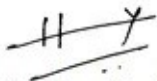


Patient Name : Mrs.VEENA S BALLAL	Collected : 12/Jul/2024 09:10AM
Age/Gender : 59 Y 3 M 13 D/F	Received : 12/Jul/2024 01:23PM
UHID/MR No : CINR.0000169067	Reported : 12/Jul/2024 03:09PM
Visit ID : CINROPV233157	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 39S1054	

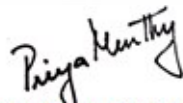
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.1	g/dL	12-15	Spectrophotometer
PCV	42.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.05	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	31.4	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5684	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3077.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	313.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	715.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	9.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.85		0.78- 3.53	Calculated
PLATELET COUNT	369000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				



Dr. Harshitha Y
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Consultant Pathologist



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



SIN No: BED240181401

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Karnataka - 560034

 1860 500 7788
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Patient Name : Mrs.VEENA S BALLAL
Age/Gender : 59 Y 3 M 13 D/F
UHID/MR No : CINR.0000169067
Visit ID : CINROPV233157
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 39S1054

Collected : 12/Jul/2024 09:10AM
Received : 12/Jul/2024 01:23PM
Reported : 12/Jul/2024 03:09PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

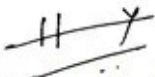
RBCs: are normocytic normochromic

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

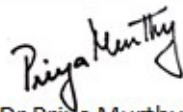
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr. Harshitha Y
M.B.B.S., M.D (Pathology)
Consultant Pathologist



Dr. Priya Murthy
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Consultant Pathologist



SIN No: BED240181401

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Karnataka - 560034

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

Patient Name : Mrs.VEENA S BALLAL	Collected : 12/Jul/2024 09:10AM
Age/Gender : 59 Y 3 M 13 D/F	Received : 12/Jul/2024 01:23PM
UHID/MR No : CINR.0000169067	Reported : 12/Jul/2024 08:24PM
Visit ID : CINROPV233157	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 39S1054	

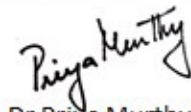
DEPARTMENT OF HAEMATOLOGY

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

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



Dr. Vidya Aniket Gore
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Consultant Pathologist



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



SIN No:BED240181401

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Patient Name : Mrs.VEENA S BALLAL	Collected : 12/Jul/2024 09:10AM
Age/Gender : 59 Y 3 M 13 D/F	Received : 12/Jul/2024 01:52PM
UHID/MR No : CINR.0000169067	Reported : 12/Jul/2024 02:18PM
Visit ID : CINROPV233157	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 39S1054	

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	105	mg/dL	70-100	HEXOKINASE

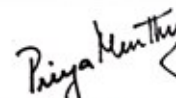
Comment:

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
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 Consultant Pathologist



SIN No:PLF02187009

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Patient Name : Mrs.VEENA S BALLAL	Collected : 12/Jul/2024 09:10AM
Age/Gender : 59 Y 3 M 13 D/F	Received : 12/Jul/2024 01:23PM
UHID/MR No : CINR.0000169067	Reported : 12/Jul/2024 05:01PM
Visit ID : CINROPV233157	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 39S1054	

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)	140	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	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

Comment:

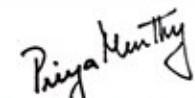
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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.



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SIN No:EDT240075756

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Patient Name : Mrs.VEENA S BALLAL
Age/Gender : 59 Y 3 M 13 D/F
UHID/MR No : CINR.0000169067
Visit ID : CINROPV233157
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 39S1054

Collected : 12/Jul/2024 09:10AM
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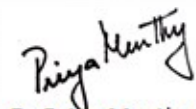
DEPARTMENT OF BIOCHEMISTRY

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

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



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Consultant Pathologist



SIN No: EDT240075756

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Patient Name : Mrs.VEENA S BALLAL	Collected : 12/Jul/2024 09:10AM
Age/Gender : 59 Y 3 M 13 D/F	Received : 12/Jul/2024 12:56PM
UHID/MR No : CINR.0000169067	Reported : 12/Jul/2024 01:45PM
Visit ID : CINROPV233157	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 39S1054	

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	224	mg/dL	<200	CHO-POD
TRIGLYCERIDES	168	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	62	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	162	mg/dL	<130	Calculated
LDL CHOLESTEROL	128.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.61		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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

SIN No: SE04777991

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Patient Name : Mrs.VEENA S BALLAL	Collected : 12/Jul/2024 09:10AM
Age/Gender : 59 Y 3 M 13 D/F	Received : 12/Jul/2024 12:56PM
UHID/MR No : CINR.0000169067	Reported : 12/Jul/2024 01:45PM
Visit ID : CINROPV233157	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 39S1054	

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	0.62	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	77.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.74	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.54	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury.

Values also correlate well with increasing BMI.


- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1

In Alcoholic Liver Disease AST: ALT usually >2

This ratio is also seen to be increased in NAFLD, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2

2. Cholestatic Pattern:




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

SIN No:SE04777991

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

Patient Name	: Mrs.VEENA S BALLAL	Collected	: 12/Jul/2024 09:10AM
Age/Gender	: 59 Y 3 M 13 D/F	Received	: 12/Jul/2024 12:56PM
UHID/MR No	: CINR.0000169067	Reported	: 12/Jul/2024 01:45PM
Visit ID	: CINROPV233157	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 39S1054		

DEPARTMENT OF BIOCHEMISTRY

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

- 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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Consultant Biochemistry

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APOLLO CLINICS NETWORK

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Karnataka - 560034



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	20.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.88	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.73	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	131	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	98	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.74	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.54	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		0.9-2.0	Calculated



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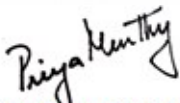
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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



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

SIN No:SE04777991

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Patient Name : Mrs.VEENA S BALLAL	Collected : 12/Jul/2024 09:10AM
Age/Gender : 59 Y 3 M 13 D/F	Received : 12/Jul/2024 12:55PM
UHID/MR No : CINR.0000169067	Reported : 12/Jul/2024 01:48PM
Visit ID : CINROPV233157	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 39S1054	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.19	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.508	µIU/mL	0.34-5.60	CLIA

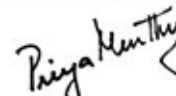
Comment:

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

- 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

Page 12 of 16


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



SIN No:SPL24115610

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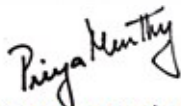

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DEPARTMENT OF IMMUNOLOGY

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

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

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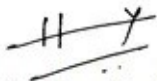
DEPARTMENT OF CLINICAL PATHOLOGY

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

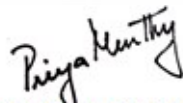
Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	Clear		CLEAR	Physical measurement
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.007		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	13	/hpf	< 10	Automated Image Based Microscopy
RBC	5	/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. Microscopy findings are reported as an average of



Dr. Harshitha Y
M.B.B.S., M.D (Pathology)
Consultant Pathologist



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



SIN No: UR2384783

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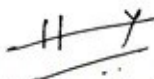
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DEPARTMENT OF CLINICAL PATHOLOGY

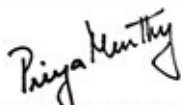
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10 high power fields.

Page 15 of 16



Dr. Harshitha Y
M.B.B.S., M.D (Pathology)
Consultant Pathologist



Dr. Priya Murthy
M.B.B.S., M.D (Pathology)
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SIN No: UR2384783

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Patient Name : Mrs.VEENA S BALLAL	Collected : 12/Jul/2024 09:09AM
Age/Gender : 59 Y 3 M 13 D/F	Received : 12/Jul/2024 03:04PM
UHID/MR No : CINR.0000169067	Reported : 12/Jul/2024 03:40PM
Visit ID : CINROPV233157	Status : Final Report
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Emp/Auth/TPA ID : 39S1054	

DEPARTMENT OF CLINICAL PATHOLOGY

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

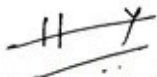
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

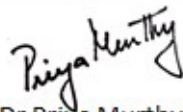
*** End Of Report ***

Result/s to Follow:

PERIPHERAL SMEAR, LBC PAP SMEAR



Dr. Harshitha Y
M.B.B.S., M.D (Pathology)
Consultant Pathologist



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



SIN No: UF011890

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

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs. Veena S Ballal

Age/Gender : 59 Y/F

UHID/MR No. : CINR.0000169067

OP Visit No : CINROPV233157

Sample Collected on :

Reported on : 12-07-2024 18:19

LRN# : RAD2376184

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 39S1054

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

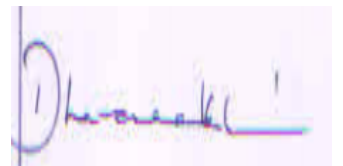
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mrs. Veena S Ballal

Age/Gender : 59 Y/F

UHID/MR No. : CINR.0000169067

OP Visit No : CINROPV233157

Sample Collected on :

Reported on : 12-07-2024 16:57

LRN# : RAD2376184

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 39S1054

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measuring 8.0x3.5 cm.

Left kidney measuring 9.0x4.5 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS & OVARIES: Atrophic. **A calcification seen.**

No free fluid is seen.

IMPRESSION:

A CALCIFICATION SEEN IN THE UTERUS MEASURING 12mm.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name	: Mrs. Veena S Ballal	Age/Gender	: 59 Y/F
UHID/MR No.	: CINR.0000169067	OP Visit No	: CINROPV233157
Sample Collected on	:	Reported on	: 12-07-2024 15:10
LRN#	: RAD2376184	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 39S1054		

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

ULTRASOUND OF BOTH BREASTS

Bilateral breast shows predominantly fatty and glandular breast parenchyma.

No evidence of abnormal focal lesions.

No evidence of any architectural distortion noted.

No ductal ectasia noted.

Skin and Subcutaneous tissue appears normal.

Right and left axilla: No significant lymphadenopathy .

IMPRESSION : NO SIGNIFICANT PATHOLOGY NOTED IN BILATERAL BREAST PARENCHYMA.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology