

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

Page 1 of 14



SIN No:BED240018743

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE 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

APOLLO CLINICS NETWORK









: Miss.ANUSHA D V

Age/Gender

: 35 Y 1 M 3 D/F

UHID/MR No

: CINR.0000161881

Visit ID

: CINROPV217108

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 9030069317 Collected

: 26/Jan/2024 09:45AM

Received

: 26/Jan/2024 01:28PM

Reported Status

: 26/Jan/2024 06:44PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA.

Dr.Nisha M.B.B.S, MD(Pathology) Consultant Pathologist

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

Page 2 of 14



SIN No:BED240018743

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

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









: Miss.ANUSHA D V

Age/Gender

: 35 Y 1 M 3 D/F

UHID/MR No

: CINR.0000161881

Visit ID

: CINROPV217108

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9030069317 Collected

: 26/Jan/2024 09:45AM

Received

: 26/Jan/2024 01:28PM

Reported

: 26/Jan/2024 05:51PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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
BLOOD GROUP ABO AND RH FACTO	R , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	0			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination

Dr.Nisha M.B.B.S,MD(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 3 of 14



SIN No:BED240018743

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

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









: Miss.ANUSHA D V

Age/Gender

: 35 Y 1 M 3 D/F

UHID/MR No

: CINR.0000161881 : CINROPV217108

Visit ID Ref Doctor

· Dr SELE

Emp/Auth/TPA ID

: 9030069317

Collected

: 26/Jan/2024 09:45AM

Received

: 26/Jan/2024 01:32PM

Reported

: 26/Jan/2024 03:04PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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	85	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

F,	
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)	115	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. Range	Method
HBA1C (GLYCATED HEMOGLOBIN), V	WHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5	%		HPLC

Page 4 of 14



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

SIN No:EDT240007892

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE 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

APOLLO CLINICS NETWORK









Age/Gender : 35 Y 1 M 3 D/F
UHID/MR No : CINR.0000161881

Visit ID : CINROPV217108

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9030069317 Collected : 26/Jan/2024 09:45AM

Received : 26/Jan/2024 01:32PM Reported : 26/Jan/2024 03:04PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	97	mg/dL	3	Calculated
(eAG)				

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)

Page 5 of 14



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

SIN No:EDT240007892

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Age/Gender : 35 Y 1 M 3 D/F

UHID/MR No : CINR.0000161881 Visit ID : CINROPV217108

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9030069317 Collected : 26/Jan/2024 09:45AM

Received : 26/Jan/2024 01:38PM Reported : 26/Jan/2024 03:12PM

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			
LIPID PROFILE , SERUM							
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD			
TRIGLYCERIDES	80	mg/dL	<150	GPO-POD			
HDL CHOLESTEROL	56	mg/dL	40-60	Enzymatic Immunoinhibition			
NON-HDL CHOLESTEROL	117	mg/dL	<130	Calculated			
LDL CHOLESTEROL	101.4	mg/dL	<100	Calculated			
VLDL CHOLESTEROL	16	mg/dL	<30	Calculated			
CHOL / HDL RATIO	3.10		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

- 1. Measurements in the same patient on different days can show physiological and analytical variations.
- 2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- **4.** 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.
- **5.** 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.
- **6.** 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.

Page 6 of 14



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

SIN No:SE04609770

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

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

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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 APOLLO CLINICS NETWORK









Age/Gender : 35 Y 1 M 3 D/F

UHID/MR No : CINR.0000161881

Visit ID : CINROPV217108

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9030069317 Collected : 26/Jan/2024 09:45AM

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.52	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	52.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.35	g/dL	6.6-8.3	Biuret
ALBUMIN	4.12	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.23	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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.
- ${\bf 3. \ Synthetic \ function \ impairment:}$
- Albumin- Liver disease reduces albumin levels. Correlation with PT (Prothrombin Time) helps.

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

SIN No:SE04609770

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APOLLO CLINICS NETWORK









: Miss.ANUSHA D V

Age/Gender

: 35 Y 1 M 3 D/F

UHID/MR No

: CINR.0000161881

Visit ID

: CINROPV217108

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9030069317 Collected

: 26/Jan/2024 09:45AM

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: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Page 8 of 14



DR.SHIVARAJA SHETTY
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CONSULTANT BIOCHEMIST

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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			
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM							
CREATININE	0.67	mg/dL	0.51-0.95	Jaffe's, Method			
UREA	14.30	mg/dL	17-43	GLDH, Kinetic Assay			
BLOOD UREA NITROGEN	6.7	mg/dL	8.0 - 23.0	Calculated			
URIC ACID	4.91	mg/dL	2.6-6.0	Uricase PAP			
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III			
PHOSPHORUS, INORGANIC	3.44	mg/dL	2.5-4.5	Phosphomolybdate Complex			
SODIUM	138	mmol/L	136–146	ISE (Indirect)			
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)			
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)			

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

SIN No:SE04609770

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: Miss.ANUSHA D V

Age/Gender

: 35 Y 1 M 3 D/F

UHID/MR No

: CINR.0000161881 : CINROPV217108

Visit ID Ref Doctor

: Dr.SELF : 9030069317

Emp/Auth/TPA ID

Collected

: 26/Jan/2024 09:45AM

Received

: 26/Jan/2024 01:38PM

Reported

: 26/Jan/2024 02:18PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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	13.00	U/L	<38	IFCC

Page 10 of 14



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

SIN No:SE04609770

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APOLLO CLINICS NETWORK









Age/Gender : 35 Y 1 M 3 D/F

UHID/MR No : CINR.0000161881 Visit ID : CINROPV217108

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9030069317 Collected : 26/Jan/2024 09:45AM

Received : 26/Jan/2024 01:38PM Reported : 26/Jan/2024 03:16PM

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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)	0.92	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.94	μg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.810	μIU/mL	0.35-4.94	CMIA

Comment:

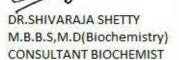
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)				
First trimester	0.1 - 2.5				
Second trimester	0.2 - 3.0				
Third trimester	0.3 - 3.0				

- 1. 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.
- **2.** 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.
- 3. 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.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	Т3	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

Page 11 of 14



SIN No:SPL24012243

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

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Received

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Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Page 12 of 14



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

SIN No:SPL24012243

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APOLLO CLINICS NETWORK









Age/Gender : 35 Y 1 M 3 D/F

UHID/MR No : CINR.0000161881 Visit ID : CINROPV217108

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9030069317 Collected : 26/Jan/2024 09:45AM Received : 26/Jan/2024 02:08PM

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	CLEAR		CLEAR	Visual
рН	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Dr.Nisha M.B.B.S,MD(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 13 of 14



SIN No:UR2268521

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APOLLO CLINICS NETWORK









: Miss.ANUSHA D V

Age/Gender

: 35 Y 1 M 3 D/F

UHID/MR No

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Visit ID

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: Dr.SELF

: 9030069317

Collected

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Received

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: 26/Jan/2024 02:26PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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
Tost Namo	Posult	Unit	Rio Pof Pango	Mothod

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

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR

Page 14 of 14

Dr.Nisha M.B.B.S, MD(Pathology) Consultant Pathologist

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

SIN No:UF010307

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

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

