


Patient Name : Mrs.JAYASHREE RATHOD	Collected : 10/Feb/2024 09:51 AM
Age/Gender : 27 Y 8 M 10 D/F	Received : 10/Feb/2024 12:51 PM
UHID/MR No : CUPP.0000085853	Reported : 10/Feb/2024 03:03 PM
Visit ID : CUPPOPV129488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 107232/350376	

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	10.8	g/dL	12-15	Spectrophotometer
PCV	31.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.93	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81.1	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	11,140	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	10	%	2-10	Electrical Impedance
BASOPHILS	0	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6238.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3342	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	445.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	1114	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	281000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC - MILD LEUCOCYTOSIS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				



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

SIN No: BED240033611

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IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA WITH MILD LEUCOCYTOSIS



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

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



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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	80	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:

- 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.
- 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)	137	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.

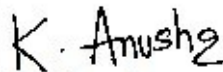
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues,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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE	123	mg/dL		Calculated



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PhD (Biochemistry)
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SIN No:EDT240014835



Dr.K.Anusha
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(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.

- 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)

Maruthi...
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 Consultant biochemist

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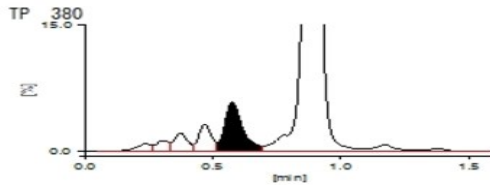
Chromatogram Report

HLC72368 V5.28 1 2024-02-10 13:52:09
 ID EDT240014835
 Sample No. 02100097 SL 0002 - 10
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.6	0.24	10.53
A1B	0.7	0.31	11.80
F	1.3	0.37	22.55
LA1C+	1.8	0.47	30.92
SA1C	5.9	0.58	79.87
AO	92.4	0.88	1610.84
H-V0			
H-V1			
H-V2			

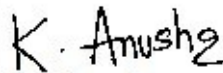
Total Area 1766.51

HbA1c 5.9 % **IFCC 41 mmol/mol**
 HbA1 7.1 % HbF 1.3 %




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 Consultant biochemist

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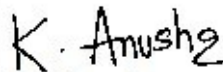
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	72	mg/dL	<200	CHO-POD
TRIGLYCERIDES	126	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	27	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	45	mg/dL	<130	Calculated
LDL CHOLESTEROL	19.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.67		0-4.97	Calculated

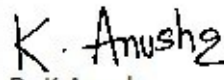
Comment:

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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.31	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.24	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	41	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	37.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	57.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.33	g/dL	6.6-8.3	Biuret
ALBUMIN	3.56	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.77	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		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:

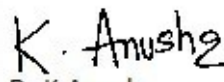
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • 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'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: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.


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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	0.73	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	16.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.26	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.32	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.61	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)

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

K. Anusha
Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



SIN No:SE04625193

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

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

H. No 6-48/3, Peerzadiguda Panchayat, Boduppal,
 R R District., Uppal, Hyderabad, Telangana, India - 500039



APOLLO CLINICS NETWORK

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

Patient Name : Mrs.JAYASHREE RATHOD	Collected : 10/Feb/2024 09:51 AM
Age/Gender : 27 Y 8 M 10 D/F	Received : 10/Feb/2024 01:21 PM
UHID/MR No : CUPP.0000085853	Reported : 10/Feb/2024 04:34 PM
Visit ID : CUPPOPV129488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 107232/350376	

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	37.00	U/L	<38	IFCC

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

K. Anusha
Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist



SIN No:SE04625193

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

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H. No 6-48/3, Peerzadiguda Panchayat, Boduppal, R R District, Uppal, Hyderabad, Telangana, India - 500039



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Patient Name : Mrs.JAYASHREE RATHOD
 Age/Gender : 27 Y 8 M 10 D/F
 UHID/MR No : CUPP.0000085853
 Visit ID : CUPPOPV129488
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 107232/350376

Collected : 10/Feb/2024 09:51 AM
 Received : 10/Feb/2024 01:19 PM
 Reported : 10/Feb/2024 02:36 PM
 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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.12	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.331	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



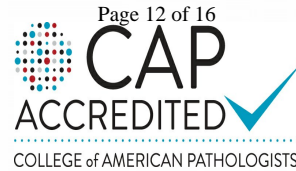
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

SIN No:SPL24022129

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

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Patient Name : Mrs.JAYASHREE RATHOD
Age/Gender : 27 Y 8 M 10 D/F
UHID/MR No : CUPP.0000085853
Visit ID : CUPPOPV129488
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 107232/350376

Collected : 10/Feb/2024 09:51 AM
Received : 10/Feb/2024 01:19 PM
Reported : 10/Feb/2024 02:36 PM
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

Maruthi...

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

SIN No:SPL24022129

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Patient Name : Mrs.JAYASHREE RATHOD	Collected : 10/Feb/2024 09:51 AM
Age/Gender : 27 Y 8 M 10 D/F	Received : 10/Feb/2024 05:03 PM
UHID/MR No : CUPP.0000085853	Reported : 10/Feb/2024 08:51 PM
Visit ID : CUPPOPV129488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 107232/350376	

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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	6-8	/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. SRINIVAS N.S. NORI
M.B.B.S, M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UR2279580

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

Page 14 of 16
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Patient Name : Mrs.JAYASHREE RATHOD
Age/Gender : 27 Y 8 M 10 D/F
UHID/MR No : CUPP.0000085853
Visit ID : CUPPOPV129488
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 107232/350376

Collected : 10/Feb/2024 09:51 AM
Received : 10/Feb/2024 05:04 PM
Reported : 10/Feb/2024 08:49 PM
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

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

SIN No:UF010525

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

Page 15 of 16
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Patient Name : Mrs.JAYASHREE RATHOD	Collected : 10/Feb/2024 01:31PM
Age/Gender : 27 Y 8 M 10 D/F	Received : 10/Feb/2024 06:06PM
UHID/MR No : CUPP.0000085853	Reported : 12/Feb/2024 11:27AM
Visit ID : CUPPOPV129488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 107232/350376	

DEPARTMENT OF CYTOLOGY

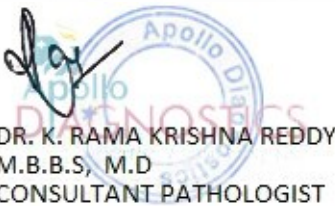
LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	2702/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	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:CS074231

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



Patient Name : Mrs. Jayashree Rathod Age : 27 Y/F
UHID : CUPP.0000085853 OP Visit No : CUPPOPV129488
Conducted By: : Dr. HARISH REDDY M S Conducted Date : 12-02-2024 12:27
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.4 CM
LA (es)	2.6 CM
LVID (ed)	4.3 CM
LVID (es)	2.8 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	67.00%
%FD	34.00%
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

Patient Name	: Mrs. Jayashree Rathod	Age	: 27 Y/F
UHID	: CUPP.0000085853	OP Visit No	: CUPPOPV129488
Conducted By:	: Dr. HARISH REDDY M S	Conducted Date	: 12-02-2024 12:27
Referred By	: SELF		

COLOUR AND DOPPLER STUDIES

AJV=120cm sec

PJV = 90cm sec.

MVF!E >A

e".a"

RVSP-20mmHg

IMPRESSION:

NO RWMA

NORMAL LV / FUNCTION

MILD TR / AR/ AS

MILD TR / NO PAH

NO PE / VEG / CLOT.

Patient Name : Mrs. Jayashree Rathod

Age/Gender : 27 Y/F

UHID/MR No. : CUPP.0000085853

OP Visit No : CUPPOPV129488

Sample Collected on :

Reported on : 10-02-2024 18:07

LRN# : RAD2232135

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 107232/350376

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

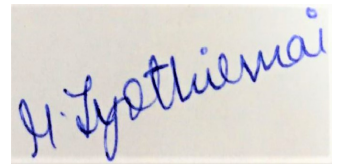
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Patient Name	: Mrs. Jayashree Rathod	Age/Gender	: 27 Y/F
UHID/MR No.	: CUPP.0000085853	OP Visit No	: CUPPOPV129488
Sample Collected on	:	Reported on	: 10-02-2024 17:10
LRN#	: RAD2232135	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 107232/350376		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 128 mm and 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 in size 97 mm. 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.

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

Right kidney : 99 x 38 mm. **Left kidney** : 100 x 41 mm.

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 84 x 50 x 40 mm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 10 mm.

Right ovary : 25 mm appear normal in size, shape and echotexture.

Left ovary : 32 mm. **Evidence of cysts 39 x 37 x 35 mm in ovary with multiple internal septations.**

No evidence of any adnexal pathology noted.

IMPRESSION:-

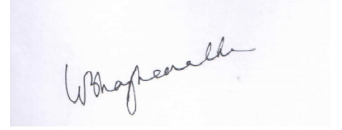
*** LEFT OVARIAN HEMORRHAGIC CYSTS.**

Suggest – clinical correlation.

(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.

Patient Name : Mrs. Jayashree Rathod

Age/Gender : 27 Y/F



Dr. K BHAGHEERATHI
MBBS, DNB Radiodiagnosis
Consultant Radiologist

Name: Mrs. Jayashree Rathod
Age/Gender: 27 Y/F
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000085853
Visit ID: CUPPOPV129488
Visit Date: 10-02-2024 09:35
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. Jayashree Rathod
Age/Gender: 27 Y/F
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: CUPP.0000085853
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Doctor's Signature

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Age/Gender: 27 Y/F
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Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
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MR No: CUPP.0000085853
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Visit Date: 10-02-2024 09:35
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HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. Jayashree Rathod
Age/Gender: 27 Y/F
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
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Rate Plan: UPPAL_06042023
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HT-HISTORY

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SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

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Age/Gender: 27 Y/F
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Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
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MR No: CUPP.0000085853
Visit ID: CUPPOPV129488
Visit Date: 10-02-2024 09:35
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
10-02-2024 15:38	91 Beats/min	130/80 mmHg	19 Rate/min	95.2 F	170 cms	82 Kgs	%	%	Years	28.37	cms	cms	cms		AHLL09781

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
10-02-2024 15:38	91 Beats/min	130/80 mmHg	19 Rate/min	95.2 F	170 cms	82 Kgs	%	%	Years	28.37	cms	cms	cms		AHLL09781

Established Patient: No

Vitals

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భారత ప్రభుత్వం
GOVERNMENT OF INDIA



రాథోడ్ జయ శ్రీ
Rathod Jaya Sree

పుట్టిన సంవత్సరం / Year of Birth : 1995
స్త్రీ / Female

8974 9576 8706



అధార్ - సామాన్యని హక్కు

S. No.	Company Name
6	Arcofemi/Mediwheel/MALE/FEMALE
7	Arcofemi/Mediwheel/MALE/FEMALE

PACKAGE NAME	Booking ID
Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO	bobS8465
Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO	bobE8464

EMP-NAME	AGE	GENDER	EMAIL
Jayashree rathod	28	Female	jadav.santhu@gmail.com
MR. JADAV SANTHOSH	33	Male	jadav.santhu@gmail.com

CONTACT NO	Appointment Date	Appointment Time
8555001804	10-Feb-24	9:00 AM
8555001804	10-Feb-24	9:00 AM

CLINIC NAME	CLINIC STATE	CLINIC CITY
Apollo Clinic, UPPAL	Telangana	Hyderabad
Apollo Clinic, UPPAL	Telangana	Hyderabad

CLINIC ADDRESS

Apollo Clinic, Plot no:977,Survey no:45-50,H No:6-48/3,Near Pillar no:91, Beside Ramraj Cotton Show room, Canar

Apollo Clinic, Plot no:977,Survey no:45-50,H No:6-48/3,Near Pillar no:91, Beside Ramraj Cotton Show room, Canar

Booking Status	Apollo Status
If 2D ECHO Slot are Full or 2D Echo Facility not Available book TMT Package	
If 2D ECHO Slot are Full or 2D Echo Facility not Available book TMT Package	Confirmed at 9:0

Remarks
10 Am

Patient Name	: Mrs. Jayashree Rathod	Age	: 27 Y/F
UHID	: CUPP.0000085853	OP Visit No	: CUPPOPV129488
Reported By:	: Dr. VINAY KUMAR GUPTA	Conducted Date	: 10-02-2024 19:52
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 87beats 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:

SR,'T' inversion in V2,V3.

CORRELATE CLINICALLY.

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

Dr. VINAY KUMAR GUPTA