

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of
Mrs. Usha D. on 26/2/24.

After reviewing the medical history and on clinical examination it has been found that
 he/ she is

<ul style="list-style-type: none"> Medically Fit 	<p style="text-align: center;"><u>Tick</u></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>
<ul style="list-style-type: none"> Fit with Restrictions/ Recommendations <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job.</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>However the candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after</p>	<p style="text-align: center;"><input type="checkbox"/></p>
<ul style="list-style-type: none"> Currently Unfit. <p>Review after.....recommended.</p>	<p style="text-align: center;"><input type="checkbox"/></p>
<ul style="list-style-type: none"> Unfit 	<p style="text-align: center;"><input type="checkbox"/></p>

Dr. KOPPULA TRIVENI
 MBS
 TSMCA/11000078
 Director



The Apollo Clinic
PHYSICAL EXAMINATION FORM

Apollo Clinic
COTTONS, BODUPPAL, R. DISTRICT, HYD. PH. NO. 04049503373/74

Date 28/2/24

Age 43

Name H.H. Uska. D

UHID: 19782

Height

158 cms

BMI

32

Weight

76 kgs

BP

140/70

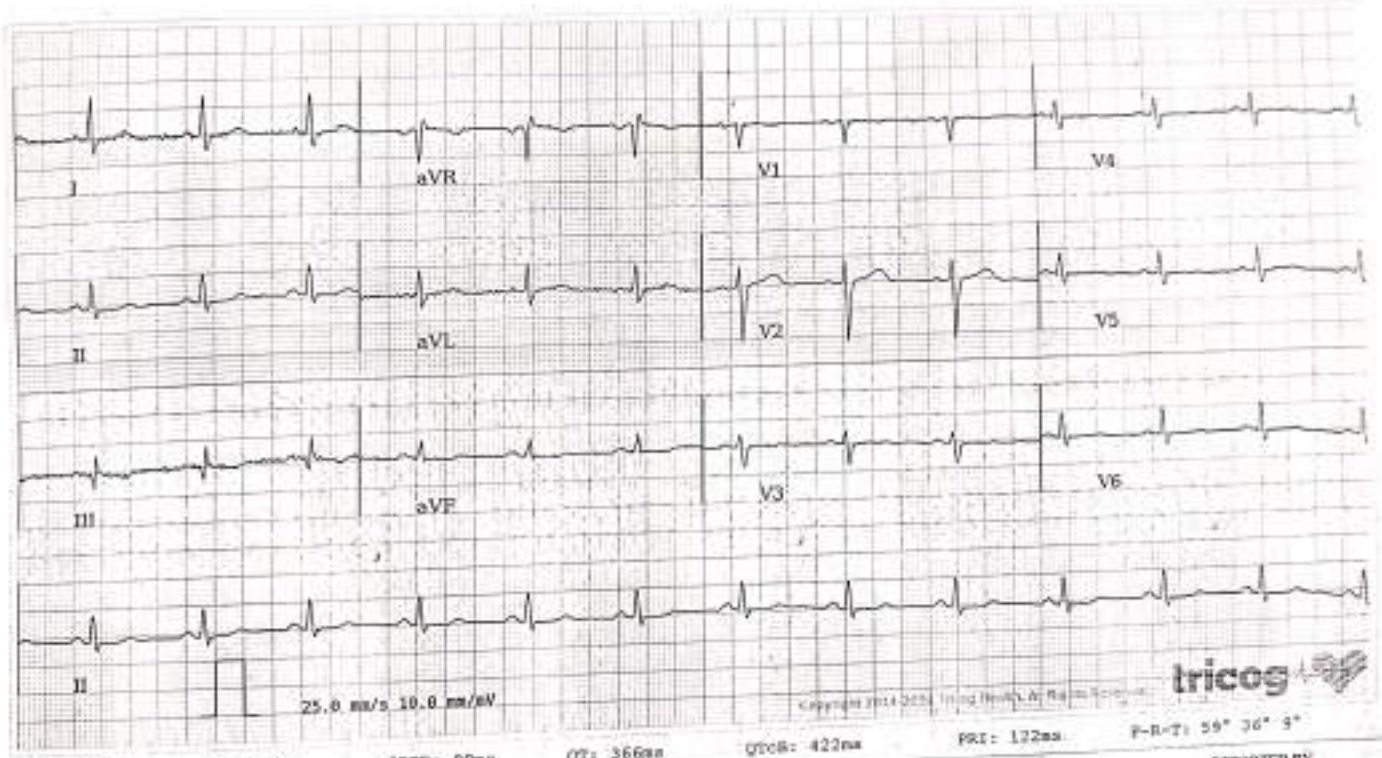
Apollo Clinic, H NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ
COTTONS, BODUPPAL, R. DISTRICT, HYD PH. NO. 04049503373/74



Ash. Usha. D
Age / Gender: 42/Female
Patient ID: 0000014782

Apollo clinic Boduppal

Date and Time: 24th Feb 24 9:39 AM



HR: 80bpm VR: 80bpm QRSD: 90ms QT: 366ms QTcB: 422ms PRI: 172ms P-R-T: 59° 36' 9"

Sinus Rhythm Nonspecific T wave Abnormality, correlate clinically. Please correlate clinically.



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

POWER PRESCRIPTION

NAME: *Visha D*
AGE: *43*

GENDER: *M/F*
UHID: *14782*

DATE: *24/2/24*

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	—————			<i>6/6</i>
NEAR	<i>+1.25</i>	—————		<i>20/20</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	—————			<i>6/6</i>
NEAR	<i>+1.25</i>	—————		<i>20/20</i>

COLOUR VISION : *Normal*

DIAGNOSIS :

OTHER FINDINGS :

INSTRUCTIONS :

} Nil


SIGNATURE

Patient Name : Mrs. USHA D Age : 43 Y/F
UHID : CUPP.0000014782 OP Visit No : CUPPOPV130117
Conducted By: : Dr. HARISH REDDY M S Conducted Date : 26-02-2024 08:18
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.4 CM
LA (es)	2.8 CM
LVID (ed)	4.4CM
LVID (es)	3.0 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	65.00%
%FD	33.00%
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

COLOUR AND DOPPLER STUDIES

Patient Name : Mrs. USHA D Age : 43 Y/F
UHID : CUPP.0000014782 OP Visit No : CUPPOPV130117
Conducted By: : Dr. HARISH REDDY M S Conducted Date : 26-02-2024 08:18
Referred By : SELF

AJV ! 110CM/SEC

PJV !90 CM/SEC

MVFF ! E > A

IMPRESSION :

NO RWMA

NORMAL LV FUNCTION

NO MR / AR / AS

TRIVIAL TR / NO PAH

NO CLOT / P- E

Dr. HARISH
REDDY M S

Patient Name	: Mrs. USHA D	Age	: 43 Y/F
UHID	: CUPP.0000014782	OP Visit No	: CUPPOPV130117
Reported By:	: Dr. VINAY KUMAR GUPTA	Conducted Date	: 26-02-2024 12:29
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 80 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 see

Impression:

SINUS RHYTHM

NON SPECIFIC T WAVE ABNORMALITY

CORRELATE CLINICALLY.

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

Dr. VINAY KUMAR GUPTA

Patient Name	: Mrs. USHA D	Age/Gender	: 43 Y/F
UHID/MR No.	: CUPP.0000014782	OP Visit No	: CUPPOPV130117
Sample Collected on	:	Reported on	: 24-02-2024 16:11
LRN#	: RAD2246174	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 96308/366024		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 134 mm and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder contracted.

Spleen appears normal in size 90 mm.No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

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

Right kidney : 113 x 46 mm.

Left kidney : 109 x 49 mm.

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

Uterus appears normal in size 77 x 46 x 41 mm. It shows normal shape & echo pattern.Endometrial echo-complex appears normal and measures 7.8 mm.

Both ovaries appear normal in size, shape and echotexture.

Right ovary : 25 x 18 mm. **Left ovary** : 20 x 19 mm.

No evidence of any adnexal pathology noted.

IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



H. Jyotiema



Patient Name : Mrs. USHA D

Age/Gender : 43 Y/F

Dr. MATTA JYOTHIRMAI

MBBS, MDRD

Radiology

Patient Name	: Mrs. USHA D	Age/Gender	: 43 Y/F
UHID/MR No.	: CUPP.0000014782	OP Visit No	: CUPPOPV130117
Sample Collected on	:	Reported on	: 24-02-2024 16:05
LRN#	: RAD2246174	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 96308/366024		

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.

Consultant Radiologist.

(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. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Patient Name	: Mrs. USHA D	Age/Gender	: 43 Y/F
UHID/MR No.	: CUPP.0000014782	OP Visit No	: CUPPOPV130117
Sample Collected on	:	Reported on	: 24-02-2024 12:45
LRN#	: RAD2246174	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 96308/366024		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Name: Mrs. USHA D
Age/Gender: 43 Y/F
Address: PEERZADIGUDA
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000014782
Visit ID: CUPPOPV130117
Visit Date: 24-02-2024 08:05
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. USHA D
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RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 13:49	68 Beats/min	140/70 mmHg	22 Rate/min	98.6 F	154 cms	76 Kgs	%	%	Years	32.05	cms	cms	cms		AHLL09781

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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CONSENT FORM

MR/MRS/MISS

PAP

STOOL/URINE SAMPLE IN THE GIVEN HEALTH PACKAGE.

Usha G

I AM NOT INTERESTED TO GIVE THE

UHID: *14782*

CORPORATE NAME: *Arco/emi*

SIGNATURE :

DATE: *24-02-24*



భారత ప్రభుత్వం

Government of India



డి.ఉష

D.Usha

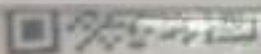
పుట్టిన తేదీ / DOB : 31/08/1980

స్త్రీ / Female



7857 5855 3157

నా ఆధార్, నా గుర్తింపు



81902



Plain

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A

Apollo Clinic Uppal

From: noreply@apolloclinics.info
Sent: Wednesday, February 21, 2024 3:21 PM
To: deva598@yahoo.com
Cc: Apollo Clinic Uppal; Nishanth Reddy; Syamsunder M
Subject: Your appointment is confirmed



Dear D Usha,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **UPPAL clinic** on **2024-02-24** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

**Clinic Address: APOLLO HEALTH AND LIFESTYLE LIMITED HNO- 6-48/3,PEERZADIGUDA
PANCHAYAT, BODUPPAL,R R DISTRICT,HYDERABAD-500039.**

Contact No: (040) 49503373 -74/.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

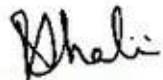
Patient Name : Mrs.USHA D	Collected : 24/Feb/2024 08:19AM
Age/Gender : 43 Y 5 M 24 D/F	Received : 24/Feb/2024 11:39AM
UHID/MR No : CUPP.0000014782	Reported : 24/Feb/2024 01:41PM
Visit ID : CUPPOPV130117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96308/366024	

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	12.9	g/dL	12-15	Spectrophotometer
PCV	38.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.17	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	91.6	fL	83-101	Calculated
MCH	31	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,910	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.5	%	40-80	Electrical Impedance
LYMPHOCYTES	29.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.6	%	1-6	Electrical Impedance
MONOCYTES	10.7	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3904.15	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2052.27	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	179.66	Cells/cu.mm	20-500	Calculated
MONOCYTES	739.37	Cells/cu.mm	200-1000	Calculated
BASOPHILS	34.55	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.9		0.78- 3.53	Calculated
PLATELET COUNT	406000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR



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

SIN No: BED240047625

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

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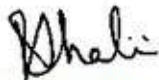


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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

SIN No: BED240047625

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

Patient Name : Mrs.USHA D	Collected : 24/Feb/2024 08:19AM
Age/Gender : 43 Y 5 M 24 D/F	Received : 24/Feb/2024 12:12PM
UHID/MR No : CUPP.0000014782	Reported : 24/Feb/2024 01:24PM
Visit ID : CUPPOPV130117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96308/366024	

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	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

K. Anusha

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

SIN No:PLF02111584

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

Page 4 of 18



Patient Name : Mrs.USHA D	Collected : 24/Feb/2024 08:19AM
Age/Gender : 43 Y 5 M 24 D/F	Received : 24/Feb/2024 12:00PM
UHID/MR No : CUPP.0000014782	Reported : 24/Feb/2024 02:36PM
Visit ID : CUPPOPV130117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96308/366024	

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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL		Calculated

Comment:

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

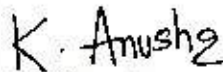
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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.



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SIN No:EDT240021236

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

Patient Name : Mrs.USHA D	Collected : 24/Feb/2024 08:19AM
Age/Gender : 43 Y 5 M 24 D/F	Received : 24/Feb/2024 12:00PM
UHID/MR No : CUPP.0000014782	Reported : 24/Feb/2024 02:36PM
Visit ID : CUPPOPV130117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96308/366024	

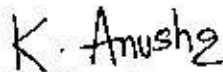
DEPARTMENT OF BIOCHEMISTRY

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

- 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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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DEPARTMENT OF BIOCHEMISTRY

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

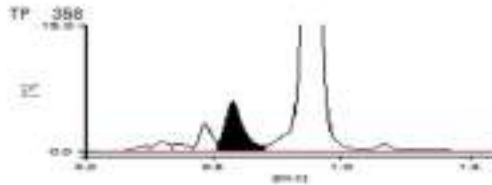
Chromatogram Report

HLG72308 75 28 1 2024-02-24 13:17:22
 ID EDT240021236
 Sample No. 02240090 SL 0006 - 04
 Patient ID
 Name
 Comment

CALIB	Y = 1.1688X + 0.0048		
Name	%	Time	Area
A1A	0.4	0.23	7.40
A1B	0.8	0.30	13.16
F	0.6	0.37	10.00
LA10-	1.8	0.47	31.12
SA10	6.0	0.67	80.64
AO	32.3	0.88	1593.47
H-V0			
H-V1			
H-V2			

Total Area 1736.60

HbA1c 6.0 % IFGG 42 mmol/mol
 HbA1 7.2 % HbF 0.6 %



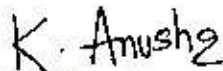
24-02-2024 13:17:22 APOLLO

APOLLO DIAGNOSTIC CENTRAL
BALAJIPUR

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SIN No:EDT240021236

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

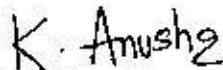
Patient Name : Mrs.USHA D	Collected : 24/Feb/2024 08:19AM
Age/Gender : 43 Y 5 M 24 D/F	Received : 24/Feb/2024 12:00PM
UHID/MR No : CUPP.0000014782	Reported : 24/Feb/2024 02:36PM
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DEPARTMENT OF BIOCHEMISTRY

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



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SIN No:EDT240021236

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Patient Name : Mrs.USHA D	Collected : 24/Feb/2024 08:19AM
Age/Gender : 43 Y 5 M 24 D/F	Received : 24/Feb/2024 12:11PM
UHID/MR No : CUPP.0000014782	Reported : 24/Feb/2024 02:26PM
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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	199	mg/dL	<200	CHO-POD
TRIGLYCERIDES	58	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	149	mg/dL	<130	Calculated
LDL CHOLESTEROL	137.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.98		0-4.97	Calculated

Comment:

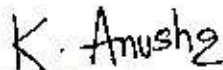
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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SIN No:SE04639461

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

Patient Name : Mrs.USHA D	Collected : 24/Feb/2024 08:19AM
Age/Gender : 43 Y 5 M 24 D/F	Received : 24/Feb/2024 12:11PM
UHID/MR No : CUPP.0000014782	Reported : 24/Feb/2024 02:03PM
Visit ID : CUPPOPV130117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96308/366024	

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	0.32	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.25	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	71.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.28	g/dL	6.6-8.3	Biuret
ALBUMIN	3.97	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.31	g/dL	2.0-3.5	Calculated
A/G RATIO	1.2		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

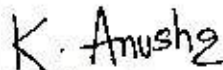
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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SIN No:SE04639461

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

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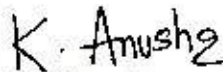
DEPARTMENT OF BIOCHEMISTRY

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	0.51	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	11.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.24	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.27	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)



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SIN No:SE04639461

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

Patient Name : Mrs.USHA D	Collected : 24/Feb/2024 08:19AM
Age/Gender : 43 Y 5 M 24 D/F	Received : 24/Feb/2024 12:11PM
UHID/MR No : CUPP.0000014782	Reported : 24/Feb/2024 01:14PM
Visit ID : CUPPOPV130117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96308/366024	

DEPARTMENT OF BIOCHEMISTRY

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

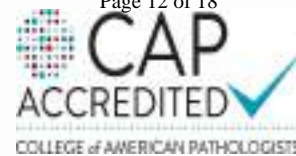
Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	<38	IFCC

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

SIN No:SE04639461

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

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Patient Name : Mrs.USHA D	Collected : 24/Feb/2024 08:19AM
Age/Gender : 43 Y 5 M 24 D/F	Received : 24/Feb/2024 12:10PM
UHID/MR No : CUPP.0000014782	Reported : 24/Feb/2024 01:11PM
Visit ID : CUPPOPV130117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96308/366024	

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)	0.76	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.29	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.220	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

K. Anusha

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Consultant Biochemist

SIN No:SPL24031275

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



Patient Name : Mrs.USHA D	Collected : 24/Feb/2024 08:19AM
Age/Gender : 43 Y 5 M 24 D/F	Received : 24/Feb/2024 12:10PM
UHID/MR No : CUPP.0000014782	Reported : 24/Feb/2024 01:11PM
Visit ID : CUPPOPV130117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96308/366024	

DEPARTMENT OF IMMUNOLOGY

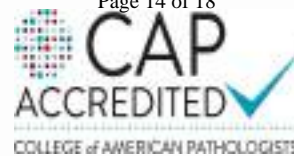
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

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SIN No:SPL24031275

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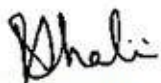


Patient Name : Mrs.USHA D	Collected : 24/Feb/2024 08:19AM
Age/Gender : 43 Y 5 M 24 D/F	Received : 24/Feb/2024 11:52AM
UHID/MR No : CUPP.0000014782	Reported : 24/Feb/2024 02:01PM
Visit ID : CUPPOPV130117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96308/366024	

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	HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	POSITIVE ++		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5-6	/hpf	<10	MICROSCOPY
RBC	8-10	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

SIN No:UR2289771

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

Patient Name : Mrs.USHA D	Collected : 24/Feb/2024 08:19AM
Age/Gender : 43 Y 5 M 24 D/F	Received : 24/Feb/2024 11:51AM
UHID/MR No : CUPP.0000014782	Reported : 24/Feb/2024 02:13PM
Visit ID : CUPPOPV130117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96308/366024	

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(FASTING)	NEGATIVE		NEGATIVE	Dipstick



Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

SIN No:UF010691

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

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Patient Name : Mrs.USHA D	Collected : 24/Feb/2024 01:37PM
Age/Gender : 43 Y 5 M 24 D/F	Received : 25/Feb/2024 09:26PM
UHID/MR No : CUPP.0000014782	Reported : 28/Feb/2024 11:22AM
Visit ID : CUPPOPV130117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96308/366024	

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	3929/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	NOT ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	COMMENTS	UNSATISFACTORY FOR EVALUATION
d	REASON FOR UNSATISFACTORY SMEAR	BLOOD OBSTRUCTING SMEAR
II	MICROSCOPY	Scanty Superficial and intermediate squamous epithelial cells and endocervical cells.
III	RESULT	
a	EPITHEIAL CELL	
IV	INTERPRETATION	UNSATISFACTORY FOR EVALUATION

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
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Consultant Pathologist



SIN No:CS075091

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