



**Fwd: Health Check up Booking Confirmed Request(bobS49040),Package Code-PKG10000377, Beneficiary Code-244350**

srinivas ramavath <srinivasulu.433@gmail.com>

Sat 2/24/2024 1:28 AM

To: Hitechcity Apolloclinic <hitechcity@apolloclinic.com>

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Fri, Feb 23, 2024, 1:53 PM

Subject: Health Check up Booking Confirmed Request(bobS49040),Package Code-PKG10000377, Beneficiary Code-244350

To: <srinivasulu.433@gmail.com>

Cc: <customercare@mediwheel.in>

**011-41195959**

Dear **Ramavath sreenu naik**,

We are pleased to confirm your health checkup booking request with the following details.

**Booking Date** : 23-10-2023

**Hospital Package Name** : Mediwheel Full Body Health Annual Plus Check

**Patient Package Name** : Mediwheel Full Body Health Checkup Female Below 40

**Name of Diagnostic/Hospital** : Apollo Medical Centre - Kondapur

**Address of Diagnostic/Hospital-** Apollo Medical centre, Kothaguda X Roads, Beside Swagth De-Royal Restaurants, Kondapur - 500084

**City** : Hyderabad

**State** :

**Pincode** : 500084

**Appointment Date** : 24-02-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:00am-8:30am

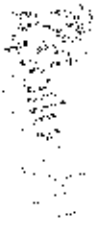
**Booking Status** : Booking Confirmed

Member Information		
Member Name	Age	Gender
Banavath santhi	24 year	Female

*Please ensure you are on complete fasting for 10-To-12-Hours prior to check.*

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or



# APOLLO MEDICAL CENTER PHYSICAL EXAMINATION FORM

DATE: 24/2/24.

NAME: Mrs.

B. Sankhi

HEIGHT

150

WEIGHT

55

CHEST MEASUREMENT

93

ABDOMEN

90

PULSE

69

BP

100/70

UHD: 427473

AGE: 24/F

BMI

24.4

OUT

87

WAIST

83

HIP

94

THE APOLLO MEDICAL CENTER # 2-2016/A, KOTHAGUDA X ROADS, NEAR HARSHA TOYOTA SHOWROOM, KONDAPURHITECH CITY, HYDERABAD. SUD032. PH: NO-040-30166600/77. EMAIL: [hr@apolloclinics.com](mailto:hr@apolloclinics.com)

Patient Name	: Mrs. BANAVATH SANTHI	Age	: 24 Y/F
UHID	: CKONJ0006127473	OP Visit No	: CKONOPV639979
Reported By:	Dr. RAMU ANKAM	Conducted Date	: 24-02-2024 20:14
Referred By	: SELF		

### ECG REPORT

#### Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 69 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:

WITHIN NORMAL LIMITS.

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



Dr. RAMU ANKAM

#### Apollo Health and Lifestyle Limited

(CIN - U65110TG2000PI C046099) Regd. Office: 7-1-G17/A, 7<sup>th</sup> Floor, Imperial Towers, Amcnpur, Hyderabad-500016, Telangana.

#### APOLLO CLINICS NETWORK

Andhra Pradesh: Tirupati (Sankarabadi Circle) Vizag (Seethamma Peta)

Telangana: Hyderabad (AS Rao Nagar | Chandu Nagar | Jubilee Hills | Kondapur | Kailakunta | Nizampet | SR Nagar | Vanasthalipuram)

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TO BOOK AN APPOINTMENT

**1860-500-7788**

Banavathi santhi  
ID: 427473

24 YEARS

Female

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

24.02.2024 8:05:49  
APOLLO MEDICAL CENTRE  
HYDERABAD

Location:  
Order Number:  
Visit:

Room:

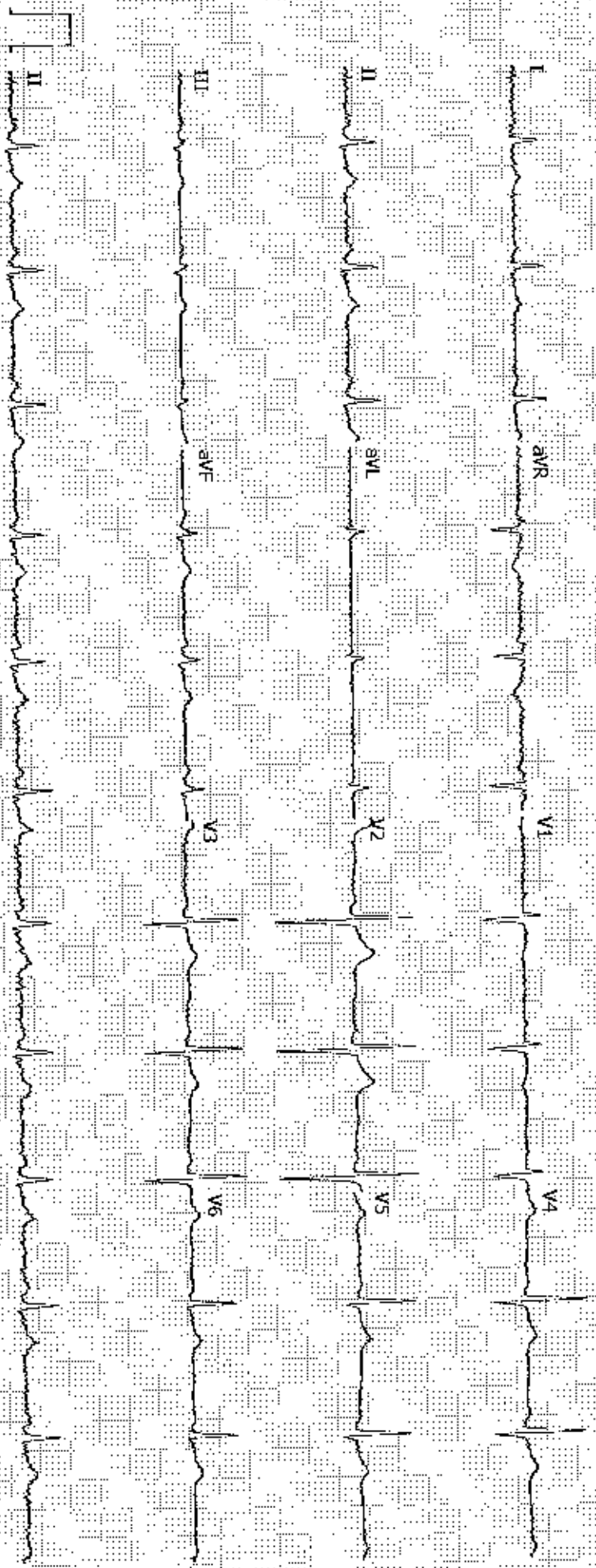
69 bpm  
+/- mmHg

Indications:  
Medication 1:  
Medication 2:  
Medication 3:

QRS : 76 ms  
QT / QTcBaz : 378 / 405 ms  
PR : 148 ms  
P : 98 ms  
RR / PP : 866 / 869 ms  
P / QRS / T : 47 / 34 / 42 degrees

Normal sinus rhythm  
Normal ECG

*Handwritten signature*



GE MAC2000 1.L 12SL\* V241 25 mm/s 10 mm/mV AOS 0.56-40 Hz 50 Hz

Unconfirmed

4.2.5x3\_25\_R1 1/1

## GLASS PRESCRIPTION

DATE: 20/10/2024

UHID: L257473

PATIENT NAME: Mrs. Banarath  
Santhi

AGE/ GENDER:  
26/ F.

	UAVA	SPIH	CYL	AXIS	ADD	BCVA
OD	6/6	+	---	---	---	20/20
OS	6/6	+	---	---	---	20/20

COLOR VISION: BC normal

INSTRUCTIONS:

*[Handwritten Signature]*  
SIGNATURE

Patient Name : Mrs. BANAVATHI SANTI  
 UHID : CKON0000427473  
 Conducted By: Dr. RAMU ANKAM  
 Referred By : SELF

Age : 24 Yr  
 OP V. No : CKON OPV639979  
 Consult Date : 24-02-2024 16:31

**ED-ECHO WITH COLOUR DOPPLER**

**Dimensions:**

Ao (cd)	3.0 CM
LA (cd)	3.1 CM
LVID (cd)	4.3 CM
LVID (cs)	2.7 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	65.00%
%TD	35.00%
MITRAL VALVE:	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

NO REGIONAL WALL MOTION ABNORMALITY

**COLOUR AND DOPPLER STUDIES**

PJV: 0.5  
 AVJ: 1.0  
 E: 0.9 m/s  
 A: 0.6 m/s

**Apollo Health and Lifestyle Limited**

(CIN - U8511GTG2000PLC046080) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Inpona Towers, Ammipet, Hyderabad - 500016, Telangana.

**APOLLO CLINICS NETWORK**

Andhra Pradesh: Tirupati (Sankarabadi Circle) Vizag (Seethamma Peta)

Telangana: Hyderabad (AS Rao Nagar | Charada Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizambet | SR Nagar | Mirusillaipuram)

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TO BOOK AN APPOINTMENT

1860 500 7788



IMPRESSION:-  
NORMAL CHAMBERS  
NO RWMA  
GOOD LV/ RV FUNCTION  
NO MR/ TR/ AR/ PAF  
NO CLOT/ PE



DR. RAM  
SINHA

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC040089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

**APOLLO CLINICS NETWORK**

Andhra Pradesh: **Tirupati** (Sankarabadi Circle) | **Vizag** (Seethamma Peta)

Telangana: **Hyderabad** (AE Rao Nagar) | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram

Online appointments: [www.apollohcn.com](http://www.apollohcn.com) | Online reports: <https://phr.apolloclinic.com> | [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT





Name	Mrs. B. Santhi	Date	24/02/24
Age	24 y	UHID No.	427473
<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Ref. Physician	Dr. Ramu. A.
Ref. Diagnosis			

## Echocardiogram Report

Echogenicity  Poor  Adequate  Good      Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ BSA \_\_\_\_\_

DIMENSIONS		NORMAL	DIMENSIONS		NORMAL
Ao (ed)	3.0	cm (1.5cm / m <sup>2</sup> )	IVS (Ed)	1.0	cm (0.6 - 1.2 cm)
LA (es)	3.1	cm (1.5cm / m <sup>2</sup> )	LVPW (Ed)	1.0	cm (0.6 - 1.1 cm)
RVID (ed)	3.2	cm (0.9 cm / m <sup>2</sup> )	EF	65	(0.62 - 0.85)
LVID (ed)	4.2	cm (2.6 - 3.4 cm / m <sup>2</sup> )	% FD	35	(2.8% - 42%)
LVID (es)	2.2				

### MORPHOLOGICAL DATA

Mitral Valve	AML	2	Interatrial septum	2
	PML	2	Interventricular septum	2
Aortic Valve		2	Pulmonary artery	2
Tricuspid valve		2	Aorta	2
Pulmonary valve		2	Right atrium	2
Right ventricle		2	Left atrium	2

Customer Pending Tests  
PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION

Customer Pending Tests

x-ray pending(recently done in other hospital)

PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION

<b>Patient Name</b>	: Mrs. BANAVATH SANTHI	<b>Age/Gender</b>	: 24 Y/F
<b>UHID/MR No.</b>	: CKON.0000427473	<b>OP Visit No</b>	: CKONOPV639979
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 25-02-2024 08:22
<b>LRN#</b>	: RAD2246028	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 59579551239		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** 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.

**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 & echo pattern.Endometrial echo-complex appears normal and measures 7 mm.No intra/extra uterine gestational sac seen.

**Both ovaries** Multiple small follicles are noted in the periphery of both the ovaries,with central echogenic stroma--S/O ? Polycystic ovaries.

Right ovary measures 31 x 22 mm                      Left ovary measures 38 x 22 mm.

**IMPRESSION:-**

**\*\*BILATERAL PCOD PATTERN.**

**Suggest – clinical correlation.**



**Patient Name** : Mrs. BANAVATH SANTHI

**Age/Gender** : 24 Y/F

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(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. PANKAJ HARKUT**  
MBBS, DMRD  
Radiology



**Patient Name** : Mrs. BANAVATH SANTHI

**Age/Gender** : 24 Y/F

**UHID/MR No.** : CKON.0000427473

**OP Visit No** : CKONOPV639979

**Sample Collected on** :

**Reported on** : 26-02-2024 17:28

**LRN#** : RAD2246028

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 59579551239

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

**SKIP THE X RAY EXAMINATION**

Patient Name : Mrs.BANAVATH SANTHI	Collected : 24/Feb/2024 08:09AM
Age/Gender : 24 Y 7 M 9 D/F	Received : 24/Feb/2024 10:09AM
UHID/MR No : CKON.0000427473	Reported : 24/Feb/2024 04:31PM
Visit ID : CKONOPV639979	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 59579551239	

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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.6	g/dL	12-15	Spectrophotometer
PCV	42.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>5.01</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85	fL	83-101	Calculated
MCH	27.2	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	55	%	40-80	Electrical Impedance
LYMPHOCYTES	38	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3850	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2660	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	140	Cells/cu.mm	20-500	Calculated
MONOCYTES	350	Cells/cu.mm	200-1000	Calculated
Neutrophil Lymphocyte ratio (NLR)	1.45		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	158000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	06	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC WBC WITHIN NORMAL LIMITS PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN				




Dr. Sukumar Sannidhi  
MD(Path)  
Consultant Pathologist

Patient Name	: Mrs.BANAVATH SANTHI	Collected	: 24/Feb/2024 08:09AM
Age/Gender	: 24 Y 7 M 9 D/F	Received	: 24/Feb/2024 10:09AM
UHID/MR No	: CKON.0000427473	Reported	: 24/Feb/2024 04:31PM
Visit ID	: CKONOPV639979	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 59579551239		

**DEPARTMENT OF HAEMATOLOGY**

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



**Dr. Sukumar Sannidhi**  
MD(Path)  
Consultant Pathologist





Patient Name : Mrs.BANAVATH SANTHI	Collected : 24/Feb/2024 08:09AM
Age/Gender : 24 Y 7 M 9 D/F	Received : 24/Feb/2024 10:09AM
UHID/MR No : CKON.0000427473	Reported : 24/Feb/2024 01:18PM
Visit ID : CKONOPV639979	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 59579551239	

**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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination




**Dr. Sukumar Sannidhi**  
MD(Path)  
Consultant Pathologist

Patient Name : Mrs.BANAVATH SANTHI	Collected : 24/Feb/2024 08:09AM
Age/Gender : 24 Y 7 M 9 D/F	Received : 24/Feb/2024 10:09AM
UHID/MR No : CKON.0000427473	Reported : 24/Feb/2024 10:44AM
Visit ID : CKONOPV639979	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 59579551239	

**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	88	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.




**Dr. Sukumar Sannidhi**  
MD(Path)  
Consultant Pathologist

Patient Name : Mrs.BANAVATH SANTHI	Collected : 24/Feb/2024 11:51AM
Age/Gender : 24 Y 7 M 9 D/F	Received : 24/Feb/2024 01:30PM
UHID/MR No : CKON.0000427473	Reported : 24/Feb/2024 02:30PM
Visit ID : CKONOPV639979	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 59579551239	

**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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	98	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.




**Dr. Sukumar Sannidhi**  
MD(Path)  
Consultant Pathologist

Patient Name : Mrs.BANAVATH SANTHI	Collected : 24/Feb/2024 08:09AM
Age/Gender : 24 Y 7 M 9 D/F	Received : 24/Feb/2024 11:34AM
UHID/MR No : CKON.0000427473	Reported : 24/Feb/2024 03:18PM
Visit ID : CKONOPV639979	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 59579551239	

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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL		Calculated

**Comment:**

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

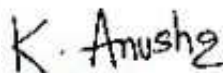
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

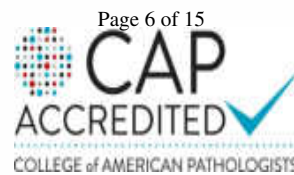
- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated 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)



**Dr. RAJESH BATTINA**  
PhD.(Biochemistry)  
Consultant Biochemist



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



SIN No:EDT240021181

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

Patient Name : Mrs.BANAVATH SANTHI	Collected : 24/Feb/2024 08:09AM
Age/Gender : 24 Y 7 M 9 D/F	Received : 24/Feb/2024 11:34AM
UHID/MR No : CKON.0000427473	Reported : 24/Feb/2024 03:18PM
Visit ID : CKONOPV639979	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 59579551239	

DEPARTMENT OF BIOCHEMISTRY

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

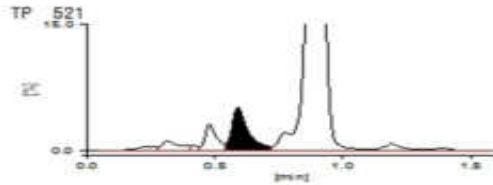
Chromatogram Report

V5.28.1 2024-02-24 12:22:29  
 ID EDT240021181  
 Sample No. 02240057 SL 0002 - 01  
 Patient ID  
 Name  
 Comment:

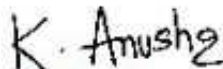
CALIB Name	%	Time	Area
ATA	0.5	0.25	7.04
A1B	1.0	0.31	14.22
F	0.2	0.41	2.83
LA10+	1.7	0.48	25.00
SA1C	5.2	0.59	57.11
A0	92.8	0.89	1325.51
H-V0			
H-V1			
H-V2			

Total Area 1431.71

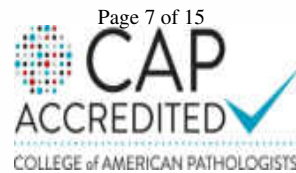
HbA1c 5.2 % IFCC 34 mmol/mol  
 HbA1 6.7 % HbF 0.2 %




Dr. RAJESH BATTINA  
 PhD.(Biochemistry)  
 Consultant Biochemist



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



SIN No:EDT240021181

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



Patient Name : Mrs.BANAVATH SANTHI	Collected : 24/Feb/2024 08:09AM
Age/Gender : 24 Y 7 M 9 D/F	Received : 24/Feb/2024 11:41AM
UHID/MR No : CKON.0000427473	Reported : 24/Feb/2024 12:58PM
Visit ID : CKONOPV639979	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 59579551239	

**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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	178	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	116	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	53	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	125	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>101.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.36		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. Sukumar Sannidhi**  
MD(Path)  
Consultant Pathologist



Patient Name : Mrs.BANAVATH SANTHI	Collected : 24/Feb/2024 08:09AM
Age/Gender : 24 Y 7 M 9 D/F	Received : 24/Feb/2024 11:41AM
UHID/MR No : CKON.0000427473	Reported : 24/Feb/2024 01:47PM
Visit ID : CKONOPV639979	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 59579551239	

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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.80	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	89.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		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.



Dr. Sukumar Sannidhi  
MD(Path)  
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Patient Name : Mrs.BANAVATH SANTHI	Collected : 24/Feb/2024 08:09AM
Age/Gender : 24 Y 7 M 9 D/F	Received : 24/Feb/2024 04:42PM
UHID/MR No : CKON.0000427473	Reported : 24/Feb/2024 08:09PM
Visit ID : CKONOPV639979	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 59579551239	

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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.51	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	26.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.62	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.43	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.93	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)



Dr. RAJESH BATTINA  
PhD.(Biochemistry)  
Consultant Biochemist



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

Page 10 of 15  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:BI18466138

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



Patient Name : Mrs.BANAVATH SANTHI	Collected : 24/Feb/2024 08:09AM
Age/Gender : 24 Y 7 M 9 D/F	Received : 24/Feb/2024 11:41AM
UHID/MR No : CKON.0000427473	Reported : 24/Feb/2024 12:58PM
Visit ID : CKONOPV639979	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 59579551239	

**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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	25.00	U/L	12-43	Glycylglycine Nitoranalide




**Dr. Sukumar Sannidhi**  
MD(Path)  
Consultant Pathologist

Patient Name : Mrs.BANAVATH SANTHI	Collected : 24/Feb/2024 08:09AM
Age/Gender : 24 Y 7 M 9 D/F	Received : 24/Feb/2024 10:09AM
UHID/MR No : CKON.0000427473	Reported : 24/Feb/2024 12:14PM
Visit ID : CKONOPV639979	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 59579551239	

**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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.23	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>2.90</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.508	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

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




**Dr. Sukumar Sannidhi**  
MD(Path)  
Consultant Pathologist

Patient Name : Mrs.BANAVATH SANTHI	Collected : 24/Feb/2024 08:09AM
Age/Gender : 24 Y 7 M 9 D/F	Received : 24/Feb/2024 12:51PM
UHID/MR No : CKON.0000427473	Reported : 24/Feb/2024 02:06PM
Visit ID : CKONOPV639979	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 59579551239	

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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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	POSITIVE ++		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE ++		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	5-6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6-7	/hpf	<10	MICROSCOPY
RBC	3-4	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Sukumar Sannidhi  
MD(Path)  
Consultant Pathologist



Patient Name : Mrs.BANAVATH SANTHI	Collected : 24/Feb/2024 08:09AM
Age/Gender : 24 Y 7 M 9 D/F	Received : 24/Feb/2024 12:51PM
UHID/MR No : CKON.0000427473	Reported : 24/Feb/2024 01:52PM
Visit ID : CKONOPV639979	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 59579551239	

**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. Sukumar Sannidhi**  
MD(Path)  
Consultant Pathologist

Patient Name : Mrs.BANAVATH SANTHI	Collected : 24/Feb/2024 05:14PM
Age/Gender : 24 Y 7 M 9 D/F	Received : 25/Feb/2024 09:26PM
UHID/MR No : CKON.0000427473	Reported : 27/Feb/2024 12:11PM
Visit ID : CKONOPV639979	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 59579551239	

DEPARTMENT OF CYTOLOGY

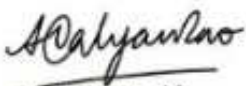
LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	3947/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	FUNGAL ELEMENTS MORPHOLOGICALLY CONSISTENT WITH CANDIDA
<b>IV</b>	<b>INTERPRETATION</b>	CANDIDIASIS

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. A. Kalyan Rao  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



SIN No:CS075189

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