

Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd) F-701A, Lado Sarai, Mehrauli, New Delhi - 110030 Email: wellness@mediwheel.in, Website: www.mediwheel.in Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that <u>Vasanthi Emmanuel</u> aged, <u>52yr</u>. Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: Chennai

Date: 14/10/2024

Nutesh Kumur MER 47093 Name & Signature of

Medical officer





Plot No. 41/42, 53/54, Sathyadev Avenue, MRC Nagar, RA Puram, Chennai - 600 028 Ph. No.: 044 6686 2000 Fax: 044 6686 1999 www.apollospectra.com

Patient Name

: Mrs.VASANTHI EMMANUEL

Age/Gender

: 52 Y 0 M 18 D/F

UHID/MR No

: SMRC.0000087981

Visit ID

: SMRCOPV129763

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 9920144559

Collected

: 14/Oct/2024 08:37AM

Received

: 14/Oct/2024 09:47AM

Reported

: 14/Oct/2024 10:10AM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

METHODOLOGY: MICROSCOPIC

RBC

: Predominantly Normocytic Normochromic RBCs.

WBC

: Normal in count and distribution. No Abnormal cells seen.

PLATELET

: Adequate on smear.

PARASITES

: No Haemoparasites seen

IMPRESSION: Normal Blood Picture

Page 1 of 7



M.D., D.N.B.

DR. CHIDAMBHARAM C

CONSULTANT PATHOLOGIST





Plot No. 41/42, 53/54, Sathyadev Avenue, M R C Nagar, R A Puram, Chennai - 600 028 Ph. No.: 044 6686 2000 Fax: 044 6686 1999 www.apollospectra.com

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DEPARTMENT OF HAEMATOLOGY ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
IEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	12-15	Spectrophotometer
PCV	41.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.75	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	62	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3720	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1920	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	120	Cells/cu.mm	20-500	Calculated
MONOCYTES	240	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.94		0.78- 3.53	Calculated
PLATELET COUNT	186000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergrer
PERIPHERAL SMEAR				

Page 2 of 7

DR. CHIDAMBHARAM C M.D., D.N.B. CONSULTANT PATHOLOGIST

SIN No:BED240237978

(Formerly Known as Nova Specialty Hospitals Private Limited) CIN: U85100TG2009PTC099414





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ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT.	4	<u>'</u>	
BLOOD GROUP TYPE	В			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Sample has been tested for ABO major groups & Rh only. Hence the result has to be interpreted taking this into context.

C. Chidambharam C DR. CHIDAMBHARAM C M.D., D.N.B. CONSULTANT PATHOLOGIST

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	94	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- 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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA	88	mg/dL	70-140	GOD - POD
(2 HR)				

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.

Page 4 of 7

DR. CHIDAMBHARAM C M.D., D.N.B. CONSULTANT PATHOLOGIST

SIN No:SE04835311

C. Chidanomono

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	24	U/L	4-44	JSCC

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL , SERUM	0.40	mg/dL	0.1-1.2	Azobilirubin
Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN/CREATININE RATIO, SERUM	Rosuit	Ome	Bio. Rei. intervar	method
BLOOD UREA NITROGEN	13.9	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.68	mg/dL	0.4-1.1	ENZYMATIC METHOD
BUN / CREATININE RATIO	20.44			Calculated
Tost Namo	Pacult	Unit	Rio Pof Interval	Mathad

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE, SERUM	0.68	mg/dL	0.4-1.1	ENZYMATIC METHOD

DR. CHIDAMBHARAM C M.D., D.N.B. CONSULTANT PATHOLOGIST

SIN No:SE04835311

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DEPARTMENT OF CLINICAL PATHOLOGY ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
рН	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.030		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION	'		·	
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy
OTHERS	NIL			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.

Page 6 of 7

C · Chicarbleon DR. CHIDAMBHARAM C M.D., D.N.B. CONSULTANT PATHOLOGIST

SIN No:UR2416325



APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly Known as Nova Specialty Hospitals Private Limited) CIN: U85100TG2009PTC099414





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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

*** End Of Report ***

DR. CHIDAMBHARAM C M.D., D.N.B. CONSULTANT PATHOLOGIST

SIN No:UR2416325

Page 7 of 7

(Formerly Known as Nova Specialty Hospitals Private Limited)
CIN: U85100TG2009PTC099414





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TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting 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 parrticulars 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.



SIN No:UR2416325



(Formerly Known as Nova Specialty Hospitals Private Limited) CIN: U85100TG2009PTC099414

Customer Pending Tests

- General physician consultation Pending from client
 Opthal consultation Pending from client



Dear Vasanthi Emmanue,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at SPECTRA MRC NAGAR clinic on 2024-10-14 at 08:00-08:15.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - PMC PACK I - 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:

- 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: PLOT NO.41/42, 53/54, SATHYADEV AVENUE,M R C NAGAR, R A PURAM, CHENNAI,600028.

Contact No: 044 - 66862000.

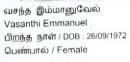
P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards, Apollo Clinic



இந்திய அரசாங்கம்

Government of India





3374 2360 6445

எனது ஆதார், எனது அடையாளம்



Opp Chettinad Vidyashram, Sathyadev Avenue, MRC Nagar, R A Puram Ph: 044 6686 2000 | www.apollospectra.com

Name : Mrs. VASANTHI EMMANUEL

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Sex: F

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AGREEMENT

UHID:SMRC.0000087981

OP Number:SMRCOPV129763

Bill No :SMRC-OCR-8161

Date : 14.10.2024 08:25

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324	
H	BILIRUBIN, TOTAL - SERUM	
2	GLUCOSE, FASTING	
3	HEMOGRAM + PERIPHERAL SMEAR	
1	ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	
(GYNAECOLOGY CONSULTATION - PENDING DY. ANILA SE	EE
	COMPLETE URINE EXAMINATION	4
2	PERIPHERAL SMEAR	
V	CCG	
-9	CREATININE, SERUM	
(1)	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 10.51, AM	
الرا	X-RAY CHEST PA NESS 149 AN	* * * * * * * * * * * * * * * * * * * *
(12	TITNESS BY GENERAL PHYSICIAN — PENDING	
The state of the s	BLOOD GROUP ABO AND RH FACTOR	
C	OPTHAL BY GENERAL PHYSICIAN - PENDING.	
15	BUN/CREATININE RATIO	

HT - 153.cm WT - 76.7.Kg. pulse - 82 - b/m/ BP - 130/80 mm Hg SM2 - 97 1.





TOUCHING LIVES			specialists in surgery
Treating Doctor			Clinic
Patient Name UHID	Mrs vasanth:	AND THE PARTY OF T	Date 14/10/24
Allergies : History / Examinat Past History & Inventory (If any)	ion Findings :	Wt. Ht. Pulse BP La dert paid Polpe correr bids	Temp. Other broads tamen
Current Medicati	ons / Medicine Reconciliation	ose / Route / Frequency	Investigation
To do	ecito		800 - 7 wave in

Next appointment on:

Doctor's Signature & Date

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M.D., D.N.B.

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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT	TA		
BLOOD GROUP TYPE	В			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Sample has been tested for ABO major groups & Rh only. Hence the result has to be interpreted taking this into context.

Page 3 of 7

C. Chidambhoom DR. CHIDAMBHARAM C M.D., D.N.B. CONSULTANT PATHOLOGIST

SIN No:BED240237978







Plot No. 41/42, 53/54, Sathyadev Avenue, M R C Nager, R A Puram, Chennai - 600 028 Ph. No. : 044 6686 2000 Fax : 044 6686 1999 www.apollospectra.com

Patient Name

: Mrs. VASANTHI EMMANUEL

Collected

: 14/Oct/2024 08:37AM

Age/Gender

: 52 Y 0 M 18 D/F

Received

: 14/Oct/2024 09:36AM

UHID/MR No Visit ID

: SMRC.0000087981

Reported Status

: 14/Oct/2024 10:08AM : Final Report

Ref Doctor

: SMRCOPV129763

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

Emp/Auth/TPA ID

: Dr.SELF : 9920144559

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	94	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Interpretation
Normal
Prediabetes
Diabetes
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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	88	mg/dL	70-140	GOD - POD

Comment:

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

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

Page 4 of 7

C. Chidambhoom DR. CHIDAMBHARAM C M.D., D.N.B. CONSULTANT PATHOLOGIST

SIN No:SE04835311





Plot No. 41/42, 53/54, Sathyadev Avenue, M R C Nager, R A Puram, Chennai - 600 028 Ph. No. : 044 6686 2000 Fax : 044 6686 1999 www.apollospectra.com

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: 9920144559

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	24	U/L	4-44	JSCC

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL, SERUM	0.40	mg/dL	0.1-1.2	Azobilirubin
Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN/CREATININE RATIO, SERUM				
BLOOD UREA NITROGEN	13.9	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.68	mg/dL	0.4-1.1	ENZYMATIC METHOD
BUN / CREATININE RATIO	20.44			Calculated
Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE, SERUM	0.68	mg/dL	0.4-1.1	ENZYMATIC METHOD

Page 5 of 7



C. Chidanbhaam DR. CHIDAMBHARAM C M.D., D.N.B. CONSULTANT PATHOLOGIST

SIN No:SE04835311





Plot No. 41/42, 53/54, Sathyadev Avenue, M R C Nager, R A Puram, Chennai - 600 028 Ph. No. : 044 6686 2000 Fax : 044 6686 1999 www.apollospectra.com

Patient Name

: Mrs.VASANTHI EMMANUEL

Collected

: 14/Oct/2024 10:49AM

Age/Gender

: 52 Y 0 M 18 D/F

Received

: 14/Oct/2024 11:07AM : 14/Oct/2024 11:13AM

UHID/MR No Visit ID : SMRC.0000087981 : SMRCOPV129763 Reported Status

: Final Report

Ref Doctor

Emp/Auth/TPA ID

: Dr.SELF

: 9920144559

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
рН	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.030		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	,		
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy
OTHERS	NIL			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.

Page 6 of 7

C. Chidanbharam C DR. CHIDAMBHARAM C M.D., D.N.B. CONSULTANT PATHOLOGIST

SIN No:UR2416325







Plot No. 41/42, 53/54, Sathyadev Avenue, M R C Nager, R A Puram, Chennai - 600 028 Ph. No. : 044 6686 2000 Fax : 044 6686 1999 www.apollospectra.com

Patient Name

: Mrs.VASANTHI EMMANUEL

Age/Gender UHID/MR No : 52 Y 0 M 18 D/F

Visit ID

: SMRC.0000087981 : SMRCOPV129763

Ref Doctor

: 9920144559

Emp/Auth/TPA ID

: Dr.SELF

Collected

: 14/Oct/2024 10:49AM

Received Reported

: 14/Oct/2024 11:07AM

Status

: 14/Oct/2024 11:13AM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY ARCOFEMI - MEDIWHEEL - PMC PACK I - PAN INDIA - FY2324

*** End Of Report ***

C. Chidambhoom DR. CHIDAMBHARAM C M.D., D.N.B. CONSULTANT PATHOLOGIST

SIN No:UR2416325

Page 7 of 7





Plot No. 41/42, 53/54, Sathyadev Avenue, M R C Nager, R A Puram, Chennai - 600 028 Ph. No. : 044 6686 2000 Fax : 044 6686 1999 www.apollospectra.com

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: Mrs.VASANTHI EMMANUEL

Age/Gender

: 52 Y 0 M 18 D/F

UHID/MR No

: SMRC.0000087981 : SMRCOPV129763

Visit ID Ref Doctor

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Emp/Auth/TPA ID

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Collected

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Reported

: 14/Oct/2024 11:13AM

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 understandreporting 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.

C. Chidanbhaam DR. CHIDAMBHARAM C M.D., D.N.B. CONSULTANT PATHOLOGIST

SIN No:UR2416325







Plot No. 41/42, 53/54, Sathyadev Avenue, MRC Nagar, RA Puram, Chennai - 600 028 Ph. No: 044 6686 2000 Fax: 044 6686 1999 www.apollospectra.com

Patient Name

: Mrs. VASANTHI EMMANUEL

Age

: 52 Y F

UHID

: SMRC.0000087981

OP Visit No

: SMRCOPV129763

Reported on

: 14-10-2024 15:50

Printed on

: 14-10-2024 15:51

Adm/Consult Doctor

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

FINDINGS:

Unfolding of aorta.

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Printed on:14-10-2024 15:50

---End of the Report---

B. Auen Kumar

Dr. ARUN KUMAR S

MBBS, DMRD,DNB

Radiology

Page 1 of 2

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly Known as Nova Specialty Hospitals Private Limited)
CIN: U85100TG2009PTCO99414

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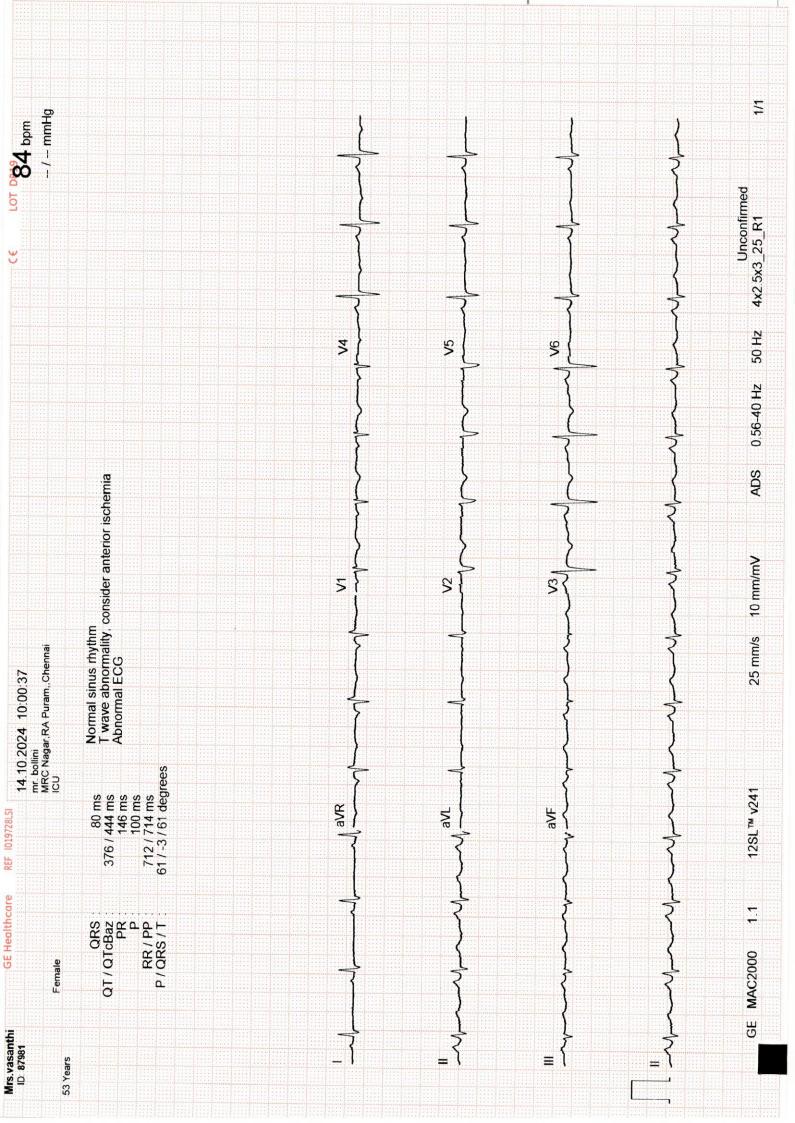
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::				
Device: S	Speed: 25 mm/sec Limb: 10 mm/mV	Chest: 10.0 mm/mV	F 50~ 0.50-100 Hz W 100B CL? P?	





Opp Chettinad Vidyashram, Sathyadev Avenue, MRC Nagar, R A Puram Ph: 044 6686 2000 | www.apollospectra.com

: 14-10-2024 15:51

: Mrs. VASANTHI EMMANUEL Age/Gender **Patient Name** : 52 Y/F

UHID/MR No. : SMRC.0000087981 **OP Visit No** : SMRCOPV129763 Sample Collected on

LRN# : RAD2425246 Specimen

Ref Doctor : SELF Emp/Auth/TPA ID : 9920144559

DEPARTMENT OF RADIOLOGY

Reported on

X-RAY CHEST PA

FINDINGS:

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Dr. ARUN KUMAR S MBBS, DMRD, DNB

B. Anun Kumar

Radiology