

Patient Name : Mrs.ROJA NAIDU	Collected : 10/Oct/2024 09:19AM
Age/Gender : 38 Y 10 M 1 D/F	Received : 10/Oct/2024 12:17PM
UHID/MR No : CMAN.0000102261	Reported : 10/Oct/2024 01:21PM
Visit ID : CMANOPV219132	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35053	

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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>12.3</b>	g/dL	12.5-15	Spectrophotometer
PCV	36.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.22	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.5	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,800	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60	%	40-80	Flow cytometry
LYMPHOCYTES	30	%	20-40	Flow cytometry
EOSINOPHILS	2	%	1-6	Flow cytometry
MONOCYTES	7	%	2-10	Flow cytometry
BASOPHILS	1	%	0-2	Flow cytometry
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4080	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2040	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	136	Cells/cu.mm	20-500	Calculated
MONOCYTES	476	Cells/cu.mm	200-1000	Calculated
BASOPHILS	68	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>250000</b>	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>7</b>	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

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

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SIN No:CMK241000869

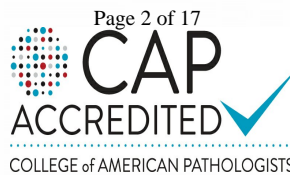
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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DEPARTMENT OF HAEMATOLOGY

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

  
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**DEPARTMENT OF HAEMATOLOGY**

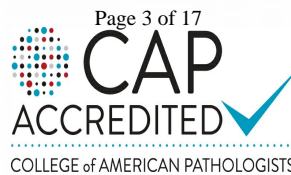
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Positive			Microplate technology



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Consultant Pathologist

SIN No: CMK241000869



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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Door No : 8-1-284/OU/439 & 8-1-284/OU/440, O. U. Colony, Manikonda  
Road, Shaikpet., Manikonda, Hyderabad, Telangana, India - 500008



**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) **Tamil Nadu:** 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.ROJA NAIDU	Collected : 10/Oct/2024 01:02PM
Age/Gender : 38 Y 10 M 1 D/F	Received : 10/Oct/2024 05:06PM
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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	102	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	152	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.



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Patient Name : Mrs.ROJA NAIDU	Collected : 10/Oct/2024 09:19AM
Age/Gender : 38 Y 10 M 1 D/F	Received : 10/Oct/2024 11:47AM
UHID/MR No : CMAN.0000102261	Reported : 10/Oct/2024 07:05PM
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

**Comment:**

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

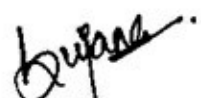
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**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)



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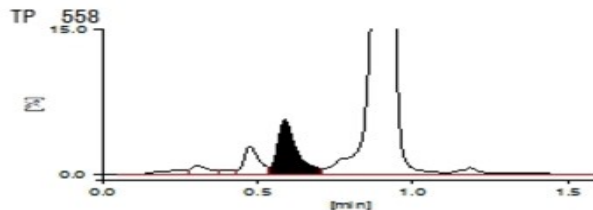
Chromatogram Report

V5.28 1 2024-10-10 18:45:04  
 ID CMK241000870  
 Sample No. 10100177 SL 0001 - 01  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
A1A	0.6	0.23	5.98
A1B	0.7	0.31	7.38
F	0.3	0.41	2.90
LA1C+	1.8	0.47	19.11
SA1C	5.7	0.59	47.01
AO	92.6	0.90	1001.34
H-V0			
H-V1			
H-V2			

Total Area 1083.72

HbA1c 5.7 % IFCC 38 mmol/mol  
HbA1 6.9 % HbF 0.3 %



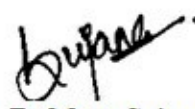
10-10-2024 18:57:53 APOLLO

APOLLO DIAGNOSTICS GLOBAL  
BALNAGAR

1 / 1



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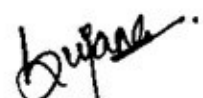
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	212	mg/dL	<200	CHO-POD
TRIGLYCERIDES	73	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	55	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	157	mg/dL	<130	Calculated
LDL CHOLESTEROL	142.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.85		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

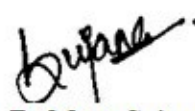
**Comment:**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.06	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.87	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	66.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.60	g/dL	6.6-8.3	Biuret
ALBUMIN	3.89	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.71	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		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, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

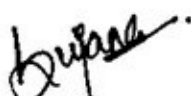
2. Cholestatic Patten:\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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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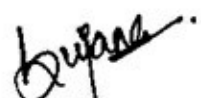
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.70	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	20.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.04	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	<b>8.72</b>	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.93	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.60	g/dL	6.6-8.3	Biuret
ALBUMIN	3.89	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.71	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated



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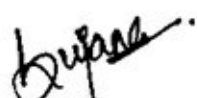


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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	17.00	U/L	<38	IFCC



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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.78	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.65	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.181	µIU/mL	0.38-5.33	CLIA

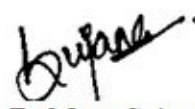
Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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 Treatment.
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

  
**Dr. RAJESH BATTINA**  
 PhD.(Biochemistry)  
 Consultant Biochemist

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

Page 12 of 17  
  
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Patient Name : Mrs.ROJA NAIDU	Collected : 10/Oct/2024 09:19AM
Age/Gender : 38 Y 10 M 1 D/F	Received : 10/Oct/2024 12:08PM
UHID/MR No : CMAN.0000102261	Reported : 10/Oct/2024 02:15PM
Visit ID : CMANOPV219132	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35053	

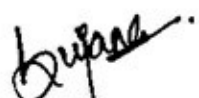
**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



**Dr. RAJESH BATTINA**  
PhD.(Biochemistry)  
Consultant Biochemist



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

Page 13 of 17  
**CAP**  
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Patient Name : Mrs.ROJA NAIDU	Collected : 10/Oct/2024 09:19AM
Age/Gender : 38 Y 10 M 1 D/F	Received : 10/Oct/2024 02:02PM
UHID/MR No : CMAN.0000102261	Reported : 10/Oct/2024 04:49PM
Visit ID : CMANOPV219132	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35053	

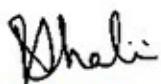
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.006		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		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. 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: CMK241000873



This test has been performed in 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

Door No : 8-1-284/OU/439 & 8-1-284/OU/440, O. U. Colony, Manikonda Road, Shaikpet., Manikonda, Hyderabad, Telangana, India - 500008



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) | Tamil Nadu: 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.ROJA NAIDU	Collected	: 10/Oct/2024 01:02PM
Age/Gender	: 38 Y 10 M 1 D/F	Received	: 10/Oct/2024 05:08PM
UHID/MR No	: CMAN.0000102261	Reported	: 10/Oct/2024 05:42PM
Visit ID	: CMANOPV219132	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35053		

**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
<b>URINE GLUCOSE(POST PRANDIAL)</b>	<b>NEGATIVE</b>		<b>NEGATIVE</b>	Dipstick



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

SIN No: CMK241000915



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Road, Shaikpet., Manikonda, Hyderabad, Telangana, India - 500008



**APOLLO CLINICS NETWORK**

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Patient Name : Mrs.ROJA NAIDU	Collected : 10/Oct/2024 09:19AM
Age/Gender : 38 Y 10 M 1 D/F	Received : 10/Oct/2024 02:02PM
UHID/MR No : CMAN.0000102261	Reported : 10/Oct/2024 04:03PM
Visit ID : CMANOPV219132	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35053	

**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



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

SIN No: CMK241000868



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

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 Road, Shaikpet., Manikonda, Hyderabad, Telangana, India - 500008



**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.ROJA NAIDU	Collected : 10/Oct/2024 12:50PM
Age/Gender : 38 Y 10 M 1 D/F	Received : 10/Oct/2024 05:40PM
UHID/MR No : CMAN.0000102261	Reported : 11/Oct/2024 06:04PM
Visit ID : CMANOPV219132	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35053	

DEPARTMENT OF CYTOLOGY

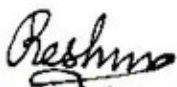
LBC PAP SMEAR , CERVICAL SAMPLE

	<b>CYTOLOGY NO.</b>	22460/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	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. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist

Page 17 of 17  
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SIN No: CMK241000911

Apollo Health and Lifestyle Limited

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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) | Tamil Nadu: 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)

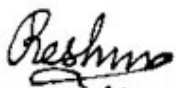
1860 500 7788  
www.apolloclinic.com

Patient Name : Mrs.ROJA NAIDU  
Age/Gender : 38 Y 10 M 1 D/F  
UHID/MR No : CMAN.0000102261  
Visit ID : CMANOPV219132  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E35053

Collected : 10/Oct/2024 12:50PM  
Received : 10/Oct/2024 05:40PM  
Reported : 11/Oct/2024 06:04PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



Dr. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist



SIN No: CMK241000911

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)  
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Address:

100/120/8, Pochampally, Colony, Manikonda  
Road, Shaikpet, Manikonda, Hyderabad, Telangana, India - 500008

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)



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Patient Name	: Mrs. ROJA NAIDU	Age	: 38Yrs 10Mths 2Days
UHID	: CMAN.0000102261	OP Visit No.	: CMANOPV219132
Printed On	: 10-10-2024 10:16 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E35053		

---

## DEPARTMENT OF RADIOLOGY

---

### USG WHOLE ABDOMEN

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

**Gall bladder is partially distended.**

**Spleen** appears normal. No focal lesion seen. Spleenic 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.

Both **the kidneys** appear normal in size, shape and echopattern. Cortical thickness and C M differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder :- is partially distended.**

**Uterus** appears normal in size . Few fibroids noted largest one measuring 43 x 31 mm in the anterior myometrial wall . Endometrial echo-complex appears normal and measures 9 mm.

**Both ovaries-** not visualized .

No obvious free fluid or lymphadenopathy is noted in the abdomen .

**IMPRESSION :-**

---

- 
- GRADE I FATTY LIVER.
  - UTERINE FIBROIDS.

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---



Dr. MOHD ABDUL RAWOOF

--

APMC/FMR/75694

Radiology

---

Patient Name	: Mrs. ROJA NAIDU	Age	: 38Yrs 10Mths 5Days
UHID	: CMAN.0000102261	OP Visit No.	: CMANOPV219132
Printed On	: 13-10-2024 08:55 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E35053		

## DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 78 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. Tripti Deb  
MD, DNB  
APMC/FMR/77804  
Cardiology

Patient Name	: Mrs. ROJA NAIDU	Age	: 38Yrs 10Mths 5Days
UHID	: CMAN.0000102261	OP Visit No.	: CMANOPV219132
Printed On	: 13-10-2024 09:07 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E35053		

---

**DEPARTMENT OF CARDIOLOGY**

---

Ao (ed)	3.25CM
LA (es)	3.1 CM
LVID (ed)	3.44CM
LVID (es)	2.21CM
IVS (Ed)	1.13 CM
LVPW (Ed)	1.13 CM
EF	66.00%
%FD	35.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
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

**LEFT VENTRICLE:**

NO REGION WALL MOTION ABNORMALITY

**COLOUR AND DOPPLER STUDIES**

---

---

PJV: 0.61

AJV: 0.79

E: 0.88m/s

A: 0.66 m/s

**IMPRESSION:-**

NORMAL CHAMBERS.

NO RWMA.

GOOD LV/ RV FUNCTION.

NO MR/ AR/ TR/ PAH.

NO CLOT.

NO PERICARDIAL EFFUSION.

---End Of The Report---



Dr. Tripti Deb  
MD, DNB  
APMC/FMR/77804  
Cardiology

Patient Name	: Mrs. ROJA NAIDU	Age	: 38Yrs 10Mths 2Days
UHID	: CMAN.0000102261	OP Visit No.	: CMANOPV219132
Printed On	: 10-10-2024 02:56 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E35053		

## DEPARTMENT OF RADIOLOGY

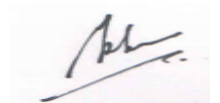
### X RAY CHEST PA

Cardiac is normal.  
Both lungs fields appear normal.  
Both hilae are normal.  
Both costophrenic and cardiophrenic angles are normal.  
The cardiac and mediastinal shadows appear normal.  
Bones and soft tissues appear normal.

#### IMPRESSION :

**NORMAL STUDY.**

---End Of The Report---



Dr. MD RAHEEMUDDIN QURESHI  
MBBS, DMRT  
43212  
Radiology





LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. ROJA NAIDU
EC NO.	73231
DESIGNATION	CORPORATE & INSTITUTIONAL CREDIT
PLACE OF WORK	MUMBAI,BKC, BARODA CORPORATE C
BIRTHDATE	09-12-1985
PROPOSED DATE OF HEALTH CHECKUP	10-10-2024
BOOKING REFERENCE NO.	24D73231100116434E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **07-10-2024** till **31-03-2025** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM & Marketing Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



**List of tests & consultations to be covered as part of Annual Health Check-up**

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	<b>Lipid Profile</b>	<b>Lipid Profile</b>
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	<b>Liver Profile</b>	<b>Liver Profile</b>
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	<b>Kidney Profile</b>	<b>Kidney Profile</b>
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	<b>General Tests</b>	<b>General Tests</b>
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation

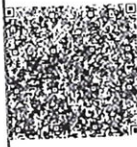
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భారత సర్కార్  
GOVERNMENT OF INDIA



రోజా నాయుడు  
Roja Naidu  
పుట్టి తేదీ/DOB: 09/12/1985  
స్వ / FEMALE



6581 2671 7711

VID - 9154-2822-3836-6027

నా ఆదార్ - నా గుర్తింపు

Name <u>MRS. Roja naidu</u>	Date <u>10/10/19</u>
Age <u>38y</u>	UHID No. <u>Cman 102261</u>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis	

N.

DR. TRIPTI-DEB

## Echocardiogram Report

Echogenicity  Poor  Adequate  Good

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ BSA \_\_\_\_\_

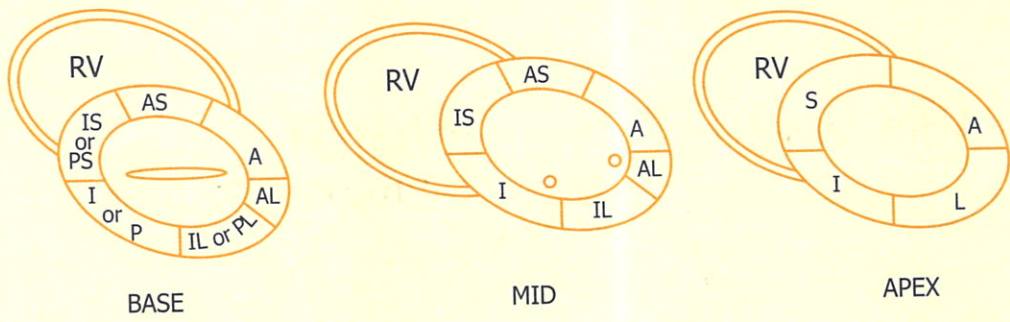
DIMENSIONS		NORMAL		DIMENSIONS		NORMAL	
Ao (ed)	<u>3.25</u> cm	(1.5cm / m2)		IVS (Ed)	<u>1.13</u> cm	(0.6 - 1.2 cm)	
LA (es)	<u>3.1</u> cm	(1.5cm / m2)		LVPW (Ed)	<u>1.13</u> cm	(0.6 - 1.1 cm)	
RVID (ed)	<u>2.3</u> cm	(0.9 cm / m2)		EF	<u>66%</u>	(0.62 - 0.85)	
LVID (ed)	<u>3.44</u> cm	(2.6 - 3.4 cm / m2)		% FD	<u>35%</u>	(2.8% - 42%)	
LVID (es)	<u>2.21</u>						

### MORPHOLOGICAL DATA

Mitral Valve AML \_\_\_\_\_  
PML \_\_\_\_\_  
Aortic Valve \_\_\_\_\_  
Tricuspid valve \_\_\_\_\_ N.  
Pulmonary valve \_\_\_\_\_  
Right ventricle \_\_\_\_\_

Interatrial septum \_\_\_\_\_  
Interventricular septum \_\_\_\_\_  
Pulmonary artery \_\_\_\_\_  
Aorta \_\_\_\_\_ N.  
Right atrium \_\_\_\_\_  
Left atrium \_\_\_\_\_

**Left ventricle : LV WALL MOTION ANALYSIS**



1. Normal
2. Hypokinesia
3. Akinesia
4. Dyskinesia
5. Aneurysmal

**Pericardium**

N.

**Doppler studies**

pJV 0.61  
 AJV 0.79  
 A: 0.66  
 E: 0.88

Normal  
colour Doppler

Normal - Diastolic  
Compliance

**Impression**

Normal Echo Study.

Done by 

Checked by 

Signature  
Consultant - Cardiology 

The Apollo Clinic- Manikonda  
PHYSICAL EXAMINATION FORM

DATE 10/10/24

UHID CMAW102261

Name Mrs Raja Naidu

Age 88 yrs

Height  Cms

Weight  Kgs

Chest Measurement  (In) Cm  (Out) Cm

Waist  Cm Hip

Pulse  Bt - Min. BMI

BP  mmHg SPO2

Mrs. roja naidu  
ID: cman.102261

Female

38 Years

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

10.10.2024 12:08:56  
APOLLO CLINIC  
MANIKONDA  
HYDERABAD

Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

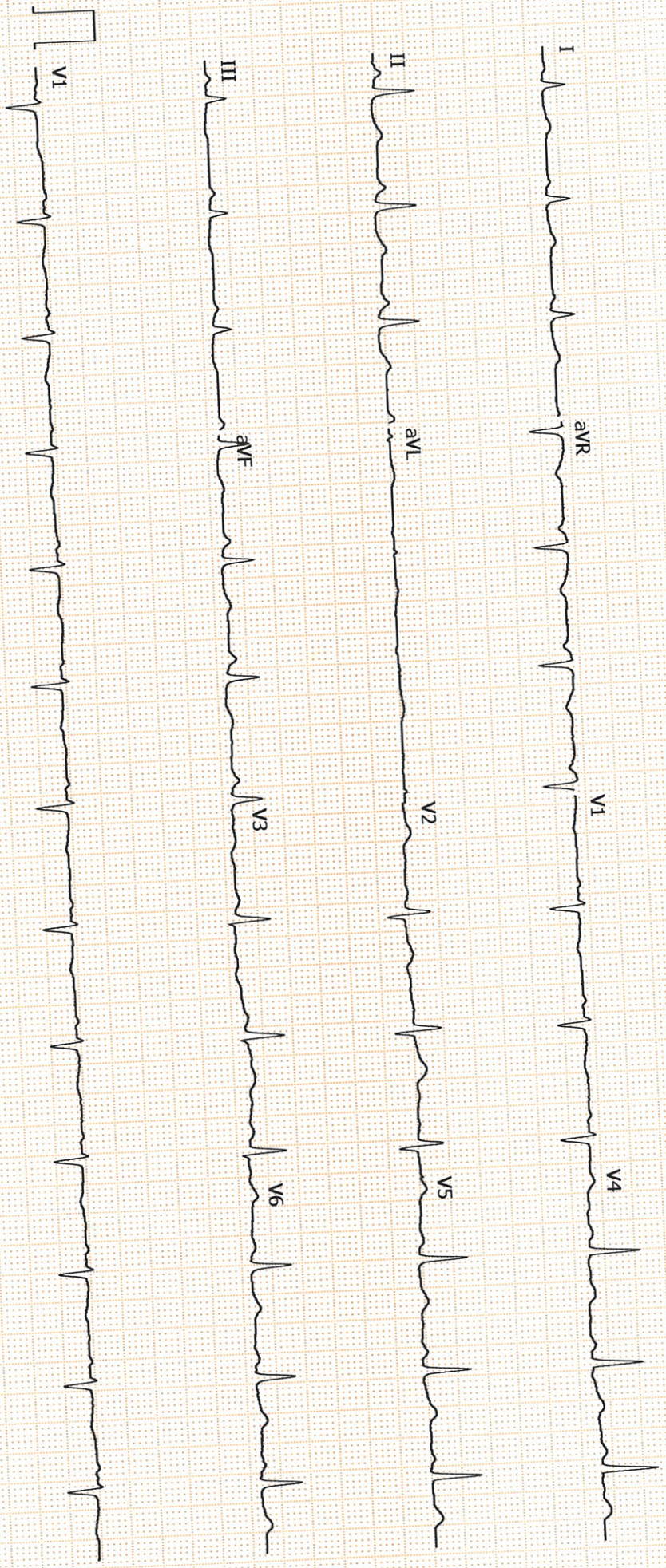
Room:

78 bpm  
-- / -- mmHg

QT / QTcbaz : 402 / 458 ms  
PR : 144 ms  
P : 100 ms  
RR / PP : 772 / 769 ms  
P / QRS / T : 69 / 61 / 42 degrees

Normal sinus rhythm  
Normal ECG

*WNL*



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz Unconfirmed 4x2.5x3\_25\_R1 1/1

# APOLLO CLINIC

## CONSENT FORM

PATIENT NAME Mrs. Raja Naidu AGE:- 38 yrs

UHID NUMBER CMAN/102261 COMPANY NAME Arcolami

I MR/MRS/MS Raja Naidu EMPLOYEE OF Arcolami

COMPANY WANT TO INFORM YOU THAT I AM ~~NOT INTERESTED IN~~ postponing the  
GETTING optical optical checkup due to  
technician Not available.

TEST DONE WHICH IS A PART OF MY ROUTINE HEALTH CHECK PACKAGE.  
AND I CLAIM THE ABOVE STATEMENT IN MY FULL CONSCIOUSNESS.

PATIENT SIGNATURE..... DATE:- 10/10/2024



## CERTIFICATE OF MEDICAL FITNESS

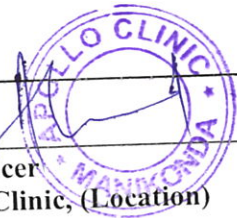
This is to certify that I have conducted the clinical examination

of Mrs. Roja Naidu on 12/10/2024.

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <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"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr. \_\_\_\_\_  
Medical Officer  
The Apollo Clinic, (Location)



*This certificate is not meant for medico-legal purposes*