

Patient Name : Mrs.PRATAP SARITHA	Collected : 28/Sep/2024 09:06AM
Age/Gender : 38 Y 4 M 14 D/F	Received : 28/Sep/2024 01:04PM
UHID/MR No : CCHA.0000182375	Reported : 28/Sep/2024 04:34PM
Visit ID : CCHAOPV345918	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7371	

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	12.7	g/dL	12.5-15	Spectrophotometer
PCV	37.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.41	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,410	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Flow cytometry
LYMPHOCYTES	33	%	20-40	Flow cytometry
EOSINOPHILS	1	%	1-6	Flow cytometry
MONOCYTES	8	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3137.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1785.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	54.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	432.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.76		0.78- 3.53	Calculated
PLATELET COUNT	316000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	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				
NO HEMOPARASITES SEEN				
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE				

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S., M.D (Pathology)
Consultant Pathologist



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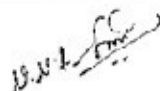


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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology


Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:CCR240903899

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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 Chanda Nagar, Hyderabad, Telangana, India - 500050



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)

Patient Name : Mrs.PRATAP SARITHA	Collected : 28/Sep/2024 11:30AM
Age/Gender : 38 Y 4 M 14 D/F	Received : 28/Sep/2024 03:15PM
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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	94	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:

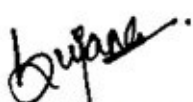
- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	126	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. Matta Sujana Reddy
M.B.B.S., M.D (Biochemistry)
Consultant Biochemist



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Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

Maruthi...
Dr.E.Maruthi Prasad
 PhD (Biochemistry)

Sujana...
Dr.Matta Sujana Reddy
 M.B.B.S,M.D(Biochemistry)
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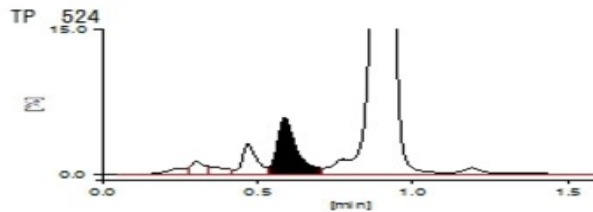
Chromatogram Report

V5.28 1 2024-09-28 15:01:04
 ID CCR240903895
 Sample No. 09280142 SL 0012 - 10
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.23	9.89
A1B	0.7	0.30	12.94
F	0.6	0.39	10.51
LA1C+	1.8	0.47	34.31
SA1C	5.9	0.59	84.33
AO	92.4	0.90	1720.66
H-V0			
H-V1			
H-V2			

Total Area 1872.64

HbA1c 5.9 % IFCC 41 mmol/mol
HbA1 7.2 % HbF 0.6 %



28-09-2024 15:01:04 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

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Apollo Consultant biochemist OTG2000PLC115819)

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APOLLO CLINICS NETWORK
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 Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | 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) | Tamil Nadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar) | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie)
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PhD (Biochemistry)

Sujana...
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Consultant Biochemist



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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	183	mg/dL	<200	CHO-POD
TRIGLYCERIDES	143	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	135	mg/dL	<130	Calculated
LDL CHOLESTEROL	106.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.81		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.11		<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.

Maruthi...
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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.54	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	8	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	12.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.5		<1.15	Calculated
ALKALINE PHOSPHATASE	66.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.16	g/dL	6.6-8.3	Biuret
ALBUMIN	3.87	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.29	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		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, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.


2. Cholestatic Pattern:

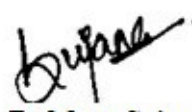
*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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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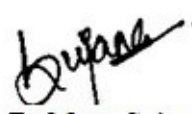
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.56	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	16.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.33	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.14	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.43	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.16	g/dL	6.6-8.3	Biuret
ALBUMIN	3.87	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.29	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		0.9-2.0	Calculated


Dr.E.Maruthi Prasad
 PhD (Biochemistry)


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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	<38	IFCC



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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)	1.07	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	13.71	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.945	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

- 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

Maruthi
Dr.E.Maruthi Prasad
 PhD (Biochemistry)

Sujana
Dr.Matta Sujana Reddy
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist



Patient Name : Mrs.PRATAP SARITHA	Collected : 28/Sep/2024 09:06AM
Age/Gender : 38 Y 4 M 14 D/F	Received : 28/Sep/2024 01:00PM
UHID/MR No : CCHA.0000182375	Reported : 28/Sep/2024 03:02PM
Visit ID : CCHAOPV345918	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7371	

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
------	------	------	------	--

Maruthi...
Dr.E.Maruthi Prasad
 PhD (Biochemistry)

Sujana...
Dr.Matta Sujana Reddy
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist



Patient Name : Mrs.PRATAP SARITHA	Collected : 28/Sep/2024 09:06AM
Age/Gender : 38 Y 4 M 14 D/F	Received : 28/Sep/2024 12:05PM
UHID/MR No : CCHA.0000182375	Reported : 28/Sep/2024 01:57PM
Visit ID : CCHAOPV345918	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7371	

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	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.003		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	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	1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT	/hpf	Occasional-Few	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.R.SHALINI
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:CCR240903900



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

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1860 500 7788
www.apolloclinic.com

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Patient Name : Mrs.PRATAP SARITHA	Collected : 28/Sep/2024 11:30AM
Age/Gender : 38 Y 4 M 14 D/F	Received : 28/Sep/2024 04:47PM
UHID/MR No : CCHA.0000182375	Reported : 28/Sep/2024 06:47PM
Visit ID : CCHAOPV345918	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7371	

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

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S., M.D (Pathology)
Consultant Pathologist



SIN No: CCR240904005

Apollo Health and Lifestyle Limited

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Patient Name : Mrs.PRATAP SARITHA	Collected : 28/Sep/2024 09:06AM
Age/Gender : 38 Y 4 M 14 D/F	Received : 28/Sep/2024 04:45PM
UHID/MR No : CCHA.0000182375	Reported : 28/Sep/2024 06:43PM
Visit ID : CCHAOPV345918	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7371	

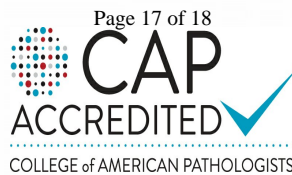
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S., M.D (Pathology)
Consultant Pathologist



SIN No: CCR240903897

Apollo Health and Lifestyle Limited

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Address: Apollo Reference Laboratory, Hyderabad, Chanda Nagar, Hyderabad, Telangana, India - 500050



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Patient Name	: Mrs.PRATAP SARITHA	Collected	: 28/Sep/2024 12:05PM
Age/Gender	: 38 Y 4 M 14 D/F	Received	: 28/Sep/2024 07:32PM
UHID/MR No	: CCHA.0000182375	Reported	: 01/Oct/2024 11:26AM
Visit ID	: CCHAOPV345918	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7371		

DEPARTMENT OF CYTOLOGY

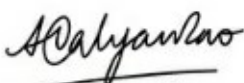
LBC PAP SMEAR , CERVICAL SAMPLE

	CYTOLOGY NO.	21468/24
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 18 of 18
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CCR240904018

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

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Patient Name : Mrs.PRATAP SARITHA
Age/Gender : 38 Y 4 M 14 D/F
UHID/MR No : CCHA.0000182375
Visit ID : CCHAOPV345918
Ref Doctor : Self
Emp/Auth/TPA ID : 35E7371

Collected : 28/Sep/2024 12:05PM
Received : 28/Sep/2024 07:32PM
Reported : 01/Oct/2024 11:26AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

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.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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



SIN No:CCR240904018

Apollo Health & Lifestyle Limited Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

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

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Chanda Nagar, Hyderabad, Telangana, India - 500050

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)



Patient Name	: Mrs. PRATAP SARITHA	Age	: 38Yrs 4Mths 15Days
UHID	: CCHA.0000182375	OP Visit No.	: CCHAOPV345918
Printed On	: 28-09-2024 12:18 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35E7371		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN – FEMALE

Liver appears normal in size . **Increased Echogenicity** . No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals. **Liver measures : 14.5 cm.**

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of peri GB collection. No evidence of focal lesion is seen.

Spleen is normal. No focal lesion seen. Splenic vein is normal. **Spleen measures : 8cm.**

Pancreas appears normal in echo pattern. No focal/mass lesion/calcification. No evidence of per pancreatic free fluid or collection. Pancreatic duct appears normal.

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

Right kidney measures : 95 x 40 mm. , Left kidney measures : 105 x 40 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. It shows normal shape & echo pattern.

Uterus measures : 70 x 28 x 37 mm.

Endometrial echo-complex appears normal and **measures 7.8 mm.**

No intra/extra uterine gestational sac seen.

Both ovaries : Multiple Small Follicle Seen in Both Ovaries .

Right ovary measures : 27 x 16 mm .

Left ovary measures : 28 x 18 mm .

No evidence of any adnexal pathology noted.

IMPRESSION :-

1 . GRADE - I FATTY LIVER .

2 . BILATERAL POLY CYSTIC OVARIAN MOROLOGY .

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.

---End Of The Report---

G. Hemalatha

Dr. G HEMALATHA
MBBS,DNB
52014
Radiology

Patient Name	: Mrs. PRATAP SARITHA	Age	: 38Yrs 4Mths 15Days
UHID	: CCHA.0000182375	OP Visit No.	: CCHAOPV345918
Printed On	: 28-09-2024 06:44 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35E7371		

DEPARTMENT OF CARDIOLOGY

ECG

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 82 beats per minutes.
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.

---End Of The Report---



Dr. A RAVINDRA
DM CARDIOLOGY
56899
Cardiology

Patient Name	: Mrs. PRATAP SARITHA	Age	: 38Yrs 4Mths 15Days
UHID	: CCHA.0000182375	OP Visit No.	: CCHAOPV345918
Printed On	: 28-09-2024 01:52 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35E7371		

DEPARTMENT OF CARDIOLOGY

Ao (ed)	2.6CM
LA (es)	2.9 CM
LVID (ed)	4.0CM
LVID (es)	2.5CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	64.00%
%FD	32.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NO EFFUSION

LEFT VENTRICLE:

NO REGION WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES:- NO MR/ TR/ AR/ PR

PJV: 1.0

AJV: 1.2

E: 0.7 m/s

A: 0.5 m/s

IMPRESSION:-

NORMAL CHAMBERS,

NO RWMA,

GOOD LV/ RV FUNCTION,

NO MR/ AR/ TR/ PR,

NO PE/ CLOT/ VEGS

---End Of The Report---



Dr. A RAVINDRA
DM CARDIOLOGY
56899
Cardiology

Patient Name	: Mrs. PRATAP SARITHA	Age	: 38Yrs 4Mths 15Days
UHID	: CCHA.0000182375	OP Visit No.	: CCHAOPV345918
Printed On	: 28-09-2024 02:42 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35E7371		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

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

For clinical correlation.

---End Of The Report---

G. Hemalatha

Dr. G HEMALATHA
MBBS,DNB
52014
Radiology

Preferred Time : 08:00 AM

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
PRATAP SARITHA	38 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.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

यूनियन बैंक ऑफ इंडिया Union Bank of India

आंध्र प्रदेश राज्य सरकार A Government of India Undertaking
आंध्र प्रदेश सहकारी वित्त निगम Corporation



नाम : प्रताप सरिता
Name : PRATAP SARITHA
कर्मचारी क्र : 667719
जन्म तिथि : 14-05-1986
रक्त समूह : O+ P. Saritha

हस्ताक्षर Signature

जारी करने की तारीख : 03-02-2021

जारी करने का स्थान : क्षेत्रीय कार्यालय, हैदराबाद-साइफाबाद
Place of Issue : Regional Office, Hyderabad-Saifabad

जारी करने वाली प्राधिकारी Issuing Authority

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Pratap Saritha on 28/09/24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<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 employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended • Unfit 	



Dr. R. Sangeetha
 Medical Officer
M.B.B.S. MD (Gen Med)
Regd No. TSMC/FMR/19993
Consultant Physician

This certificate is not meant for medico-legal purpose

Cardiology

Name <u>Mrs. P. Saritha</u>	Date <u>28/9/24</u>
Age <u>38.</u>	UHID No. <u>182375</u>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis <u>ARCOFEMI</u>	

Echocardiogram Report

Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS		NORMAL	DIMENSIONS		NORMAL
Ao (ed)	<u>2.6</u> cm	(1.5cm / m ²)	IVS (Ed)	<u>1.0</u> cm	(0.6 - 1.2 cm)
LA (es)	<u>2.9</u> cm	(1.5cm / m ²)	LVPW (Ed)	<u>1.0</u> cm	(0.6 - 1.1 cm)
RVID (ed)	_____ cm	(0.9 cm / m ²)	EF	<u>64</u>	(0.62 - 0.85)
LVID (ed)	<u>4.0</u> cm	(2.6 - 3.4 cm / m ²)	% FD	<u>32</u>	(28% - 42%)
LVID (es)	<u>2.5</u>				

MORPHOLOGICAL DATA

Mitral Valve	AML _____	Interatrial septum _____
	PML _____	Interventricular septum _____
Aortic Valve	_____	Pulmonary artery _____
Tricuspid valve	_____ (v)	Aorta _____ (v)
Pulmonary valve	_____	Right atrium _____
Right ventricle	_____	Left atrium _____



PRESCRIPTION

Besaid Bata Show Room, Madinaguda opp SBI Bank Hyderabad .040-23046745

NAME: PRATAP SARITHA Date: 28-09-2024
 Age: 38
 UHID: _____ PH NO _____

	SPH	CHI	AXIS	ADD	CVA
RIGHT	PL				20/20
LEFT	PL				20/20

LENS :

FRAMES:

Single vision
Glass
CR-39
Polycarbonate

Bifocal
k-Bifocal
D-Bifocal
(Glass/CR)

Progressive
Internal Progressive
ARC
High Index
Photochromic

DIAGNOSIS :

Medicine :

Colour Vision Test: RE: NORMAL LE: NORMAL

NEXT EXAMINATIONS : 1 Month / Year

Signature

THE APOLLO CLINIC
PHYSICAL EXAMINATION FORM

Arthrofemi

BILL DATE : 28/9/24 UHID: 182375 BILL NO: 90441

PATIENT NAME : Mrs. P. Saritha AGE: 38

Weight : 72.5 Kgs

Height : 145 Cms

Chest Measurement : (in) (out)

Abdomen :

Pulse : 82 / bpm

B.P : 110/80 / mm Hg

BMI - 34
Waist - 96cm

Hip - 116 cm

SpO₂ - 98%

ID: 182375
MRS P SARITHA
Female 38 Years
Req. No. :

BP 28-09-2024 09:09:16

HR : 82 bpm
P : 110 ms
PR : 138 ms
QRS : 94 ms
QT/QTcBz : 366/428 ms
P/QRS/T : 57/27/18 °
RV5/SV1 : 0.583/0.375 mV

Diagnosis Information:

Sinus rhythm
QRS changes V3/V4 may be due to LVH but cannot rule out anterior infarct
Low QRS voltages in precordial leads
Abnormal ECG

Report Confirmed by:

N.S.N

