

Name : Mrs. Y MEGHASHREE

Age: 36 Y

Sex: F

UHID:CBAS.0000091735



OP Number:CBASOPV100450

Bill No :CBAS-OCR-61006

Date : 24.02.2024 08:50

Address : BLR

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNACEOLOGY CONSULTATION ✓	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE ✓	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA (9)	
19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

27. B/L. breast sonomammography. [999]

28. Co Vit D3.

29. Se Vit B12.

HT - 156

WT - 47.2

BP - 102/56

PR - 83

MP - 75

WAIST - 88

24/2/23

Mr. Megashree, 36yr.

Unlitht.

Ht 71.56m
Wt, 47.2g

IBW -> 50g

Adult, 20000 High protein
gut diet.

* Eggs - 2/dy.

* Milk -> 400ml/dy.
weeds

* Dry fruits, saharzal.

* Churn, boiled weevil -> 50-70g

* Juice -> 6-8ts/dy.

* Raji/mullets

Dr. [Signature]

24/2/24

Meghashree
360/F

pt has come for general dental
check up.

on Examination

Cari, St. +.

Adv
oral prophylaxis

Dr. Deepak

PAP SMEAR CONSENT FORM

PATIENT NAME: *Megha Shree* AGE: *36* GENDER: *F* DATE: *03-2-24*

MENSTRUAL AND REPRODUCTIVE HISTORY

AGE OF MENARCHE : *15*
AGE OF MENOPAUSAL IF APPLICABLE : *—*
MENSTRUAL REGULARITY : *REGULAR*
FIRST DAY OF LAST MENSTRUATION PERIOD: *13-2-24*
AGE AT MARRIAGE : *24 1/2*
YEAR'S OF MARRIED LIFE : *11*
CONTRACEPTION : *YES* (NO) IF YES WHAT KIND? *Yes No.*
HORMONAL TREATMENT : *YES* (NO) IF YES WHAT KIND?
GRAVIDA (NO OF TIME'S CONCEIVED) : *P2L2*
PARA (NO OF CHILDBIRTH) : *11*
LIVE (NO OF LIVING CHILDREN) : *7*
ABORTIONS : *2*
MISCARRIAGES/ABORTION : *both LSG*
AGE OF FIRST CHILD : *2y back MMA*
AGE OF LAST CHILD :
PREVIOUS PAP SMEAR REPORT :

SPECULUM EXAMINATION FINDINGS

EXTERNAL GENITALIA
VAGINA
CERVIX
SMEAR THAKEN FROM – ENDOCERVIX
ECTOCERVIX
POSTERIOR VAGINA

(P)

HEREBY DECLARE THAT THE ABOVE INFORMINFORMATION TRUE I HAVE BEEN EXPLAINED THE PROCEDURE AND GIVEN MY CONSENT TO UNDERGO THE SAME.

SIGNATURE OF THE PATEINT

[Signature]

SIGNATURE OF THE DOCTOR

[Signature]

Mrs. Meghashree
36/F

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

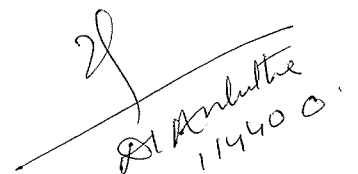
Clinical Diagnosis & Management Plan

Came for regular ~~for~~ health check up

o/e: ton } w.m.
 Throat
 nose : DNS to (R)
 CD to (L)

Adv: Regular follow up

Follow up date:


Dr. Anubha
11440 C.

Doctor Signature

EYE CHECK UP REPORT

Mrs. Y. Meghaskere 36/P 91735 24/2/24

Vision 6/6
Unaided
Acuity 6/6
Digital 2
IOP 2

Near NG
Unaided
Vision NG
Colour Normal
Vision Normal

• Fundus: Normal @ study

• Ant. Segment :- WNL

• Media: Normal

Pupil: NAR

KP/CS



ಭಾರತ ಸರ್ಕಾರ
Government of India

Issue Date: 22/03/2014



ವೈ ಮೆಗಾಶ್ರೀ
Y Meghashree
ಜನ್ಮ ದಿನಾಂಕ/DOB: 24/03/1988
♀ FEMALE

4090 0141 4837

VID : 9177 9493 1904 3033

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

RE: Health Check-up Bookings No. 24 (Annual)

Corporate Apollo Clinic <corporate@apolloclinic.com>

Tue 2/13/2024 3:56 PM

To:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

Cc:Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>;Network : Mediwheel : New Delhi <network@mediwheel.in>;
deepak <deepak.c@apolloclinic.com>;Dilip Baniya <Dilip.b@apolloclinic.com>;Pritam Padyal
<pritam.padyal@apolloclinic.com>;Rahul Rai <rahul.raai@apolloclinic.com>;Basavanagudi Apolloclinic
<basavanagudi@apolloclinic.com>;Fo Kanpur <fo.kanpur@apollospectra.com>;Annanagar Apolloclinic
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<indiranagar@apolloclinic.com>;Vimannagar Apolloclinic <vimannagar@apolloclinic.com>;Mysore Apolloclinic
<mysore@apolloclinic.com>;Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>;Nigdi Apolloclinic
<nigdi@apolloclinic.com>;Aundh Apolloclinic <aundh@apolloclinic.com>;Sayan Bhattacharya <sayan.b@apollohl.com>;Fathma
Shaik <fathma.shaik@apollohl.com>;Rupinder Kaur <rupinder.kaur@apollohl.com>

📎 1 attachments (18 KB)

Copy of 13022024 (002).xlsx;

Namaste Team,

Greetings from Apollo Clinics,

Please find the attachment for appointments status.

Thanks & Regards,

Anvesh M | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

Sent: 13 February 2024 15:05

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>

Subject: Health Check-up Bookings No. 24 (Annual)

Dear Team,

Please find the attached Health Check-up Bookings file and confirm the same.

Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : customercare@mediwheel.in; | Web: www.mediwheel.in

Author:

Dr. Yogesh MD, DNB, J Reg No- K

Date: IST: 2024-02-24 12:12:12

Personal Details
UHID: 01P3FGAT6T10XVT
PatientID: 91735
Name: Y MEGHA SHREE
Age: 36
Gender: Female
Mobile: 65658659494

Pre-Existing Medical-
Conditions

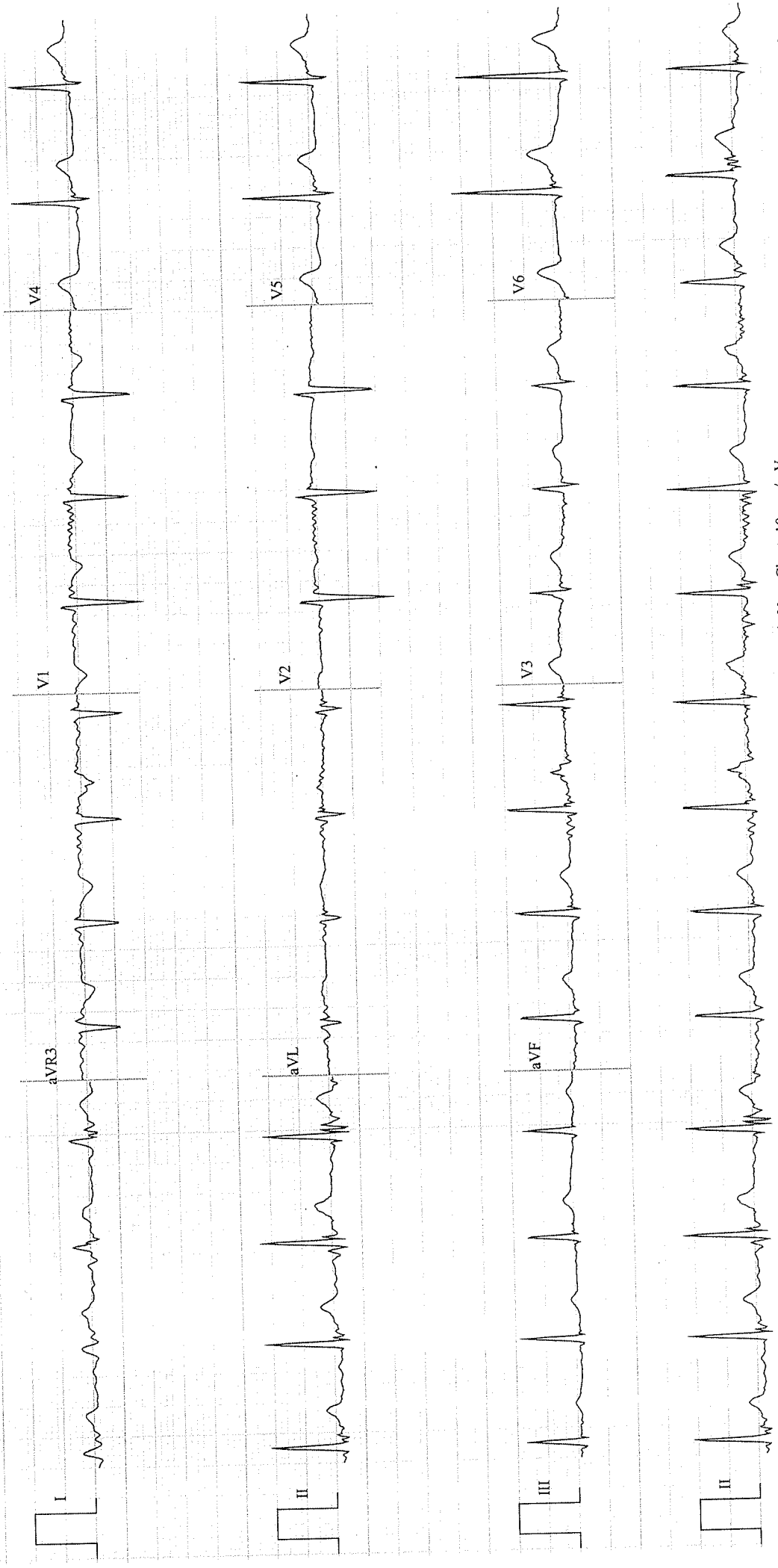
Symptoms

Vitals

Measurements
HR: 84 BPM
PR: 153 ms
PD: 88 ms
QRSD: 113 ms
QRS Axis: - deg
QT/QTc: 381/381 ms

Interpretation
Normal sinus rhythm
Normal axis

This trace is generated by KardioScreen: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDRIX



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: This report is based on ECG alone and should be used as an adjunct to clinical history. Symptoms and results of other non-invasive tests and must be interpreted by a qualified physician. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data. Clinical correlation is important.

ECHOCARDIOGRAPHY REPORT

Name: MRS MEGHA SHREE

Age: 36 YEARS

GENDER: FEMALE

Consultant: Dr.VISHAL KUMAR.H.

Date : 24/02/2024

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.92	m/sec	A	0.68	m/sec	NO MR
Tricuspid Valve	E	0.60	m/sec	A	0.48	m/sec	No TR
Aortic Valve	Vmax	1.16	m/sec				NO AR
Pulmonary Valve	Vmax	0.78	m/sec				No PR
astolic Dysfunction							

LINE MODE MEASUREMENTS

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.8	2.6-3.6	cm
L	left Atrium	3.0	2.7-3.8	cm
A	Aortic Cusp Separation	1.5	1.4-1.7	cm
II	IVS - Diastole	0.9	0.9-1.1	cm
L	left Ventricle-Diastole	4.4	4.2-5.9	cm
P	Posterior wall-Diastole	0.9	0.9-1.1	cm
I	IVS-Systole	1.2	1.3-1.5	cm
LL	left Ventricle-Systole	2.8	2.1-4.0	cm
P	Posterior wall-Systole	1.2	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.4	2.0-3.3	cm

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

DR. VISHAL KUMAR .H

CLINICAL CARDIOLOGIST

Patient Name : Mrs. Y MEGHASHREE

Age/Gender : 36 Y/F

UHID/MR No. : CBAS.0000091735

OP Visit No : CBASOPV100450

Sample Collected on :

Reported on : 24-02-2024 15:21

LRN# : RAD2246593

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 356152

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (13.5 cm) and appears normal in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear 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 echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 9.3x1.2 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 9.2x1.4 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

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 with anteverted position and measuring 7.3x3.9x4.0 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 0.5 cm.

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

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-

No significant abnormality detected.

Suggested 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.



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mrs. Y MEGHASHREE

Age/Gender : 36 Y/F

UHID/MR No. : CBAS.0000091735

OP Visit No : CBASOPV100450

Sample Collected on :

Reported on : 24-02-2024 16:06

LRN# : RAD2246593

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 356152

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

Minimal dextroscoliosis of thoracic spine noted.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology



Patient Name : Mrs. Y MEGHASHREE

Age/Gender : 36 Y/F

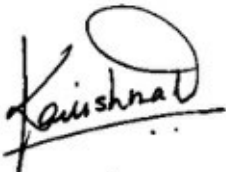
Patient Name : Mrs.Y MEGHASHREE	Collected : 24/Feb/2024 09:11 AM
Age/Gender : 36 Y 6 M 0 D/F	Received : 24/Feb/2024 11:57 AM
UHID/MR No : CBAS.0000091735	Reported : 24/Feb/2024 02:09 PM
Visit ID : CBASOPV100450	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 356152	

DEPARTMENT OF HAEMATOLOGY

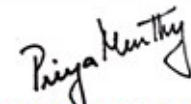
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	9.9	g/dL	12-15	Spectrophotometer
PCV	30.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.06	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	74.3	fL	83-101	Calculated
MCH	24.5	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	19.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,850	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.2	%	40-80	Electrical Impedence
LYMPHOCYTES	31.8	%	20-40	Electrical Impedence
EOSINOPHILS	7.5	%	1-6	Electrical Impedence
MONOCYTES	6.8	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3112.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1860.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	438.75	Cells/cu.mm	20-500	Calculated
MONOCYTES	397.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	40.95	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.67		0.78- 3.53	Calculated
PLATELET COUNT	263000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

Page 1 of 15



Dr. Karishma Dayanand
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:BED240048053

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

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

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

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)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.Y MEGHASHREE
Age/Gender : 36 Y 6 M 0 D/F
UHID/MR No : CBAS.0000091735
Visit ID : CBASOPV100450
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 356152

Collected : 24/Feb/2024 09:11 AM
Received : 24/Feb/2024 11:57 AM
Reported : 24/Feb/2024 02:09 PM
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

RBCs: Show mild anisocytosis with Microcytic hypochromic RBCs. Pencil cells and tear drop cells seen.

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate in number.


HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA WITH RELATIVE EOSINOPHILIA.

Note: Kindly evaluate for iron deficiency status.



Dr. Karishma Dayanand
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



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

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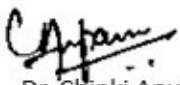
 **1860 500 7788**
www.apolloclinic.com

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Age/Gender : 36 Y 6 M 0 D/F	Received : 24/Feb/2024 11:57 AM
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Visit ID : CBASOPV100450	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 356152	

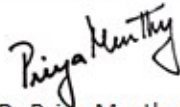
DEPARTMENT OF HAEMATOLOGY

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 FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:BED240048053

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APOLLO CLINICS NETWORK

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323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

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

Patient Name : Mrs.Y MEGHASHREE	Collected : 24/Feb/2024 09:11 AM
Age/Gender : 36 Y 6 M 0 D/F	Received : 24/Feb/2024 12:03 PM
UHID/MR No : CBAS.0000091735	Reported : 24/Feb/2024 01:38 PM
Visit ID : CBASOPV100450	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 356152	

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	84	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	84	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				

Page 4 of 15



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SIN No:EDT240021522

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Patient Name : Mrs.Y MEGHASHREE	Collected : 24/Feb/2024 09:11 AM
Age/Gender : 36 Y 6 M 0 D/F	Received : 24/Feb/2024 12:03 PM
UHID/MR No : CBAS.0000091735	Reported : 24/Feb/2024 01:38 PM
Visit ID : CBASOPV100450	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 356152	

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HBA1C, GLYCATED HEMOGLOBIN	5.5	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL	Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)




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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHO-POD
TRIGLYCERIDES	57	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	117	mg/dL	<130	Calculated
LDL CHOLESTEROL	105.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.38		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.15	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.97	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	51.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.45	g/dL	6.6-8.3	Biuret
ALBUMIN	4.02	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.43	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.47	mg/dL	0.51-0.95	Jaffe's, Method
UREA	13.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.88	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.32	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.00	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.80	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.302	µIU/mL	0.34-5.60	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




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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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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)

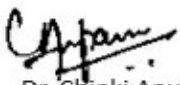
Patient Name : Mrs.Y MEGHASHREE	Collected : 24/Feb/2024 09:11 AM
Age/Gender : 36 Y 6 M 0 D/F	Received : 24/Feb/2024 01:04 PM
UHID/MR No : CBAS.0000091735	Reported : 24/Feb/2024 01:57 PM
Visit ID : CBASOPV100450	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 356152	

DEPARTMENT OF CLINICAL PATHOLOGY

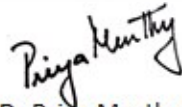
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	5-6	/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

Page 13 of 15



Dr. Chinki Anupam
M.B.B.S., M.D (Pathology)
Consultant Pathologist



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



SIN No: UR2290175

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE 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 |
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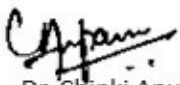
Patient Name : Mrs.Y MEGHASHREE	Collected : 24/Feb/2024 09:11 AM
Age/Gender : 36 Y 6 M 0 D/F	Received : 24/Feb/2024 01:04 PM
UHID/MR No : CBAS.0000091735	Reported : 24/Feb/2024 03:44 PM
Visit ID : CBASOPV100450	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 356152	

DEPARTMENT OF CLINICAL PATHOLOGY

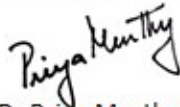
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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



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



SIN No:UF010722

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

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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Patient Name : Mrs.Y MEGHASHREE	Collected : 24/Feb/2024 12:26PM
Age/Gender : 36 Y 6 M 0 D/F	Received : 25/Feb/2024 09:28PM
UHID/MR No : CBAS.0000091735	Reported : 27/Feb/2024 12:47PM
Visit ID : CBASOPV100450	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 356152	

DEPARTMENT OF CYTOLOGY

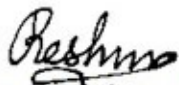
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	3970/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. 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. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

SIN No:CS075057

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

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

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