

Patient Name : Mrs.AKANSHA SRIVASTAVA	Collected : 11/Oct/2024 09:39AM
Age/Gender : 36 Y 1 M 2 D/F	Received : 11/Oct/2024 03:14PM
UHID/MR No : CKOR.0000102187	Reported : 11/Oct/2024 05:06PM
Visit ID : CSAROPV358808	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34383	

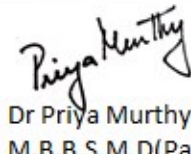
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.2	g/dL	12-15	Spectrophotometer
PCV	39.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.42	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	89	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,900	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.9	%	40-80	Electrical Impedence
LYMPHOCYTES	35.1	%	20-40	Electrical Impedence
EOSINOPHILS	1.2	%	1-6	Electrical Impedence
MONOCYTES	6.7	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2788.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1719.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	58.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	328.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	4.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.62		0.78- 3.53	Calculated
PLATELET COUNT	182000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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

AND LIFESTYLE LIMITED- RRL BANGALORE



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RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

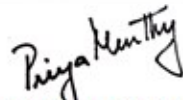
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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M.B.B.S,M.D(Pathology)
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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M.B.B.S,M.D(Pathology)
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AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mrs.AKANSHA SRIVASTAVA	Collected : 11/Oct/2024 09:39AM
Age/Gender : 36 Y 1 M 2 D/F	Received : 11/Oct/2024 03:31PM
UHID/MR No : CKOR.0000102187	Reported : 11/Oct/2024 03:51PM
Visit ID : CSAROPV358808	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	122	mg/dL	70-100	HEXOKINASE

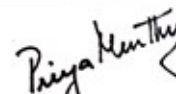
Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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


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



Patient Name : Mrs.AKANSHA SRIVASTAVA	Collected : 11/Oct/2024 11:58AM
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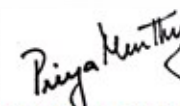
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	110	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
 Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.


 Dr.Govinda Raju N L
 MSc,PhD(Biochemistry)
 Consultant Biochemistry


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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: SAR241001186

Apollo Health and Lifestyle Limited (CIN - U06110TC2000PHG115819)
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 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
 32/100/125, Doddabangla Village, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.


4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

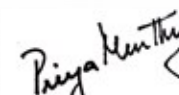
5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


Dr. Govinda Raju N L
 MSc, PhD (Biochemistry)
 Consultant Biochemistry


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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: SAR241001153

Apollo Health and Lifestyle Limited

(CIN - U061107C2000PHG115819)

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Address:

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 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034

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DEPARTMENT OF BIOCHEMISTRY


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

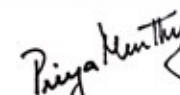
Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	214	mg/dL	<200	CHO-POD
TRIGLYCERIDES	104	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	174	mg/dL	<130	Calculated
LDL CHOLESTEROL	152.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.34		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.06		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220


Dr. Govinda Raju N L
 MSc,PhD(Biochemistry)
 Consultant Biochemistry


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



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

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.57	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	107.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.27	g/dL	6.6-8.3	Biuret
ALBUMIN	4.33	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		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. 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, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

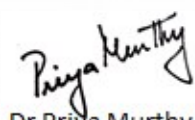
2. Cholestatic Patten:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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MSc,PhD(Biochemistry)
Consultant Biochemistry



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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
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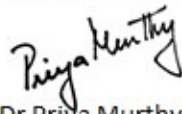
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.72	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	16.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.14	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.67	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.27	g/dL	6.6-8.3	Biuret
ALBUMIN	4.33	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	<38	IFCC

Priya Murthy

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M.B.B.S.,M.D(Pathology)
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UHID/MR No : CKOR.0000102187	Reported : 11/Oct/2024 05:10PM
Visit ID : CSAROPV358808	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34383	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.05	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.81	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.366	µIU/mL	0.34-5.60	CLIA

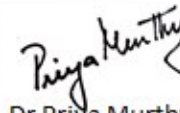
Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes


Dr. Govinda Raju N L
 MSc, PhD (Biochemistry)
 Consultant Biochemistry


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



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 SIN No: SAR241001154

Apollo Health and Lifestyle Limited (CIN - U081107C2800PH6115849)
 This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
 Apollo Health and Lifestyle Limited, Apollo Health and Lifestyle Ltd, RRL BANGALORE Laboratory, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034


1860 500 7788
 www.apolloclinic.com

APOLLO CLINICS NETWORK
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Patient Name : Mrs.AKANSHA SRIVASTAVA	Collected : 11/Oct/2024 09:39AM
Age/Gender : 36 Y 1 M 2 D/F	Received : 11/Oct/2024 03:14PM
UHID/MR No : CKOR.0000102187	Reported : 11/Oct/2024 05:10PM
Visit ID : CSAROPV358808	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34383	

DEPARTMENT OF IMMUNOLOGY

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

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

Govinda Raju
Dr.Govinda Raju N L
 MSc,PhD(Biochemistry)
 Consultant Biochemistry

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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: SAR241001154

Apollo Health and Lifestyle Limited (CIN - U061107C2009PLG115819)
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 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034

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Patient Name : Mrs.AKANSHA SRIVASTAVA	Collected : 11/Oct/2024 09:39AM
Age/Gender : 36 Y 1 M 2 D/F	Received : 11/Oct/2024 05:45PM
UHID/MR No : CKOR.0000102187	Reported : 11/Oct/2024 06:16PM
Visit ID : CSAROPV358808	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34383	

DEPARTMENT OF CLINICAL PATHOLOGY

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

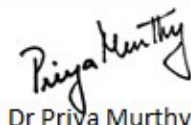
Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.009		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image based microscopy
RBC	1	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



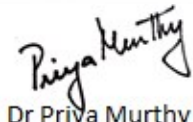
Patient Name : Mrs.AKANSHA SRIVASTAVA	Collected : 11/Oct/2024 09:39AM
Age/Gender : 36 Y 1 M 2 D/F	Received : 11/Oct/2024 05:45PM
UHID/MR No : CKOR.0000102187	Reported : 11/Oct/2024 06:16PM
Visit ID : CSAROPV358808	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34383	

DEPARTMENT OF CLINICAL PATHOLOGY

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



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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

AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mrs.AKANSHA SRIVASTAVA	Collected : 11/Oct/2024 09:39AM
Age/Gender : 36 Y 1 M 2 D/F	Received : 11/Oct/2024 05:45PM
UHID/MR No : CKOR.0000102187	Reported : 11/Oct/2024 06:40PM
Visit ID : CSAROPV358808	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34383	

DEPARTMENT OF CLINICAL PATHOLOGY

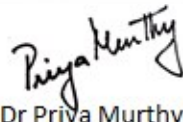
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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

AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mrs.AKANSHA SRIVASTAVA	Collected : 11/Oct/2024 01:38PM
Age/Gender : 36 Y 1 M 2 D/F	Received : 12/Oct/2024 02:37PM
UHID/MR No : CKOR.0000102187	Reported : 14/Oct/2024 06:02PM
Visit ID : CSAROPV358808	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34383	

DEPARTMENT OF CYTOLOGY

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	22512/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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

Page 16 of 16
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SIN N: SAR241001205
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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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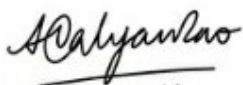
APOLLO CLINICS NETWORK
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Patient Name : Mrs.AKANSHA SRIVASTAVA
Age/Gender : 36 Y 1 M 2 D/F
UHID/MR No : CKOR.0000102187
Visit ID : CSAROPV358808
Ref Doctor : Self
Emp/Auth/TPA ID : 22E34383

Collected : 11/Oct/2024 01:38PM
Received : 12/Oct/2024 02:37PM
Reported : 14/Oct/2024 06:02PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



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



CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



THIS REPORT IS VALID ONLY AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034



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Patient Name	: Mrs. Akansha Srivastava	Age	: 36Yrs 1Mths 2Days
UHID	: CKOR.0000102187	OP Visit No.	: CSAROPV358808
Printed On	: 11-10-2024 10:34 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E34383		

DEPARTMENT OF RADIOLOGY

ULTRASOUND OF ABDOMEN & PELVIS

LIVER : Normal in size & echotexture normal. No focal lesion. No intra hepatic biliary duct dilatation. Portal & hepatic veins appear normal. PV: Normal. CBD: Normal.

GALL BLADDER : Minimally distended. No intraluminal calculi seen. Wall thickness is normal.

PANCREAS : Obscured by bowel gas. However the visualized parts of the pancreas appear grossly normal. Para-Aortic areas could not be seen.

SPLEEN : Normal in size & echotexture normal. No focal / diffuse lesions.

KIDNEYS : Both kidneys are normal in size and echotexture. No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Normal in wall thickness and lumen are normal. Contents clear. No calculus seen.

UTERUS : Anteverted. Normal in size and echotexture. Endometrial and myometrium appears normal. Endometrial thickness: 7mm.

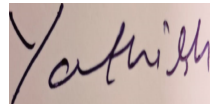
POD – clear.

OVARIES : Both ovaries are normal in size & echopattern. No obvious mass noted.

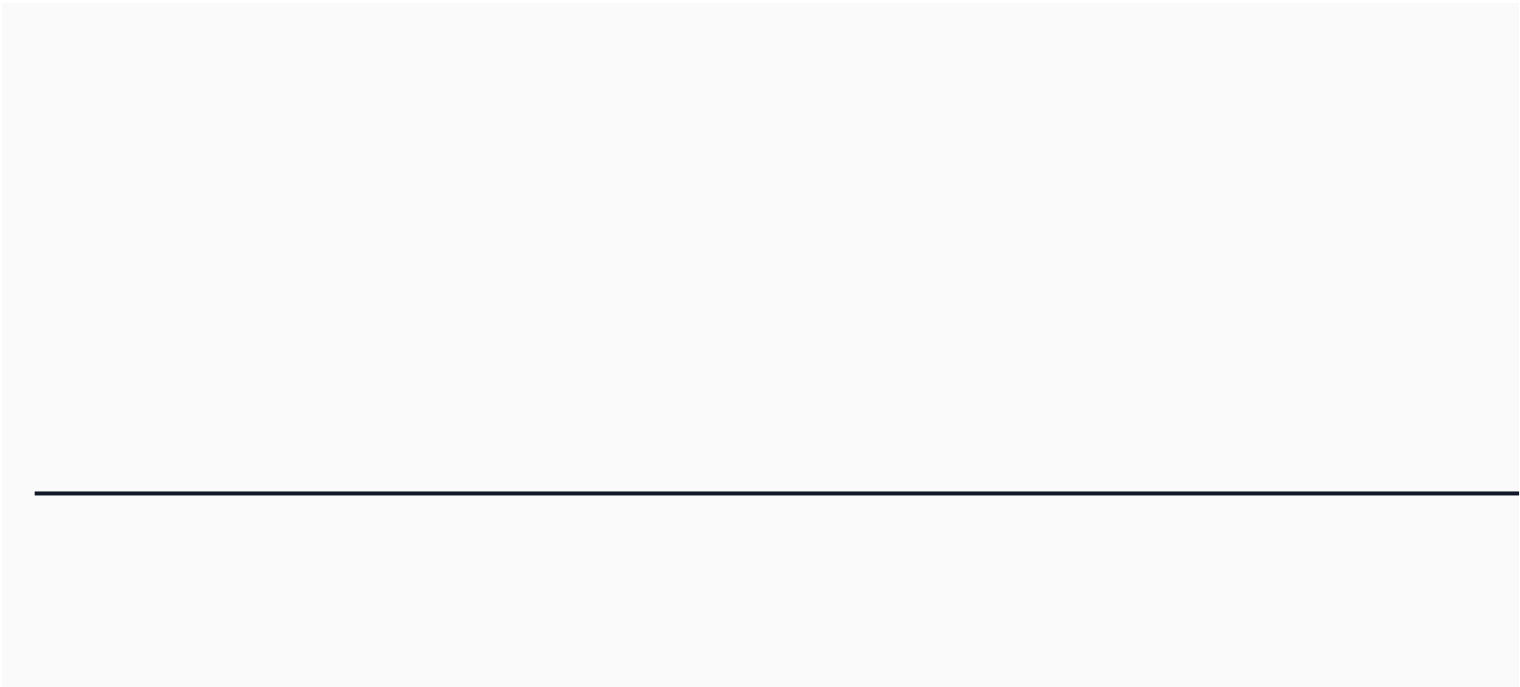
IMPRESSION : No sonologically detectable abnormality seen in the present study.

(The sonography findings should always be considered in correlation with the clinical and other investigation findings where applicable). It is only a professional opinion. Not valid for medico-legal purpose) Higher imaging techniques to be done, depending on the condition of the patient, if clinically needed.

---End Of The Report---



Dr. YATHISH B M
MBBS, MD. RADIO DIAGNOSIS
129691
Radiology



Patient Name	: Mrs. Akansha Srivastava	Age	: 36Yrs 1Mths 7Days
UHID	: CKOR.0000102187	OP Visit No.	: CSAROPV358808
Printed On	: 16-10-2024 10:44 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34383		

DEPARTMENT OF CARDIOLOGY

ECG

Observation :-

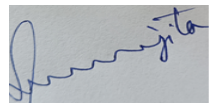
1. Normal Sinus Rhythm.
2. Heart rate is Normal
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:-

NORMAL RESTING ECG.

NOTE:-KINDLY TAKE A PHOTOCOPY OF THE GRAPH FOR FUTURE REFERENCE IF NEEDED

---End Of The Report---



Dr. SUMANJITA BORA
MBBS, PGDCC
MCI-IMR-13/903
Cardiology

Patient Name	: Mrs. Akansha Srivastava	Age	: 36Yrs 1Mths 8Days
UHID	: CKOR.0000102187	OP Visit No.	: CSAROPV358808
Printed On	: 17-10-2024 02:25 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E34383		

DEPARTMENT OF CARDIOLOGY

2D, TISSUE AND COLOR DOPPLER ECHOCARDIOGRAPHY REPORT

MEASUREMENTS

Vital Signs and Body Measurements

HR bpm	B.P	mmHg	Height	mm	Weight	kg	BSA	m ²
--------	-----	------	--------	----	--------	----	-----	----------------

M – Mode (Parasternal view)

Conventional and Tissue Doppler

AO 23	mm	LVID – d	43	mm	Mitral Valve	E : 0.6 A : 0.5	m/sec
LA 30	mm	LVID – s	27	mm	Aortic Valve	1.3	- m/sec
		IVS – d	10	mm	Pulmonary Valve	0.9	- m/sec
		PW – d	10	mm	E' Septal (TDI)	0.17	- mm/sec
		EF-	60	%	E' Lateral (TDI)	0.16	- mm/sec

DESCRIPTIVE FINDINGS: Technically Adequate Study. Normal sinus rhythm During Study

RIGHT ATRIUM	Normal in Size
LEFT ATRIUM	Normal in Size
RIGHT VENTRICLE	Normal in Size TAPSE > 18 mm
LEFT VENTRICLE	Normal in Size
WALL MOTION ANALYSIS	No RWMA
TRICUSPID VALVE	Normal, PASP= 12 mmHg
MITRAL VALVE	Normal
PULMONIC VALVE	Normal
AORTIC VALVE	Normal
IAS & IVS	Intact
AORTA	Normal in Size
SYSTEMIC & PULMONARY VEINS	Normally Draining

IVC	Normal
PERICARDIUM	Normal
OTHERS	No Intra Cardiac Thrombus, Tumour or Vegetation

IMPRESSION:

Cardiac Chambers & valves are normal

Normal PAP

No RWMA

Normal Left Ventricular Systolic Function (LVEF- 60 %)

No clot/ vegetation/pericardial effusion

Dr. SUMANJITA BORA, MBBS AMC.PGDCC(Cardiology)
CONSULTANT CARDIOLOGIST

---End Of The Report---



Dr. SUMANJITA BORA
MBBS, PGDCC
MCI-IMR-13/903
Cardiology

Patient Name	: Mrs. Akansha Srivastava	Age	: 36Yrs 1Mths 2Days
UHID	: CKOR.0000102187	OP Visit No.	: CSAROPV358808
Printed On	: 11-10-2024 10:38 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E34383		

DEPARTMENT OF RADIOLOGY

CHEST PA VIEW

Trachea central.
Mediastinum is central.
Cardiac silhouette appear normal.
visualized lung fields appear normal.
Bilateral hilum appear normal.
CP angles are clear.

IMPRESSION : No obvious gross abnormality noted in the x-ray.

ADVICE : Higher imaging techniques to be done, if clinically needed, depending on the clinical condition of the patient for further evaluation.

---End Of The Report---



Dr. RAMESH G
MBBS, DMRD
27462
Radiology

APOLLO CLINIC
CONSENT FORM


Patient name Aruna Selvaraj Age 36y/f

UHID Number 102187 Company Name Mediwheel

Company want to inform u that I am ^{later} ~~not~~ interested in getting optical, 2D Echo,

gynecology, diet, NER, ENT And I claim the above statement in my full Consciousness.

Patient signature Aruna Date 11/10/20

Name : Mrs. Akansha Srivastava	Age : 36Y 1M 2D	UHID : CKOR.0000102187
Address : Koramangala I Block Bangalore Karnataka INDIA 560034	sex : Female	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		CKOR.0000102187
		OP No : CSAROPV358808 Bill No : CSAR-OCR-49088 Date : Oct 11th, 2024, 9:29 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324		
1	ULTRASOUND - WHOLE ABDOMEN <i>- 18 by 12.</i>	Ultrasound Radiology	<input type="checkbox"/>
2	OPHTHAL BY GENERAL PHYSICIAN <i>Eye identi</i>	Consultation	<input type="checkbox"/>
3	URINE GLUCOSE (POST PRANDIAL)	Clinical Pathology	<input type="checkbox"/>
4	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry	<input type="checkbox"/>
5	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>
6	GYNAECOLOGY CONSULTATION <i>After Reports</i>	Consultation	<input type="checkbox"/>
7	DIET CONSULTATION	General	<input type="checkbox"/>
8	BODY MASS INDEX (BMI) <i>- 10</i>	General	<input type="checkbox"/>
9	ECG <i>- 10</i>	Cardiology	<input type="checkbox"/>
10	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>
11	2 D ECHO <i>- 18 - not done.</i>	Cardiology	<input type="checkbox"/>
12	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
13	X-RAY CHEST PA <i>- 9</i>	X Ray Radiology	<input type="checkbox"/>
14	URINE GLUCOSE (FASTING)	Clinical Pathology	<input type="checkbox"/>
15	LBC PAP TEST - PAPSURE <i>6 by 12.</i>	Histopathology	<input type="checkbox"/>
16	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
17	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>- 8.</i>	Biochemistry	<input type="checkbox"/>
18	GLUCOSE, FASTING <i>- 8.</i>	Biochemistry	<input type="checkbox"/>
19	ENT CONSULTATION	Consultation	<input type="checkbox"/>
20	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
21	DENTAL CONSULTATION <i>- 15</i>	Consultation	<input type="checkbox"/>
22	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
23	PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
24	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
25	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	<input type="checkbox"/>
26	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>

Addon vit - AIP.

Wt - 72.0 kg

Ht - 158 cm

BP - 107/67 mmHg

PL - 796M

BMD - 28-8

Alpamai - 09.

CBC Papsure

done on

11.10.2024

ORAL EXAMINATION FORM



Date: 11/10/24

Patient ID: _____ MHC

Patient Name: Mrs. Anshu Srivastava Age: 36 Sex: Male Female

Chief Complaint:

Medical History:

Drug Allergy:

Medication currently taken by the Guest:

Initial Screenign Findings:

Dental Caries: 7/

Missing Teeth:

Impacted Teeth:

Attrition / Abrasion:

Bleeding:

Pockets / Recession:

Calculus / Stains: none

Mobility:

Restored Teeth:

Non - restorable Teeth for extraction /
Root Stumps:

Malocclusion:

Others:

Advice:- RVA 7/ + filling (?)

Doctor
Name & Signature: Dr. Ramya

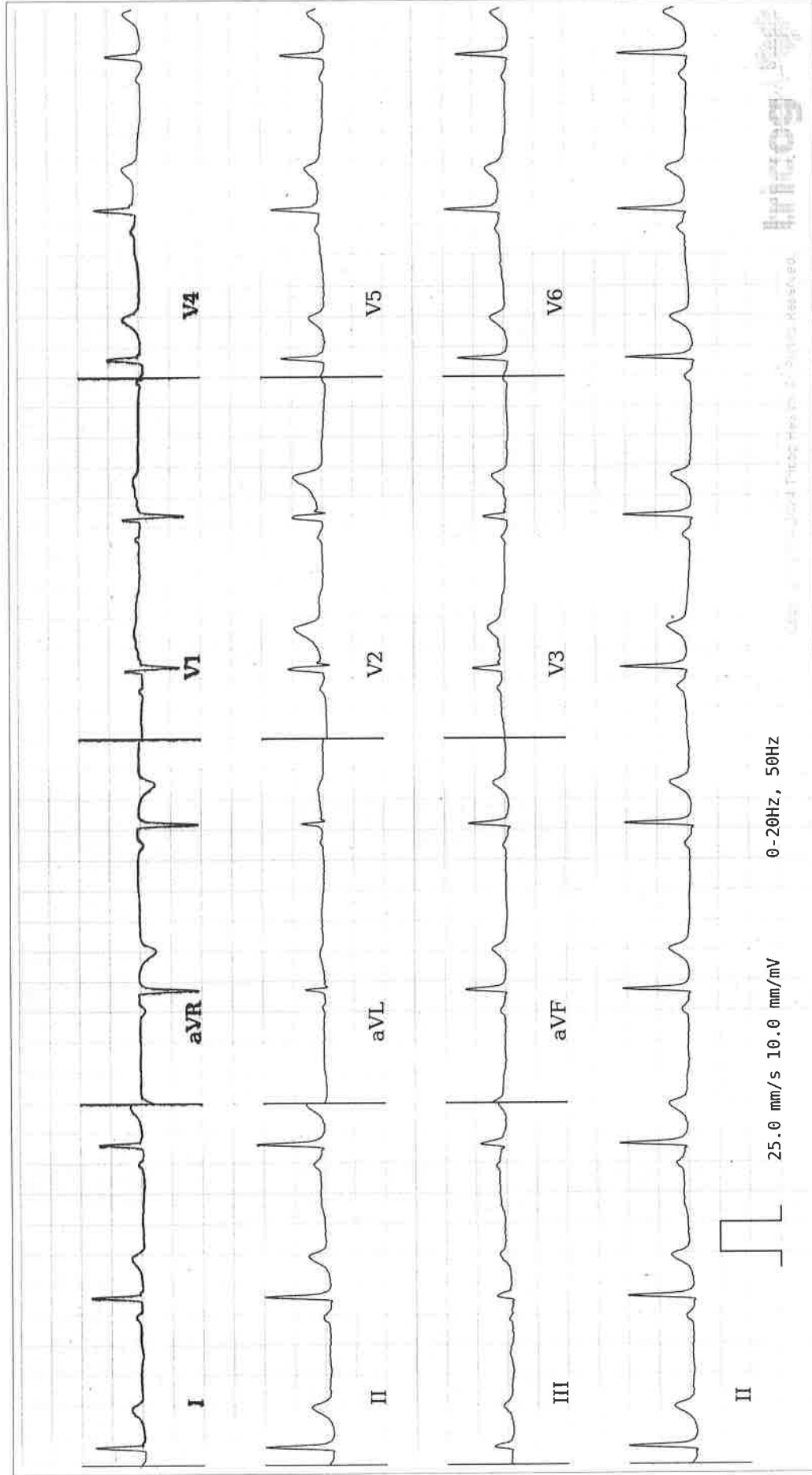
For Appontments,
Call Us at
Mob-8870032385



Apollo Clinic, Kaikondrahalli

Age / Gender: 36/Female
Patient ID: AKANSHA

Date and Time: 11th Oct 24 9:54 AM



AR: 59bpm VR: 59bpm QRSD: 80ms QT: 384ms QTcB: 380ms PRI: 140ms P-R-T: 57° 43° 47°

Sinus Bradycardia. Please correlate clinically.

REPORTED BY

Bealwad

Dr. Bhagyaxmi Sunit Bailwad

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम
Name


आकांक्षा श्रीवास्तवा
Akanksha Srivastava

E.C. No.

167989



Akanksha Srivastava


जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder

Fwd: Health Check up Booking Confirmed Request(22E34383),Package Code-PKG10000377,
Beneficiary Code-302448

From akanksha srivastava <kittu991988@gmail.com>
Date Fri 11-10-2024 08:31
To Sarjapur Apolloclinic <sarjapur@apolloclinic.com>

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

From: **Mediwheel** <wellness@mediwheel.in>
Date: Wed, 9 Oct 2024 at 2:59 PM
Subject: Health Check up Booking Confirmed Request(22E34383),Package Code-PKG10000377,
Beneficiary Code-302448
To: <kittu991988@gmail.com>
Cc: <customercare@mediwheel.in>

011-41195959

Dear **Akanksha srivastava**,

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

Hospital Package Name : Mediwheel Full Body Health Annual Plus Check
Name of Diagnostic/Hospital : Apollo Clinic - Sarjapur Road
Address of Diagnostic/Hospital : Apollo Clinic, #769, GYR Chambers, Opp South Indian Bank, Kaikondanahalli, Sarjapur Road -560034
City : Bangalore
State : Karnataka
Pincode : 560034
Appointment Date : 11-10-2024
Confirmation Status : Booking Confirmed
Preferred Time : 09:00 am-09:30 am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MS. SRIVASTAVA AKANKSHA	36 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

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