

Patient Name	: Mrs. SANDHYA JAGANATHAN	Age	: 40Yrs 8Mths 6Days
UHID	: CASR.0000119733	OP Visit No.	: CASROPV228800
Printed On	: 19-07-2024 07:38 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: --	Registration No.	: --
Employer Id	: 35E7313		

## DEPARTMENT OF CARDIOLOGY

### ECG

Observation :-

1. Sinus Rhythm.
2. Heart rate is 78 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. MRINAL .  
Cardiology

#### Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad 500038, Telangana. |

www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

#### 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 | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie | Kharadi) **Uttar Pradesh:** Ghaziabad (Indrapuram)

GSTIN: 365AADCA0733E1Z8

#### Address:

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7th Floor; Ameerpet, Hyderabad, Telangana.



1860 500 7788

Patient Name	: Mrs. SANDHYA JAGANATHAN	Age	: 40Yrs 8Mths 1Days
UHID	: CASR.0000119733	OP Visit No.	: CASROPV228800
Printed On	: 14-07-2024 03:01 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: --	Registration No.	: --
Employeer Id	: 35E7313		

## DEPARTMENT OF CARDIOLOGY

### 2 D ECHO

#### 2D-ECHO WITH COLOUR DOPPLER

##### Dimensions:

Ao (ed)	2.5 CM
LA (es)	2.9 CM
LVID (ed)	4.0 CM
LVID (es)	2.7 CM
IVS (Ed)	1.1 CM
LVPW (Ed)	0.9 CM
EF	61 %
%FD	43 %
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

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 **1860 500 7788**

## COLOUR AND DOPPLER STUDIES

E: 0.9 m/sec A: 0.6 m/sec

PJV: 0.8 m/sec

AJV: 0.8 m/sec

## IMPRESSION:-

NORMAL CHAMBER DIMENSION.

NORMAL VALVES.

NO RWMA.

LV EF; 61%

NO CLOTS/ VEGETATION.

NO PERICARDIAL EFFUSION.

---End Of The Report---

DR. SHILPI MOHAN  
Cardiology

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MC-2438

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Collected : 13/Jul/2024 09:25AM  
 Received : 13/Jul/2024 01:54PM  
 Reported : 13/Jul/2024 05:13PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.6	g/dL	12.5-15	Spectrophotometer
PCV	37.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.12	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90.2	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	50	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>44</b>	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	5	%	2-10	Electrical Impedance
BASOPHILS	0	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3150	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2772	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	63	Cells/cu.mm	20-500	Calculated
MONOCYTES	315	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.14		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	310000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC NORMOCYTIC NORMOCHROMIC  
 WBC - RELATIVE LYMPHOCYTOSIS  
 PLATELETS ARE ADEQUATE ON SMEAR  
 NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE LYMPHOCYTOSIS

  
 Dr. B Pavani  
 M.B.B.S, M.D(pathalogy)  
 Consultant Pathologist

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SIN No:ASR240701044

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

  
Dr. B Pavani  
M.B.B.S, M.D(pathalogy)  
Consultant Pathologist



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MC-2438

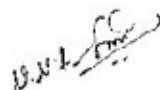
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Reported : 13/Jul/2024 08:52PM  
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

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

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

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 Status : Final Report  
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## DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	Hexokinase

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	105	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. B Pavani  
 M.B.B.S, M.D(pathology)  
 Consultant Pathologist

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Received : 13/Jul/2024 01:45PM  
Reported : 13/Jul/2024 06:19PM  
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**DEPARTMENT OF BIOCHEMISTRY****ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>5.9</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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 &gt;25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Dr.E.Maruthi Prasad  
PhD (Biochemistry)  
Consultant biochemist

Dr. B Pavani  
M.B.B.S, M.D(pathology)  
Consultant Pathologist



SIN No:ASR240701042

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





MC-2438

Patient Name : Mrs.SANDHYA JAGANATHAN  
 Age/Gender : 40 Y 8 M 0 D/F  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

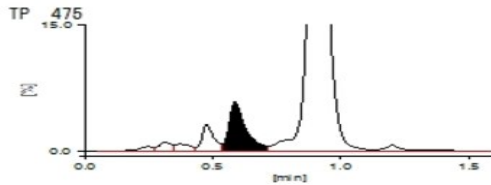
Chromatogram Report

HLC72368 V5.28 1 2024-07-13 15:32:47  
 ID ASR240701042  
 Sample No. 07130183 SL 0010 - 10  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.25	7.23
A1B	0.7	0.31	11.97
F	0.6	0.37	10.91
LA1C+	1.7	0.48	31.55
SA1C	5.9	0.59	83.69
A0	92.6	0.90	1689.82
H-V0			
H-V1			
H-V2			

Total Area 1835.17

**HbA1c 5.9 %** **IFCC 41 mmol/mol**  
 HbA1 7.0 % HbF 0.6 %



13-07-2024 15:32:47 APOLLO

APOLLO DIAGNOSTICS GLOBAL  
BALANAGER

1 / 1

Dr.E.Maruthi Prasad  
 PhD (Biochemistry)  
 Consultant biochemist

Dr. B Pavani  
 M.B.B.S, M.D(pathology)  
 Consultant Pathologist



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	146	mg/dL	<200	CHO-POD
TRIGLYCERIDES	93	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	106	mg/dL	<130	Calculated
LDL CHOLESTEROL	87.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.65		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<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.

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.96	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.77	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	56.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.65	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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.

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

SIN No:ASR240701041

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- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.
3. Synthetic function impairment:
- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.71	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	18.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.35	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.91	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.05	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	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	4.65	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated

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

SIN No:ASR240701041

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

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MC-2438

Patient Name : Mrs.SANDHYA JAGANATHAN  
Age/Gender : 40 Y 8 M 0 D/F  
UHID/MR No : CASR.0000119733  
Visit ID : CASROPV228800  
Ref Doctor :  
Emp/Auth/TPA ID : 35E7313

Collected : 13/Jul/2024 09:25AM  
Received : 13/Jul/2024 03:54PM  
Reported : 13/Jul/2024 05:14PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i></b>	24.00	U/L	<38	IFCC



Dr. B Pavani  
M.B.B.S, M.D(pathalogy)  
Consultant Pathologist

SIN No:ASR240701041

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MC-2438

Patient Name : Mrs.SANDHYA JAGANATHAN  
 Age/Gender : 40 Y 8 M 0 D/F  
 UHID/MR No : CASR.0000119733  
 Visit ID : CASROPV228800  
 Ref Doctor :  
 Emp/Auth/TPA ID : 35E7313

Collected : 13/Jul/2024 09:25AM  
 Received : 13/Jul/2024 03:54PM  
 Reported : 13/Jul/2024 06:48PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.11	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.2	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.025	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

  
 Dr. B Pavani  
 M.B.B.S, M.D(pathology)  
 Consultant Pathologist

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SIN No:ASR240701046

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



MC-2438

Patient Name : Mrs.SANDHYA JAGANATHAN  
Age/Gender : 40 Y 8 M 0 D/F  
UHID/MR No : CASR.0000119733  
Visit ID : CASROPV228800  
Ref Doctor :  
Emp/Auth/TPA ID : 35E7313

Collected : 13/Jul/2024 09:25AM  
Received : 13/Jul/2024 03:54PM  
Reported : 13/Jul/2024 06:48PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

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

*B. Pavani*

Dr. B Pavani  
M.B.B.S, M.D(pathalogy)  
Consultant Pathologist

SIN No:ASR240701046

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





Patient Name	: Mrs.SANDHYA JAGANATHAN	Collected	: 13/Jul/2024 09:25AM
Age/Gender	: 40 Y 8 M 0 D/F	Received	: 13/Jul/2024 05:12PM
UHID/MR No	: CASR.0000119733	Reported	: 13/Jul/2024 07:15PM
Visit ID	: CASROPV228800	Status	: Final Report
Ref Doctor	:	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7313		

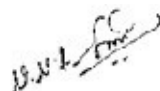
**DEPARTMENT OF CLINICAL PATHOLOGY**

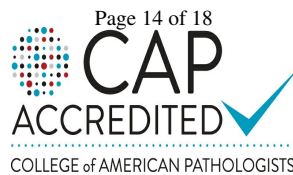
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.003		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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 (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	4	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	ABSENT	/hpf	Occasional-Few	Automated Image based microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

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



SIN No:ASR240701045

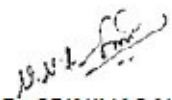
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mrs.SANDHYA JAGANATHAN  
Age/Gender : 40 Y 8 M 0 D/F  
UHID/MR No : CASR.0000119733  
Visit ID : CASROPV228800  
Ref Doctor :  
Emp/Auth/TPA ID : 35E7313

Collected : 13/Jul/2024 09:25AM  
Received : 13/Jul/2024 05:12PM  
Reported : 13/Jul/2024 07:15PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**



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

SIN No:ASR240701045

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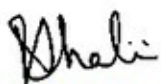


Patient Name : Mrs.SANDHYA JAGANATHAN	Collected : 13/Jul/2024 09:25AM
Age/Gender : 40 Y 8 M 0 D/F	Received : 14/Jul/2024 07:44AM
UHID/MR No : CASR.0000119733	Reported : 14/Jul/2024 12:49PM
Visit ID : CASROPV228800	Status : Final Report
Ref Doctor :	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7313	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

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



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

SIN No:ASR240701043

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



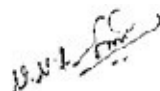
Patient Name : Mrs.SANDHYA JAGANATHAN  
Age/Gender : 40 Y 8 M 0 D/F  
UHID/MR No : CASR.0000119733  
Visit ID : CASROPV228800  
Ref Doctor :  
Emp/Auth/TPA ID : 35E7313

Collected : 13/Jul/2024 09:25AM  
Received : 13/Jul/2024 04:43PM  
Reported : 13/Jul/2024 09:56PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

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

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

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SIN No:ASR240701047

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



Patient Name : Mrs.SANDHYA JAGANATHAN	Collected : 13/Jul/2024 06:22PM
Age/Gender : 40 Y 8 M 0 D/F	Received : 14/Jul/2024 08:25PM
UHID/MR No : CASR.0000119733	Reported : 16/Jul/2024 05:17PM
Visit ID : CASROPV228800	Status : Final Report
Ref Doctor :	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7313	

**DEPARTMENT OF CYTOLOGY**


**LBC PAP SMEAR , CERVICAL SAMPLE**

	<b>CYTOLOGY NO.</b>	15747/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

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

Result/s to Follow:  
PERIPHERAL SMEAR



**DR. K. RAMA KRISHNA REDDY**  
M.B.B.S, M.D  
CONSULTANT PATHOLOGIST



SIN No:ASR240701176

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

Patient Name	: Mrs. SANDHYA JAGANATHAN	Age	: 40Yrs 8Mths
UHID	: CASR.0000119733	OP Visit No.	: CASROPV228800
Printed On	: 13-07-2024 02:51 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: --	Registration No.	: --
Employer Id	: 35E7313		

**DEPARTMENT OF RADIOLOGY**  
**SONO MAMMOGRAPHY - SCREENING**

**USG OF BOTH BREASTS**

**Real time B-Mode USG of both breasts:**

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

**CONCLUSION: No Significant Abnormality Is Seen In This Study.**  
**For clinical correlation and further evaluation if necessary.**

---End Of The Report---



Dr.K PRAVEEN BABU  
Radiology

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad 500038, Telangana. |

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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 | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie | Kharadi) **Uttar Pradesh:** Ghaziabad (Indrapuram)

**GSTIN: 365AADCA0733E1Z8**

**Address:**

#7-1-617/A, 615 & 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad, Telangana.



**1860 500 7788**

Patient Name	: Mrs. SANDHYA JAGANATHAN	Age	: 40Yrs 8Mths
UHID	: CASR.0000119733	OP Visit No.	: CASROPV228800
Printed On	: 13-07-2024 12:11 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: --	Registration No.	: --
Employeer Id	: 35E7313		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size with increased echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**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.

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

**Right kidney** :97x41 mm

**Left Kidney** :106x42 mm

Both kidney appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**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:51x47x38 mm** appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures **8.7 mm**.

**Right ovary** :21x23 mm

**Left ovary** :15x13 mm

Both ovaries are appear normal in size, shape and echotexture. No evidence of any adnexal pathology noted.

**IMPRESSION:- Mild Fatty Liver.**

**For clinical correlation and further evaluation if necessary.**

#### Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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#### APOLLO CLINICS NETWORK

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1860 500 7788

---End Of The Report---



Dr.K PRAVEEN BABU  
Radiology

**Apollo Health and Lifestyle Limited**

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**GSTIN: 365AADCA0733E1Z8**

**Address:**

#7-1-617/A, 615 & 616, Imperial Towers,  
7th Floor ; Ameerpet, Hyderabad, Telangana.



**1860 500 7788**



Patient Name : Mrs. SANDHYA JAGANATHAN Age : 40Yrs 8Mths 1Days  
UHID : CASR.0000119733 OP Visit No. : CASROPV228800  
Printed On : 14-07-2024 07:25 AM Advised/Pres Doctor : --  
Department : Radiology Qualification : --  
Referred By : -- Registration No. : --  
Employer Id : 35E7313

## 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.

**IMPRESSION :- No obvious abnormality seen**

---End Of The Report---



Dr.K PRAVEEN BABU  
Radiology

#### Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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