

CONSENT FORM

~~MR//MRS/MISS~~ K. Pavan & Srishe I AM NOT INTRESTED TO GIVE THE
(~~STOOL~~) PAP SMEAR

SAMPLEIN THE GIVEN HEALTH CHECK PACKAGE

UHID: 186006

CORPORTE NAME: Mediwatch

SIGNATURE: P. Srishe

DATE 29/2/24

भारत सरकार
GOVERNMENT OF INDIA

పావని శిషు కురడా
Pavani Sirisha Kurada
పుట్టిన తేదీ/ DOB: 31/08/1983
స్త్రీ / FEMALE

2338 2809 0780

ఆధార్-సామాన్యమానవుడి హక్కు



Asraonagar Apolloclinic

From: Pavanisirisha Dwibhashyam <pavanisiri@gmail.com>
Sent: 24 February 2024 09:15
To: Asraonagar Apolloclinic
Subject: Fwd: Your appointment is confirmed

----- Forwarded message -----

From: <noreply@apolloclinics.info>
Date: Mon, 19 Feb, 2024, 5:44 pm
Subject: Your appointment is confirmed
To: <pavanisiri@gmail.com>
Cc: <asraonagar@apolloclinic.com>, <jyothsna.thaluka@apolloclinic.com>, <syamsunder.m@apollohl.com>



Dear K PAVANI,

Greetings from Apollo Clinics,

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

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

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

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

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

Instructions to be followed for a health check:

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

For Women:

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

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

Clinic Address: A-12, # 1-9-71/A/12/B, RISHAB HEIGHTS, RUKMINIPURI HOUSING COLONY, A.S.RAO NAGAR.

Contact No: (040) 48522317.

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

Warm Regards,
Apollo Clinic

Patient Name	: Mrs. K PAVANI SIRISHA	Age	: 40 Y/F
UHID	: CASR.0000186006	OP Visit No	: CASROPV221231
Reported By:	: Dr. MRINAL .	Conducted Date	: 25-02-2024 08:41
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 95 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. MRINAL .

Patient Name : Mrs. K PAVANI SIRISHA Age : 40 Y/F
UHID : CASR.0000186006 OP Visit No : CASROPV221231
Conducted By: : Dr. MRINAL . Conducted Date : 24-02-2024 16:17
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.8 CM
LA (es)	2.8 CM
LVID (ed)	4.4 CM
LVID (es)	2.8 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	65 %
%FD	33 %

MITRAL VALVE :

AML	MILD BILLOWING
PML	NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

MITRAL: E: 0.8 m/sec A: 0.7 m/sec

AJV:1.2 m/sec

PJV:0.8 m/sec

Patient Name : Mrs. K PAVANI SIRISHA
UHID : CASR.0000186006
Conducted By: : Dr. MRINAL .
Referred By : SELF

Age : 40 Y/F
OP Visit No : CASROPV221231
Conducted Date : 24-02-2024 16:17

IMPRESSION:

MILD AML BILLOWING.

NO RWMA.

GOOD LV FUNCTION.

TRIVIAL MR,TR.

NO AR/NO PAH.

NO LA/LV CLOTS.

NO PERICARDIAL EFFUSION.

Dr. MRINAL .

Patient Name : Mrs. K PAVANI SIRISHA

Age/Gender : 40 Y/F

UHID/MR No. : CASR.0000186006

OP Visit No : CASROPV221231

Sample Collected on :

Reported on : 25-02-2024 09:47

LRN# : RAD2246878

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9949066088

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

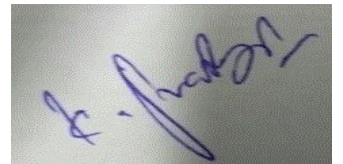
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name	: Mrs. K PAVANI SIRISHA	Age/Gender	: 40 Y/F
UHID/MR No.	: CASR.0000186006	OP Visit No	: CASROPV221231
Sample Collected on	:	Reported on	: 24-02-2024 14:16
LRN#	: RAD2246878	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9949066088		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

USG OF BOTH BREASTS

Real time B–Mode USG of both breasts:

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

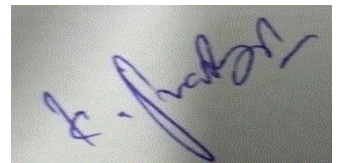
No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

CONCLUSION:

No significant abnormality is seen in this study.



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name	: Mrs. K PAVANI SIRISHA	Age/Gender	: 40 Y/F
UHID/MR No.	: CASR.0000186006	OP Visit No	: CASROPV221231
Sample Collected on	:	Reported on	: 29-02-2024 14:19
LRN#	: RAD2246878	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9949066088		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

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

Right kidney : 99x42mm Normal in size and shows mild hydronephrosis.

Left kidney : 97x40mm Normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

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

Uterus 15x8.4x12.4cm Bulky in size and shows multiple hypoechoic lesions in the myometrium largest measuring **9.5cmx10.cm** in the fundal region
Endometrial echo-complex appears normal and measures **7 mm**.

Right ovary : 19x20mm Normal in size, shape and echotexture.

Left ovary : Not adequately demonstrable.

IMPRESSION:-Grade 1 Fatty Liver


Right Mild Hydronephrosis.

Large Bulky Uterus With Intramural Fibroids As Described Above

Suggested clinical correlation and further evaluation **MRI PELVIS** if necessary.

Patient Name : Mrs. K PAVANI SIRISHA

Age/Gender : 40 Y/F



Dr. PRAVEEN BABU KAJA
Radiology


Patient Name : Mrs.K PAVANI SIRISHA	Collected : 24/Feb/2024 09:22AM
Age/Gender : 40 Y 5 M 24 D/F	Received : 24/Feb/2024 01:10PM
UHID/MR No : CASR.0000186006	Reported : 24/Feb/2024 02:17PM
Visit ID : CASROPV221231	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9949066088	

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	13.1	g/dL	12-15	Spectrophotometer
PCV	38.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.53	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	85.3	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,620	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.2	%	40-80	Electrical Impedence
LYMPHOCYTES	28.8	%	20-40	Electrical Impedence
EOSINOPHILS	6	%	1-6	Electrical Impedence
MONOCYTES	5.6	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4511.04	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2194.56	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	457.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	426.72	Cells/cu.mm	200-1000	Calculated
BASOPHILS	30.48	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.06		0.78- 3.53	Calculated
PLATELET COUNT	248000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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



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

SIN No:BED240048156

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



Patient Name : Mrs.K PAVANI SIRISHA	Collected : 24/Feb/2024 09:22AM
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UHID/MR No : CASR.0000186006	Reported : 24/Feb/2024 02:17PM
Visit ID : CASROPV221231	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9949066088	

DEPARTMENT OF HAEMATOLOGY

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

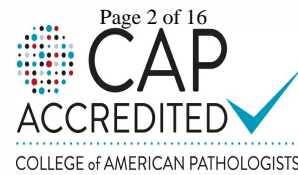
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

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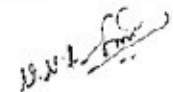


Patient Name : Mrs.K PAVANI SIRISHA	Collected : 24/Feb/2024 09:22AM
Age/Gender : 40 Y 5 M 24 D/F	Received : 24/Feb/2024 01:10PM
UHID/MR No : CASR.0000186006	Reported : 24/Feb/2024 09:04PM
Visit ID : CASROPV221231	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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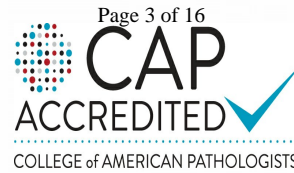
Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Negative			Microplate technology



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

SIN No:BED240048156

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Age/Gender : 40 Y 5 M 24 D/F	Received : 24/Feb/2024 01:25PM
UHID/MR No : CASR.0000186006	Reported : 24/Feb/2024 05:19PM
Visit ID : CASROPV221231	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
GLUCOSE, FASTING , NAF PLASMA	81	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	82	mg/dL	70-140	HEXOKINASE

Comment:

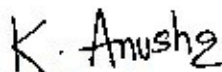
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	mg/dL		Calculated



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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



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DEPARTMENT OF BIOCHEMISTRY

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

Comment:

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

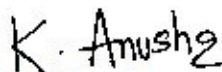
REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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)



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



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DEPARTMENT OF BIOCHEMISTRY

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

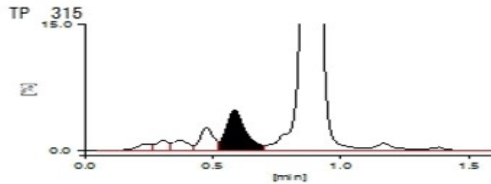
Chromatogram Report

HLC72368 V5.28 1 2024-02-24 17:03:43
 ID EDT240021588
 Sample No. 02240229 SL 0011 - 03
 Patient ID
 Name
 Comment

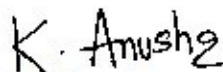
CALIB			
Name	%	Time	Area
A1A	0.5	0.24	8.55
A1B	0.6	0.31	11.80
F	0.8	0.37	14.49
LA1C+	1.5	0.47	27.29
SA1C	4.9	0.59	70.16
AO	93.7	0.88	1741.50
H-V0			
H-V1			
H-V2			

Total Area 1873.79

HbA1c 4.9 % **IFCC 30 mmol/mol**
HbA1 6.0 % **HbF 0.8 %**




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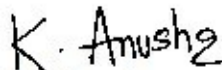
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

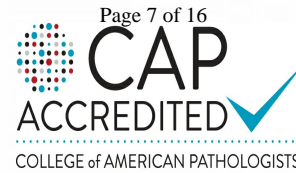
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324



Dr. RAJESH BATTINA
PhD.(Biochemistry)
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Consultant Biochemist



SIN No:EDT240021588

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Patient Name : Mrs.K PAVANI SIRISHA	Collected : 24/Feb/2024 09:22AM
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Visit ID : CASROPV221231	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9949066088	

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	167	mg/dL	<200	CHO-POD
TRIGLYCERIDES	71	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	116	mg/dL	<130	Calculated
LDL CHOLESTEROL	101.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.27		0-4.97	Calculated

Comment:

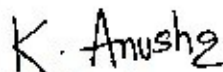
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

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

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



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SIN No:SE04640028

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

Patient Name : Mrs.K PAVANI SIRISHA	Collected : 24/Feb/2024 09:22AM
Age/Gender : 40 Y 5 M 24 D/F	Received : 24/Feb/2024 01:30PM
UHID/MR No : CASR.0000186006	Reported : 24/Feb/2024 04:17PM
Visit ID : CASROPV221231	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9949066088	

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	0.66	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	53.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.09	g/dL	6.6-8.3	Biuret
ALBUMIN	3.99	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

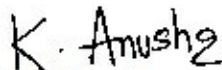
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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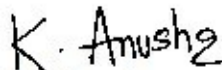
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.69	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	18.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.71	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.23	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.19	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)



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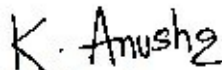
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	55.00	U/L	<38	IFCC



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Age/Gender : 40 Y 5 M 24 D/F	Received : 24/Feb/2024 01:29PM
UHID/MR No : CASR.0000186006	Reported : 24/Feb/2024 04:09PM
Visit ID : CASROPV221231	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9949066088	

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)	0.94	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.86	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.240	µIU/mL	0.38-5.33	CLIA

Comment:

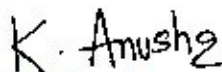
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- 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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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SIN No:SPL24031710

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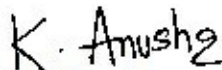
Patient Name	: Mrs.K PAVANI SIRISHA	Collected	: 24/Feb/2024 09:22AM
Age/Gender	: 40 Y 5 M 24 D/F	Received	: 24/Feb/2024 01:29PM
UHID/MR No	: CASR.0000186006	Reported	: 24/Feb/2024 04:09PM
Visit ID	: CASROPV221231	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9949066088		

DEPARTMENT OF IMMUNOLOGY

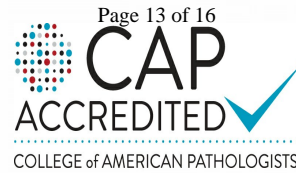
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324



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SIN No:SPL24031710


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Patient Name : Mrs.K PAVANI SIRISHA	Collected : 24/Feb/2024 09:22AM
Age/Gender : 40 Y 5 M 24 D/F	Received : 27/Feb/2024 01:23PM
UHID/MR No : CASR.0000186006	Reported : 27/Feb/2024 03:17PM
Visit ID : CASROPV221231	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


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SIN No:UR2290271

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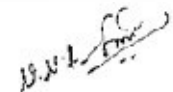
Patient Name : Mrs.K PAVANI SIRISHA	Collected : 24/Feb/2024 09:22AM
Age/Gender : 40 Y 5 M 24 D/F	Received : 24/Feb/2024 01:26PM
UHID/MR No : CASR.0000186006	Reported : 24/Feb/2024 08:31PM
Visit ID : CASROPV221231	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9949066088	

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



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SIN No:UF010731

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



Patient Name : Mrs.K PAVANI SIRISHA	Collected : 24/Feb/2024 06:16PM
Age/Gender : 40 Y 5 M 24 D/F	Received : 25/Feb/2024 09:26PM
UHID/MR No : CASR.0000186006	Reported : 27/Feb/2024 12:05PM
Visit ID : CASROPV221231	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9949066088	

DEPARTMENT OF CYTOLOGY

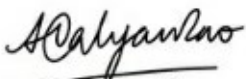
LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	3936/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	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. 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



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SIN No:CS075210

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