

Patient Name : Mrs.LAVANYA N
Age/Gender : 43 Y 10 M 27 D/F
UHID/MR No : SALW.0000142064
Visit ID : SALWOPV218152
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 35E6910

Collected : 27/Jul/2024 08:10AM
Received : 27/Jul/2024 10:34AM
Reported : 27/Jul/2024 12:55PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS. Few microcytic and anisopoikilocytosis noted.

WBC : Normal in count and distribution. No abnormal cells seen..

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

COMMENTS : Kindly correlate clinically.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:BED240196380

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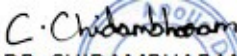
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	9.7	g/dL	12.5-15	Spectrophotometer
PCV	30.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.32	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	70.2	fL	83-101	Calculated
MCH	22.5	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,720	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66.8	%	40-80	Electrical Impedance
LYMPHOCYTES	24.5	%	20-40	Electrical Impedance
EOSINOPHILS	4.1	%	1-6	Electrical Impedance
MONOCYTES	4.1	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4488.96	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1646.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	275.52	Cells/cu.mm	20-500	Calculated
MONOCYTES	275.52	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.73		0.78- 3.53	Calculated
PLATELET COUNT	318000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	26	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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

SIN No:BED240196380




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DEPARTMENT OF HAEMATOLOGY

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

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:BED240196380

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Patient Name : Mrs.LAVANYA N	Collected : 27/Jul/2024 08:10AM
Age/Gender : 43 Y 10 M 27 D/F	Received : 27/Jul/2024 12:21PM
UHID/MR No : SALW.0000142064	Reported : 27/Jul/2024 02:35PM
Visit ID : SALWOPV218152	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6910	

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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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

SIN No:HA07336340

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name : Mrs.LAVANYA N	Collected : 27/Jul/2024 08:10AM
Age/Gender : 43 Y 10 M 27 D/F	Received : 27/Jul/2024 10:32AM
UHID/MR No : SALW.0000142064	Reported : 27/Jul/2024 10:47AM
Visit ID : SALWOPV218152	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6910	

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	88	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry


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

SIN No:PLF02194151



Patient Name : Mrs.LAVANYA N	Collected : 27/Jul/2024 11:13AM
Age/Gender : 43 Y 10 M 27 D/F	Received : 27/Jul/2024 01:24PM
UHID/MR No : SALW.0000142064	Reported : 27/Jul/2024 01:40PM
Visit ID : SALWOPV218152	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6910	


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)	106	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. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:PLP1477427



Patient Name : Mrs.LAVANYA N	Collected : 27/Jul/2024 08:10AM
Age/Gender : 43 Y 10 M 27 D/F	Received : 27/Jul/2024 12:20PM
UHID/MR No : SALW.0000142064	Reported : 27/Jul/2024 01:15PM
Visit ID : SALWOPV218152	Status : Final Report
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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
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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

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

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:EDT240081007

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Emp/Auth/TPA ID : 35E6910	

DEPARTMENT OF BIOCHEMISTRY

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

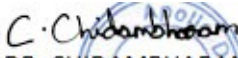
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	195	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	113	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	45	mg/dL	40-71	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	150	mg/dL	<130	Calculated
LDL CHOLESTEROL	127.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.33		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.04		<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

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

SIN No:SE04792873




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

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.


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M.D., D.N.B.
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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.5		<1.15	Calculated
ALKALINE PHOSPHATASE	68.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	7.00	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.00	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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:

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

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

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 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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	13.91	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.30	mg/dL	3-5.5	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	8.90	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	139	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.3	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	102	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	7.00	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.00	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated

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DR. CHIDAMBHARAM C
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	16-73	catalytic activity- reflectance spectrophotometry


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

SIN No:SE04792873

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Age/Gender : 43 Y 10 M 27 D/F	Received : 27/Jul/2024 12:20PM
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Visit ID : SALWOPV218152	Status : Final Report
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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)	0.98	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.58	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.074	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

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

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DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24123729

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN : U85100TG2009PTC099414

Registered Office:No.7-1-617A,615&616, Imperial Towers, 7th Floor, Opp.Ameerpet Metro Station Ameerpet, Hyderabad, Telangana-500 038.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

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DEPARTMENT OF IMMUNOLOGY

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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



DR.R.SRIVATSAN
M.D.(Biochemistry)



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This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mrs.LAVANYA N	Collected : 27/Jul/2024 08:10AM
Age/Gender : 43 Y 10 M 27 D/F	Received : 27/Jul/2024 11:48AM
UHID/MR No : SALW.0000142064	Reported : 27/Jul/2024 12:41PM
Visit ID : SALWOPV218152	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6910	

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	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Dipstick
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	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

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

SIN No:UR2394222




Patient Name : Mrs.LAVANYA N
Age/Gender : 43 Y 10 M 27 D/F
UHID/MR No : SALW.0000142064
Visit ID : SALWOPV218152
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 35E6910

Collected : 27/Jul/2024 08:10AM
Received : 27/Jul/2024 11:48AM
Reported : 27/Jul/2024 12:41PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Microscopy findings are reported as an average of 10 high power fields.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:UR2394222

Page 18 of 19



Patient Name : Mrs.LAVANYA N	Collected : 27/Jul/2024 08:10AM
Age/Gender : 43 Y 10 M 27 D/F	Received : 27/Jul/2024 12:10PM
UHID/MR No : SALW.0000142064	Reported : 27/Jul/2024 12:42PM
Visit ID : SALWOPV218152	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6910	

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 ***

C. Chidambaram
DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:UF011943

Page 19 of 19



Patient Name	: Mrs. LAVANYA N	Age/Gender	: 43 Y/F
UHID/MR No.	: SALW.0000142064	OP Visit No	: SALWOPV218152
Sample Collected on	:	Reported on	: 29-07-2024 13:51
LRN#	: RAD2389165	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 35E6910		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears contracted.

Pancreas appears normal.

Spleen measures 8.4cm and shows normal echotexture.

Visualised aorta and IVC are normal.

No evidence of ascites or lymphadenopathy.

Right kidney measures 10.6 x 4.1cm.

Left kidney measures 10.5 x 5.4cm.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus retroverted and bulky measures 8.2 x 5.0cm. Endometrial thickness -1.2cm.

Right ovary - Appears cystic 6.4 x 4.2cm.

Left ovary measures 3.7 x 2.1cm.

Bladder is normal in contour.

IMPRESSION:

RETROVERTED BULKY UTERUS.

CYSTIC RIGHT OVARY.

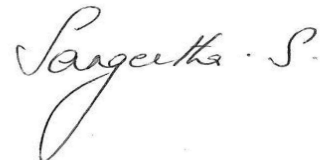
Patient Name : Mrs. LAVANYA N

Age/Gender : 43 Y/F

-SUGGESTED TVS.

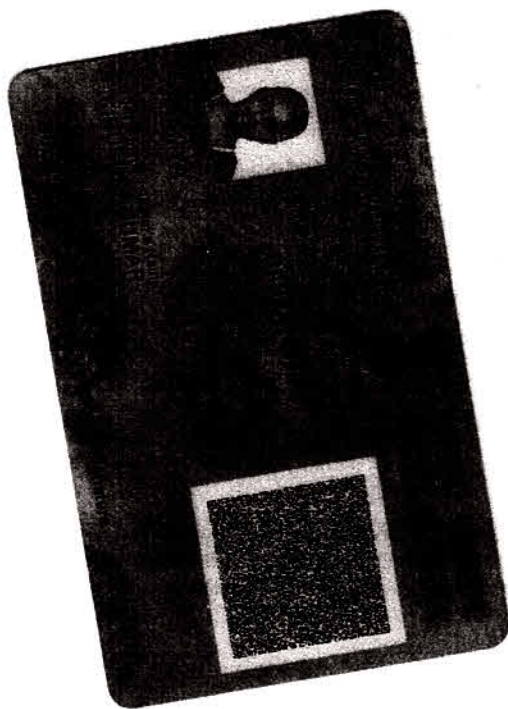
-SUGGESTED CLINICAL CORRELATION.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



Dr. S SANGEETHA
MBBS., TRAINED IN ULTRASONOGRAPHY
Radiology

Sono - Mammography and Pap-smear report will be upload after 3-4 days



Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - CHENNAI NORTH
139, BROADWAY, , Chennai- 44

To,

The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 40-50 Female

Shri/Smt./Kum. LAVANYA N.,

P.F. No. 639147

Designation : CustomerService Associate(CSA)

Checkup for Financial Year 2024-2025 **Approved Charges Rs.** 4500.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned

9962069695
31/08/1980

142064
43years

MRS. LAVANYA, N
Female

7/27/24 8:24 AM

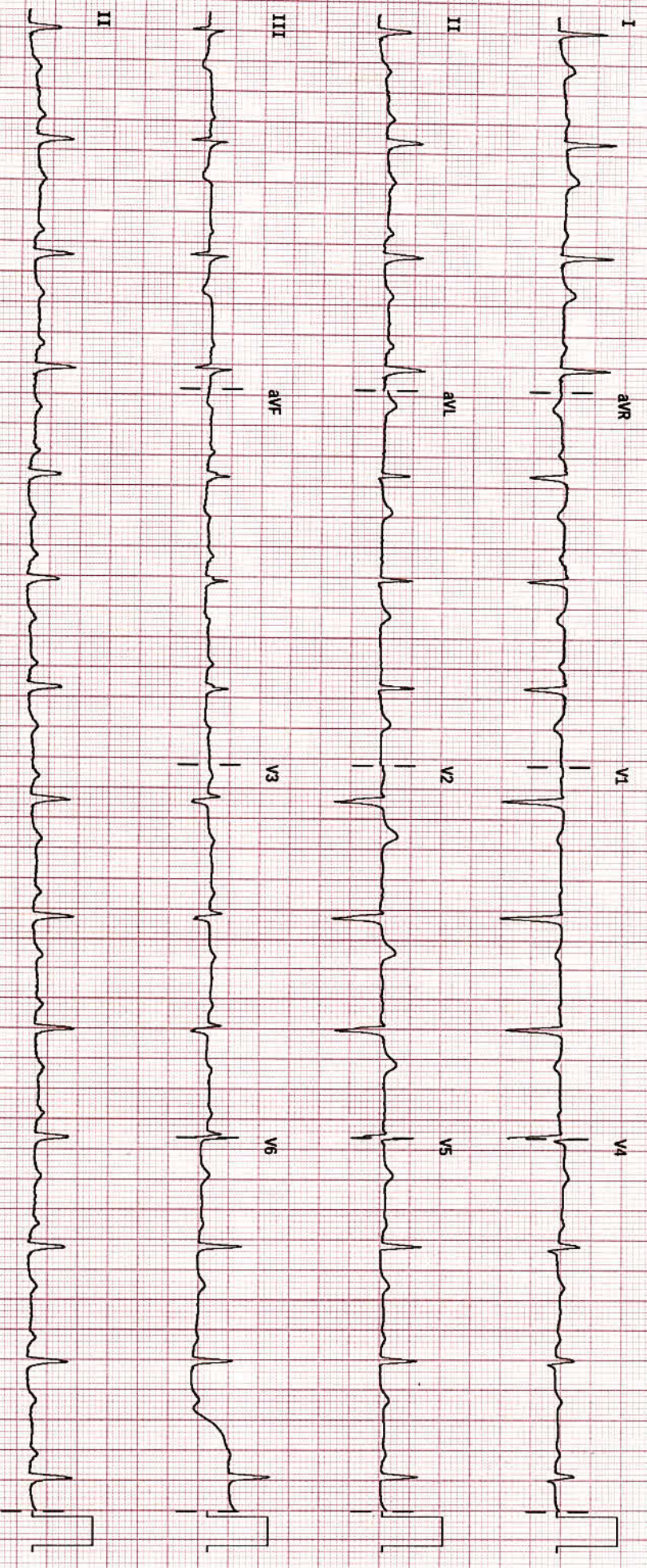
APOLLO SPECTRA HOSPITALS (SALM)

ALMPET (OPD)

Rate: 82
PR 166
QRS 98
QT 358
QTcB 417
--AXIS--
P 51
QRS 33
T -4

12 Leads; Standard Placement

- OTHERWISE NORMAL ECG -
Unconfirmed Diagnosis



Device:

Speed: 25mm/sec

Limbs: 10.0mm/mV

Chest: 10.0mm/mV

PHILIPS

REORDER # M2483A

F 50 - 0.15 100 HZ

110C CL

P7

Dr. SUNDHARI V, MBBS., DNB., MNAMS
SENIOR ENT CONSULTANT
Ear Nose Throat Surgeon, Head & Neck Surgeon
Specialist in Endoscopic, Microscopic,
Advanced Skull Base
Phono Surgery & Snoring Surgery
Reg. No. 58764

27/7/24

Mrs. LAVANYA N
SALW.0000142064 43/F

Health check.

Ho Present - Sneezing / Nasal Block / Postnasal drip

Eye - The rest

Nose - DSC with moderate septal hump
Block - allergic Boggys form

Throat - Mucousy discharge. No cough
Congested formula box

DSC / chronic Allergic Rhinitis / Moderate oss / A/B

Plan -> Absolute eosinophil count

&
Serum IgE level

Review in Report

Neck

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100TG2009PTC099414

Registered Office: No.7-1-617A, 615 & 616, Imperial Towers 7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana - 500 038.

BANGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

Patient Name : Mrs. LAVANYA N Age : 43 Y/F
UHID : SALW.0000142064 OP Visit No : SALWOPV218152
Conducted By: : Dr. CECILY MARY MAJELLA Conducted Date : 29-07-2024 10:18
Referred By : SELF

CARDIOLOGY

CARDIAC STRESS TEST – (TMT)

Angina Pectoria:
NO

Previous MI:
NO

PTCA:
NO

CABG:
NO

HTN:
NO

DM:
NO

Obesity:
NO

Lipidemia:
NO

Resting ECG Supine:
NSR, WNL

Standing:
NSR, WNL

Protocol Used:
BRUCE

Monitoring Leads:
12 LEADS

Grade Achieved:
95%

% HR / METS:
8.2

Reason for Terminating Test:
MAX HR ATTAINED

Total Exercise Time:
6.49

Symptoms and ECG Changes during Exercise:
NO SYMPTOMS 1mm ST DEPRESSION NOTED IN INFEROLATERAL LEADS IN

STAGE II & PEAK EXERCISE WHICH SETTLED AT 1 MINUTES OF RECOVERY & REAPPEARED AT 3 MINUTES OF RECOVERY UPTO 4 MINUTES OF RECOVERY

0 mts:

MINIMAL ST CHANGES NOTED IN INFEROLATERAL LEADS

3 mts:

MINIMAL ST CHANGES NOTED IN INFEROLATERAL LEADS

INTERPRETATION:

Rhythm:
NORMAL

S.T. Segment :
POSITIVE

III Blood Pressure Response :
NORMAL

IV Fitness Response :
GOOD

Impression:

Cardiac stress analysis is POSITIVE for inducible myocardial ischemia at 8.2mets work load and 95% of maximum heart rate.

DR. CECILY MARY MAJELLA MD DM CARDIO



To Kindly correlate clinically

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

OPHTHALMIC RECORD

NAME :

AGE :

Mrs. LAVANYA N
SALW.0000142064 43/F

DATE: 27/7/24

I.D. No. :

REFERRAL DETAILS :

MHe

ALLERGIES :

Not aware

OCULAR HISTORY :

Q: No specific ocular h/o.

SYSTEMIC ILLNESS :

Nil

CURRENT MEDICATION :

Nil

INVESTIGATIONS :

Nil

MAIN DIAGNOSIS

TREATMENT GIVEN

RE

LE

PRESENT GLASSES :
NV ADD :

nil

VN. WITH PG :

VISION UNAIDED :

6/6 blur NB

6/6 blur NB

VN WITH PH :

RETINOSCOPY *Ar* :

$\pm 1.00 \times 90$

$+0.75 / 0.50 \times 180$

SUBJECTIVE :

$\pm 0.50 \times 90$
(6/6)

$+0.75 / 0.50 \times 180$
(6/6)

ANTERIOR SEGMENT :

Add : ar: +1.00 m (NB)
more or less

colour m :
ar: normal

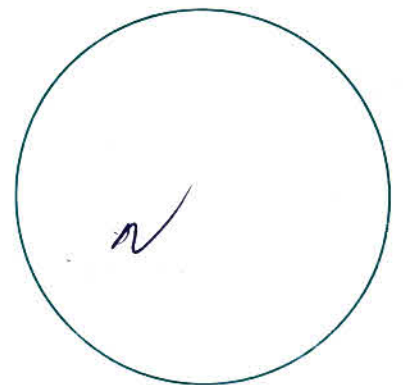
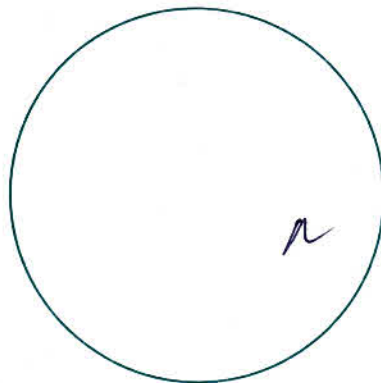
dry

IOP

① 18mmHg
② 18mmHg

② 18mmHg

FUNDUS :



MAIN DIAGNOSIS :

Ref seen

ADVICE / DISCUSSION :

all

REVIEW :

[Signature]
SIGNATURE

Patient Name	: Mrs. LAVANYA N	Age/Gender	: 43 Y/F
UHID/MR No.	: SALW.0000142064	OP Visit No	: SALWOPV218152
Sample Collected on	:	Reported on	: 27-07-2024 14:58
LRN#	: RAD2389165	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 35E6910		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

NORMAL STUDY.



Dr. ARUN KUMAR S
MBBS, DMRD, DNB
Radiology