

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
08-03-2024 14:56	77 Beats/min	110/80 mmHg	18 Rate/min	98.6 F	170 cms	79 Kgs	%	%	Years	27.34	cms	cms	cms		AHLL09094

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
08-03-2024 14:56	77 Beats/min	110/80 mmHg	18 Rate/min	98.6 F	170 cms	79 Kgs	%	%	Years	27.34	cms	cms	cms		AHLL09094

Physical Medical Examination Format

NAME:- CH. SIVA PRASADHI	DATE:- 8-3-24
DESIGNATION:-	AGE:- 40
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	No
Personal /family history	F - DM m - H2M
Past Medical /Surgical	No
Sensitivity/Allergy (if any)	Dust Allergy
Habits	No
Occupational History	

Height: 170	Weight: 79	BMI: 27.3	Pulse: 72
Temp: 98.6 ^F	Spo2: 99	Resp: 18	B.P: 110/80

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. CH. SIVA PRASADHI for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically..... fit

Fit

Unfit

Signature Of Employee

Prasadhi

Dr. G. INDIRA PRIYADARSHINI
MBBS

Reg. No: 63148

Signature & Seal Of Medical Examiner With

Apollo Clinic, Seethampet, Vizag

Registration No:.....

08-03-2024 09:12:31

HR : 77 bpm

P : 104 ms

PR : 148 ms

QRS : 72 ms

QT/QTcBz : 382/433 ms

P/QRS/T : 38/51/38 °

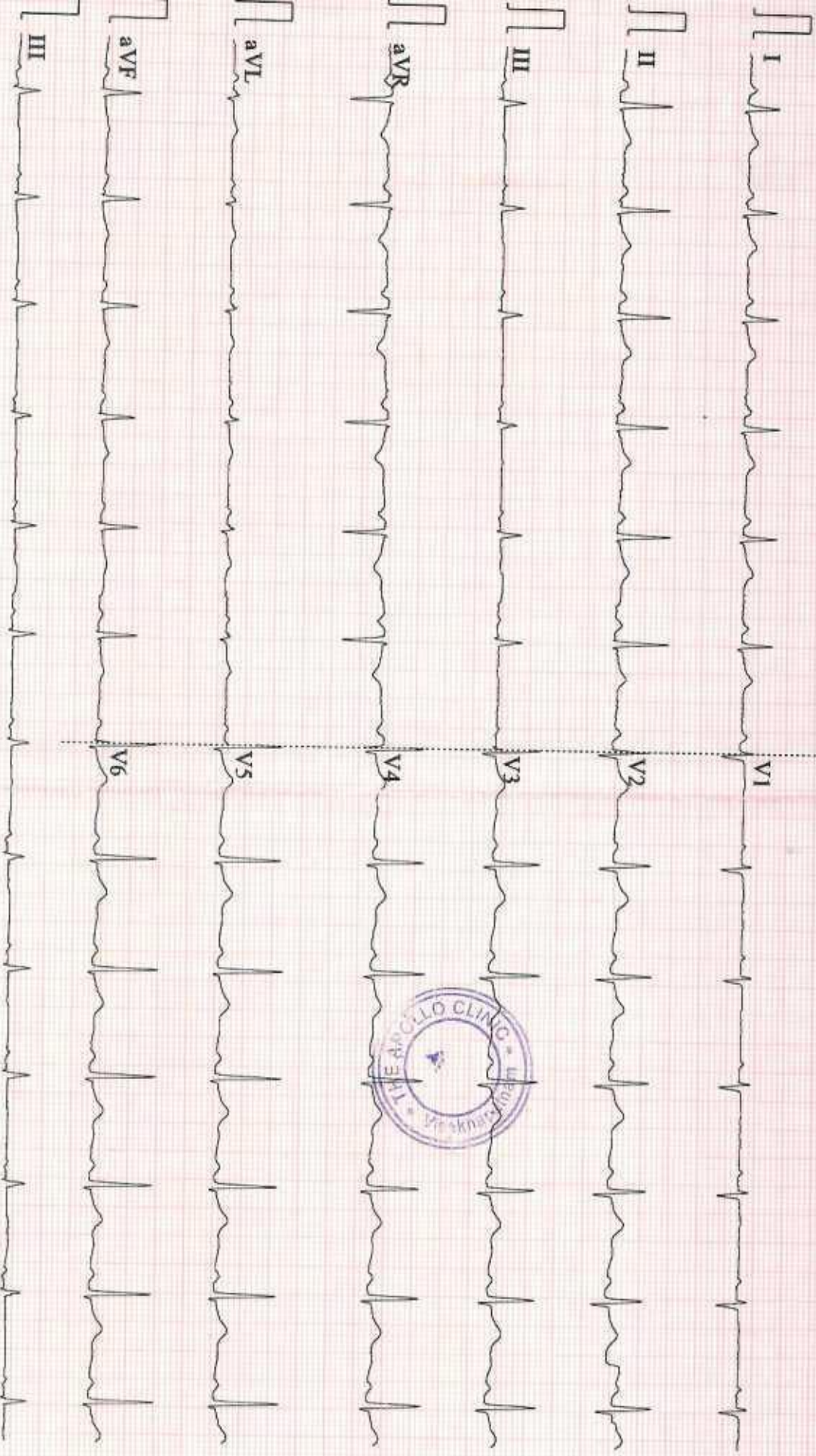
RV5/SV1 : 1.103/0.351 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



Name: Mrs. SIVAPRASANTHI C H
 Age/Gender: 40 Y/F
 Address: vskp
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124296
 Visit ID: CVISOPV122179
 Visit Date: 08-03-2024 08:41
 Discharge Date:
 Referred By: SELF

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
08-03-2024 14:56	77 Beats/min	110/80 mmHg	18 Rate/min	98.6 F	170 cms	79 Kgs	%	%	Years	27.34	cms	cms	cms		AHLL09094



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(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

UNIONBANK

NAME : MRS. CH. SIVA PRASANTH
GENDER : F
AGE : 40
DATE : 8/3/24

OPHTHALMOLOGY SCREENING REPORT

VISION :

(OD) 6/6

6/6

egfr

DISTANCE :

N6

N6

NEAR VISION :

COLOUR VISION :

— WNL —

ANT.SEGMENT :

— Quiet —

CONJUNCTIVA :

— Clear —

CORNEA :

PUPIL :

— R/L M —

FUNDUS :

IMPRESSION :

WNL



M. Kar

SIGNATURE

Patient Name	: Mrs. SIVAPRASANTHI C H	Age	: 40 Y/F
UHID	: CVIS.0000124296	OP Visit No	: CVISOPV122179
Reported By:	: Dr. APPALA NAIDU L S	Conducted Date	: 08-03-2024 14:18
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 77 beats 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 seen.

Impression:

NORMAL RESTING ECG.

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

Dr. APPALA NAIDU L S



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs. SIVAPRASANTHI C H

UHID : CVIS.0000124296

Reported on : 08-03-2024 13:37

Adm/Consult Doctor :

Age : 40 Y F

OP Visit No : CVISOPV122179

Printed on : 08-03-2024 13:38

Ref Doctor : SELF

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.

Printed on:08-03-2024 13:37

---End of the Report---



Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name:

Mr. Ch. Chandra Prasad

Age/Sex:

F 40 y

Date:

8/3/24

For routine checkup

O/E

Both Ears - NAD

Nose - DUSC HIF

Palatotomy

Throat - CRTS

Δ CRTS & DUSC

Allylic

MS

CT PNS

2

1) Tds LUKOTAS FX

1 ct (V) + (30)

1 month

2) EZICAS-F NASAL

SPRAY

1 ct (V) + (10)

1 month

3) Tds CRIVAN (10)

500 mg

1 ct (V) + (10)

*Routine
CT PNS*

Dr NAMRATHA ARISETTY

M.B.B.S, D,G,O

Consultant Obstetrician & Gynecologist

Reg No: -55899

5/3/24

Patient Name: - Mrs. Shvaprashanthi Age/Sex: - 40yrs/f Date: - 5/3/24

P₁L₁ :
LCB - Syg

LMP - 13/3/24

MH - Reg/28/46

Neck - no LMP

O/E - G.I.F

Breast - No lumps per.

cus/As - NAD

Post hx / - Nothing of significant
F/h - No cancer inx.

P/A - Soft

Pap Smear - Done

W.F.B

P₁
- Tab. H₂R - @ 10d

AM

Patient Name	: Mrs. SIVAPRASANTHI C H	Age	: 40 Y F
UHID	: CVIS.0000124296	OP Visit No	: CVISOPV122179
Reported on	: 08-03-2024 15:34	Printed on	: 08-03-2024 15:35
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

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 clinico-lab correlation / follow - up / further work up.

This is only a screening test.



Printed on:08-03-2024 15:34

---End of the Report---

Patient Name : Mrs. SIVAPRASANTHI C H
UHID : CVIS.0000124296
Reported on : 08-03-2024 15:34
Adm/Consult Doctor :

Age : 40 Y F
OP Visit No : CVISOPV122179
Printed on : 08-03-2024 15:35
Ref Doctor : SELF

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name	: Mrs. SIVAPRASANTHI C H	Age	: 40 Y F
UHID	: CVIS.0000124296	OP Visit No	: CVISOPV122179
Reported on	: 08-03-2024 15:54	Printed on	: 08-03-2024 15:59
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 13.6cm. appears normal in size 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. 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 : 11.5 x 4.6 cm

Left kidney : 10.5 x 5.1 cm

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

Uterus appears normal in size. It shows normal shape and echo pattern.It measures 7.4 x 4.6 x 4.8 cm. Endometrial echo-complex appears normal and measures 5 mm.No intra/extra uterine gestational sac seen.

Both ovaries :Normal in size and echotexture.

Right ovary: 3.4 x 1.8 cm.

Left ovary: 3.1 x 2.4cm.

Patient Name : Mrs. SIVAPRASANTHI C H

UHID : CVIS.0000124296

Reported on : 08-03-2024 15:54

Adm/Consult Doctor :

Age : 40 Y F

OP Visit No : CVISOPV122179

Printed on : 08-03-2024 15:59

Ref Doctor : SELF

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***MINIMAL FLUID IN POUCH OF DOUGLAS.**

For clinico-lab correlation / follow - up / further work up.

This is only a screening test.

Printed on:08-03-2024 15:54

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name : Mrs.SIVAPRASANTHI C H
Age/Gender : 40 Y 6 M 0 D/F
UHID/MR No : CVIS.0000124296
Visit ID : CVISOPV122179
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 679789

Collected : 08/Mar/2024 08:52AM
Received : 08/Mar/2024 12:52PM
Reported : 08/Mar/2024 03:51PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:BED240061122

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mrs.SIVAPRASANTHI C H
 Age/Gender : 40 Y 6 M 0 D/F
 UHID/MR No : CVIS.0000124296
 Visit ID : CVISOPV122179
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 679789

Collected : 08/Mar/2024 08:52AM
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DEPARTMENT OF HAEMATOLOGY

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

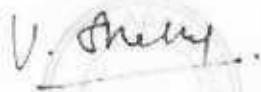
Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.4	g/dL	12-15	Spectrophotometer
PCV	42.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.7	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	11.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.8	%	40-80	Electrical Impedance
LYMPHOCYTES	32.2	%	20-40	Electrical Impedance
EOSINOPHILS	4.1	%	1-6	Electrical Impedance
MONOCYTES	4.9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4410	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2415	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	307.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	367.5	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.83		0.78- 3.53	Calculated
PLATELET COUNT	299000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
 PLATELETS ARE ADEQUATE.
 NO HEMOPARASITES SEEN

Page 2 of 13



DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:BED240061122

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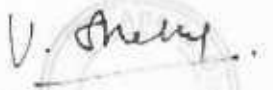
Patient Name : Mrs.SIVAPRASANTHI C H
Age/Gender : 40 Y 6 M 0 D/F
UHID/MR No : CVIS.0000124296
Visit ID : CVISOPV122179
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 679789

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DEPARTMENT OF HAEMATOLOGY

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

Page 3 of 13


DR. V. SNEHAL
M.D (PATH)
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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name	: Mrs.SIVAPRASANTHI C H	Collected	: 08/Mar/2024 08:52AM
Age/Gender	: 40 Y 6 M 0 D/F	Received	: 08/Mar/2024 12:52PM
UHID/MR No	: CVIS.0000124296	Reported	: 08/Mar/2024 03:51PM
Visit ID	: CVISOPV122179	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 679789		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:BED240061122

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mrs.SIVAPRASANTHI C H
 Age/Gender : 40 Y 6 M 0 D/F
 UHID/MR No : CVIS.0000124296
 Visit ID : CVISOPV122179
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 679789

Collected : 08/Mar/2024 08:52AM
 Received : 08/Mar/2024 12:52PM
 Reported : 08/Mar/2024 01:56PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	82	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	89	mg/dL	70-140	GOD - POD

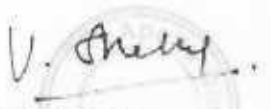
Comment:

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	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

Page 5 of 13


 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:EDT240027580

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Apollo Health and Lifestyle Limited

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs.SIVAPRASANTHI C H	Collected	: 08/Mar/2024 08:52AM
Age/Gender	: 40 Y 6 M 0 D/F	Received	: 08/Mar/2024 12:52PM
UHID/MR No	: CVIS.0000124296	Reported	: 08/Mar/2024 01:56PM
Visit ID	: CVISOPV122179	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 679789		

DEPARTMENT OF BIOCHEMISTRY

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

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)



V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

SIN No:EDT240027580

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(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs.SIVAPRASANTHI C H
 Age/Gender : 40 Y 6 M 0 D/F
 UHID/MR No : CVIS.0000124296
 Visit ID : CVISQPV122179
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 679789

Collected : 08/Mar/2024 08:52AM
 Received : 08/Mar/2024 12:19PM
 Reported : 08/Mar/2024 04:41PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

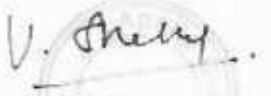
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	164	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	68	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	46	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	118	mg/dL	<130	Calculated
LDL CHOLESTEROL	104.74	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.56	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.57		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.


 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:SE04653628

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mrs.SIVAPRASANTHI C H
 Age/Gender : 40 Y 6 M 0 D/F
 UHID/MR No : CVIS.0000124296
 Visit ID : CVISOPV122179
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 679789

Collected : 08/Mar/2024 08:52AM
 Received : 08/Mar/2024 12:19PM
 Reported : 08/Mar/2024 12:58PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.58	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.76	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.9	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	68.80	U/L	42-98	IFCC
PROTEIN, TOTAL	7.84	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.52	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

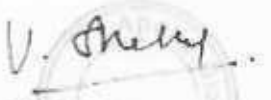
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.

Page 8 of 13


 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:SE04653628

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APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
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TO BOOK AN APPOINTMENT

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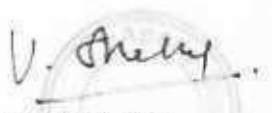
Patient Name : Mrs.SIVAPRASANTHI C H
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.67	mg/dL	0.5-0.9	Jaffe
UREA	24.93	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	11.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.26	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.71	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.79	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.84	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.52	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		0.9-2.0	Calculated


DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04653628

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017
Apollo Health and Lifestyle Limited

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APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
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TO BOOK AN APPOINTMENT

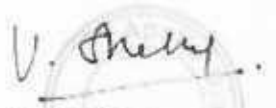
 **1860 500 7788**

Patient Name : Mrs.SIVAPRASANTHI C H	Collected : 08/Mar/2024 08:52AM
Age/Gender : 40 Y 6 M 0 D/F	Received : 08/Mar/2024 12:19PM
UHID/MR No : CVIS.0000124296	Reported : 08/Mar/2024 12:58PM
Visit ID : CVISOPV122179	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 679789	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	25.60	U/L	0-38	IFCC


DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04653628

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

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 Age/Gender : 40 Y 6 M 0 D/F
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	1.42	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	7.77	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	2.76	µIU/mL	0.3-4.5	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



V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

SIN No:SPL24040386

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Apollo Health and Lifestyle Limited

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.SIVAPRASANTHI C H
 Age/Gender : 40 Y 6 M 0 D/F
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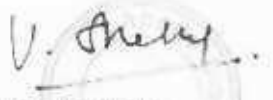
Collected : 08/Mar/2024 08:52AM
 Received : 08/Mar/2024 03:54PM
 Reported : 08/Mar/2024 05:15PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 12 of 13


 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:UR2299701

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Apollo Health and Lifestyle Limited

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APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs.SIVAPRASANTHI C H
 Age/Gender : 40 Y 6 M 0 D/F
 UHID/MR No : CVIS.0000124296
 Visit ID : CVISOPV122179
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 679789

Collected : 08/Mar/2024 08:52AM
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 Reported : 08/Mar/2024 05:14PM
 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 - 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

*** End Of Report ***

Result/s to Follow:
 LBC PAP TEST (PAPSURE)



V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

SIN No:UF010945

This test has been performed at Apollo Health and Lifestyle Ltd Vizag Lab ; Vizag-530017

Apollo Health and Lifestyle Limited

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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - SRIKAKULAM
C/O. LEAD BANK CELL,, ABOVE
SAMSUNG, HOW ROOM,, NEAR RCB
SRIKAKULAM BRANCH, - 0

To,

The Chief Medical Officer

M/S Mediwheel
https://mediwheel.in
/signup011-41195959(A brand
name of Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 40-50 Female

Shri/Smt./Kum. SIVAPRASANTHI C H.,

P.F. No. 679789 Designation : Single Window Operator-A

Checkup for Financial Year 2023-2024 Approved Charges Rs. 4500.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER



PS : Status of the application- Sactioned



 Name: *[Redacted]*

 Designation: *[Redacted]*

 Employee No.: 879188

 Date of Birth: 05-05-1983

 Date of Joining: 20.07.2010

 Signature: *[Signature]*

 Date of Issue: *[Redacted]*

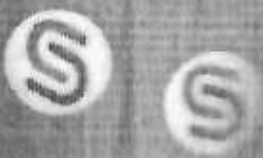


Union Bank



 Union Bank





Union Bank



 Union Bank



Exception Letter for CAP

Date: 08/02/24

Client Name: Ch. Siva Prasadhi

Gender -

UHID: 124298

We are Not delivered service due to

she will come for another

day on 10/02/24

SERVICE 2 echo test

So that we are unable to close all reports, once client visited again will close.

Regards,

EMP Name:

Vijay

Apollo clinic,

Vizag.

Client Name:

Signature:

Ph no:

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
08-03-2024 14:56	77 Beats/min	110/80 mmHg	18 Rate/min	98.6 F	170 cms	79 Kgs	%	%	Years	27.34	cms	cms	cms		AHLL09094

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
08-03-2024 14:56	77 Beats/min	110/80 mmHg	18 Rate/min	98.6 F	170 cms	79 Kgs	%	%	Years	27.34	cms	cms	cms		AHLL09094

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
08-03-2024 14:56	77 Beats/min	110/80 mmHg	18 Rate/min	98.6 F	170 cms	79 Kgs	%	%	Years	27.34	cms	cms	cms		AHLL09094

Name: Mrs. SIVAPRASANATHI C H
Age/Gender: 40 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ABHIJEET VISHWAS GHATGE

MR No: CVIS.0000124296
Visit ID: CVISOPV122179
Visit Date: 08-03-2024 08:41
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. SIVAPRASANATHI C H
Age/Gender: 40 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
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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. SIVAPRASANATHI C H
Age/Gender: 40 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ABHIJEET SINGH SACHAN

MR No: CVIS.0000124296
Visit ID: CVISOPV122179
Visit Date: 08-03-2024 08:41
Discharge Date:
Referred By: SELF

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Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ADIREDDY GOPALAKRISHNA

MR No: CVIS.0000124296
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Doctor:
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Consulting Doctor: Dr. ABHIJEET VISHWAS GHATGE

MR No: CVIS.0000124296
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Doctor's Signature

Patient Name : Mrs. SIVAPRASANTHI C H

Age/Gender : 40 Y/F

UHID/MR No. : CVIS.0000124296

OP Visit No : CVISOPV122179

Sample Collected on :

Reported on : 08-03-2024 13:37

LRN# : RAD2259766

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 679789

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. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name : Mrs. SIVAPRASANTHI C H

Age/Gender : 40 Y/F

UHID/MR No. : CVIS.0000124296

OP Visit No : CVISOPV122179

Sample Collected on :

Reported on : 08-03-2024 15:35

LRN# : RAD2259766

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 679789

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

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 clinico-lab correlation / follow - up / further work up.

This is only a screening test.

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name : Mrs. SIVAPRASANTHI C H

Age/Gender : 40 Y/F

UHID/MR No. : CVIS.0000124296

OP Visit No : CVISOPV122179

Sample Collected on :

Reported on : 08-03-2024 15:59

LRN# : RAD2259766

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 679789

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 13.6cm. appears normal in size 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. 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 : 11.5 x 4.6 cm

Left kidney : 10.5 x 5.1 cm

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

Uterus appears normal in size. It shows normal shape and echo pattern.It measures 7.4 x 4.6 x 4.8 cm. Endometrial echo-complex appears normal and measures 5 mm.No intra/extra uterine gestational sac seen.

Both ovaries :Normal in size and echotexture.

Right ovary: 3.4 x 1.8 cm.

Left ovary: 3.1 x 2.4cm.

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***MINIMAL FLUID IN POUCH OF DOUGLAS.**

Patient Name : Mrs. SIVAPRASANTHI C H

Age/Gender : 40 Y/F

**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**

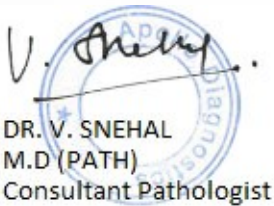
Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name : Mrs.SIVAPRASANTHI C H	Collected : 08/Mar/2024 08:52AM
Age/Gender : 40 Y 6 M 0 D/F	Received : 08/Mar/2024 12:52PM
UHID/MR No : CVIS.0000124296	Reported : 08/Mar/2024 03:51PM
Visit ID : CVISOPV122179	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 679789	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240061122

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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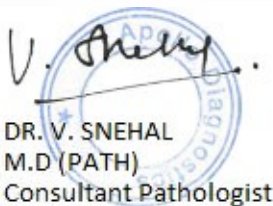
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.4	g/dL	12-15	Spectrophotometer
PCV	42.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.7	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	11.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.8	%	40-80	Electrical Impedance
LYMPHOCYTES	32.2	%	20-40	Electrical Impedance
EOSINOPHILS	4.1	%	1-6	Electrical Impedance
MONOCYTES	4.9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4410	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2415	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	307.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	367.5	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.83		0.78- 3.53	Calculated
PLATELET COUNT	299000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
 PLATELETS ARE ADEQUATE.
 NO HEMOPARASITES SEEN



DR. V. SNEHAL
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 Consultant Pathologist




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DEPARTMENT OF HAEMATOLOGY

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



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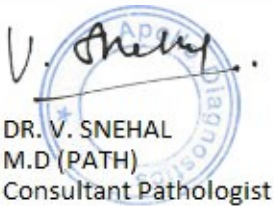
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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M.D (PATH)
Consultant Pathologist



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Age/Gender : 40 Y 6 M 0 D/F	Received : 08/Mar/2024 12:52PM
UHID/MR No : CVIS.0000124296	Reported : 08/Mar/2024 01:56PM
Visit ID : CVISOPV122179	Status : Final Report
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Emp/Auth/TPA ID : 679789	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	82	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > 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.

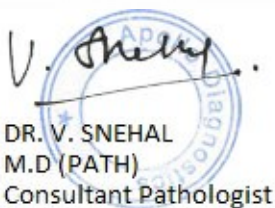
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	89	mg/dL	70-140	GOD - POD

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	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated



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SIN No:EDT240027580

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DEPARTMENT OF BIOCHEMISTRY

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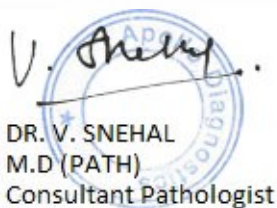
Comment:

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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DEPARTMENT OF BIOCHEMISTRY

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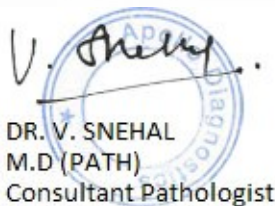
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	164	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	68	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	46	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	118	mg/dL	<130	Calculated
LDL CHOLESTEROL	104.74	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.56	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.57		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.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04653628

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.58	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.76	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.9	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	68.80	U/L	42-98	IFCC
PROTEIN, TOTAL	7.84	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.52	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

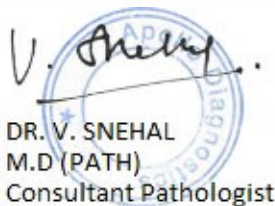
1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



DR. V. SNEHAL
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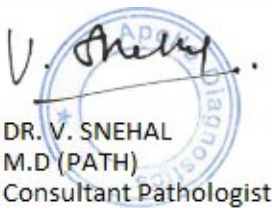
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.67	mg/dL	0.5-0.9	Jaffe
UREA	24.93	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	11.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.26	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.71	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.79	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.84	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.52	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		0.9-2.0	Calculated



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Age/Gender : 40 Y 6 M 0 D/F	Received : 08/Mar/2024 12:19PM
UHID/MR No : CVIS.0000124296	Reported : 08/Mar/2024 12:58PM
Visit ID : CVISOPV122179	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 679789	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	25.60	U/L	0-38	IFCC



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04653628

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.SIVAPRASANTHI C H	Collected : 08/Mar/2024 08:52AM
Age/Gender : 40 Y 6 M 0 D/F	Received : 08/Mar/2024 12:19PM
UHID/MR No : CVIS.0000124296	Reported : 08/Mar/2024 03:54PM
Visit ID : CVISOPV122179	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 679789	

DEPARTMENT OF IMMUNOLOGY

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

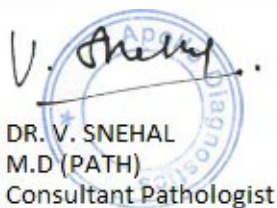
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.42	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	7.77	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	2.76	µIU/mL	0.3-4.5	CLIA

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	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



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SIN No:SPL24040386

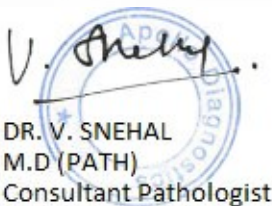
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.SIVAPRASANTHI C H	Collected : 08/Mar/2024 08:52AM
Age/Gender : 40 Y 6 M 0 D/F	Received : 08/Mar/2024 03:54PM
UHID/MR No : CVIS.0000124296	Reported : 08/Mar/2024 05:15PM
Visit ID : CVISOPV122179	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 679789	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. V. SNEHAL
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Consultant Pathologist



SIN No:UR2299701

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.SIVAPRASANTHI C H	Collected : 08/Mar/2024 08:52AM
Age/Gender : 40 Y 6 M 0 D/F	Received : 08/Mar/2024 03:54PM
UHID/MR No : CVIS.0000124296	Reported : 08/Mar/2024 05:14PM
Visit ID : CVISOPV122179	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 679789	

DEPARTMENT OF CLINICAL PATHOLOGY

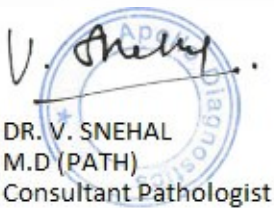
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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

Result/s to Follow:
LBC PAP TEST (PAPSURE)



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SIN No:UF010945

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017