

| | |
|-------------------------------|--|
| Patient Name : Mrs.MILU JOLLY | Collected : 28/Oct/2023 08:51AM |
| Age/Gender : 29 Y 10 M 11 D/F | Received : 28/Oct/2023 11:03AM |
| UHID/MR No : CINR.0000158308 | Reported : 28/Oct/2023 01:43PM |
| Visit ID : CINROPV209099 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9787851716 | |

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

HEMOGRAM , WHOLE BLOOD EDTA

| | | | | |
|-----------------------------|-------|---------------|------------|--------------------------------|
| HAEMOGLOBIN | 13.4 | g/dL | 12-15 | Spectrophotometer |
| PCV | 40.00 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.69 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 85.3 | fL | 83-101 | Calculated |
| MCH | 28.6 | pg | 27-32 | Calculated |
| MCHC | 33.5 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 7,490 | cells/cu.mm | 4000-10000 | Electrical Impedance |

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

| | | | | |
|-------------|------|---|-------|----------------------|
| NEUTROPHILS | 54.9 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 33.9 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 2.8 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 8 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.4 | % | <1-2 | Electrical Impedance |

ABSOLUTE LEUCOCYTE COUNT

| | | | | |
|-------------|---------|-------------|-----------|------------|
| NEUTROPHILS | 4112.01 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2539.11 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 209.72 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 599.2 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 29.96 | Cells/cu.mm | 0-100 | Calculated |

| | | | | |
|---|--------|-------------------------|---------------|--------------------------|
| PLATELET COUNT | 280000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 18 | mm at the end of 1 hour | 0-20 | Modified Westgren method |

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



SIN No:BED230263663

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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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) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie)
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

| | | | | |
|------------------|----------|--|--|-----------------------------|
| BLOOD GROUP TYPE | B | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |



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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. Range | Method |
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| GLUCOSE, FASTING , NAF PLASMA | 86 | mg/dL | 70-100 | HEXOKINASE |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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



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| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 74 | 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.

| | | | | |
|--|-----|-------|--|------------|
| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA | 5.2 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA | 103 | 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.

Page 5 of 16

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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)



SIN No:PLP1382067,EDT230098198

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LIPID PROFILE , SERUM

| | | | | |
|---------------------|-------|-------|--------|----------------------------|
| TOTAL CHOLESTEROL | 239 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 66 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 55 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 184 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 170.8 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 13.2 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.35 | | 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 |

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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LIVER FUNCTION TEST (LFT) , SERUM

| | | | | |
|---------------------------------------|-------|-------|---------|--------------------|
| BILIRUBIN, TOTAL | 0.70 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.08 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.62 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 12 | U/L | <35 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 22.0 | U/L | <35 | IFCC |
| ALKALINE PHOSPHATASE | 49.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 6.50 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.04 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.46 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.64 | | 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 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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APOLLO CLINICS NETWORK

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Address:
 323/100/123, Doddathangur Village, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka- 560034



| | |
|-------------------------------|--|
| Patient Name : Mrs.MILU JOLLY | Collected : 28/Oct/2023 08:51AM |
| Age/Gender : 29 Y 10 M 11 D/F | Received : 28/Oct/2023 11:41AM |
| UHID/MR No : CINR.0000158308 | Reported : 28/Oct/2023 01:00PM |
| Visit ID : CINROPV209099 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9787851716 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

| | | | | |
|-----------------------|-------------|--------|-------------|--------------------------|
| CREATININE | 0.54 | mg/dL | 0.72 – 1.18 | JAFFE METHOD |
| UREA | 19.30 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 9.0 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.46 | mg/dL | 2.6-6.0 | Uricase PAP |
| CALCIUM | 8.60 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.47 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 133 | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 4.0 | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 102 | mmol/L | 101–109 | ISE (Indirect) |



SIN No:SE04523539

NABL renewal accreditation under process

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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 **1860 500 7788**
www.apolloclinic.com

| | |
|-------------------------------|--|
| Patient Name : Mrs.MILU JOLLY | Collected : 28/Oct/2023 08:51AM |
| Age/Gender : 29 Y 10 M 11 D/F | Received : 28/Oct/2023 11:41AM |
| UHID/MR No : CINR.0000158308 | Reported : 28/Oct/2023 01:00PM |
| Visit ID : CINROPV209099 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9787851716 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 18.00 | U/L | <38 | IFCC |



SIN No:SE04523539

NABL renewal accreditation under process

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 Karnataka- 560034

 **1860 500 7788**
 www.apolloclinic.com

| | |
|-------------------------------|--|
| Patient Name : Mrs.MILU JOLLY | Collected : 28/Oct/2023 08:51AM |
| Age/Gender : 29 Y 10 M 11 D/F | Received : 28/Oct/2023 11:43AM |
| UHID/MR No : CINR.0000158308 | Reported : 28/Oct/2023 02:01PM |
| Visit ID : CINROPV209099 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9787851716 | |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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) | 1.16 | ng/mL | 0.64-1.52 | CMIA |
| THYROXINE (T4, TOTAL) | 10.26 | µg/dL | 4.87-11.72 | CMIA |
| THYROID STIMULATING HORMONE (TSH) | 1.320 | µIU/mL | 0.35-4.94 | CMIA |

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 |



SIN No:SPL23152775

NABL renewal accreditation under process

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APOLLO CLINICS NETWORK

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Karnataka- 560034

 **1860 500 7788**
www.apolloclinic.com

| | |
|-------------------------------|--|
| Patient Name : Mrs.MILU JOLLY | Collected : 28/Oct/2023 08:51AM |
| Age/Gender : 29 Y 10 M 11 D/F | Received : 28/Oct/2023 11:52AM |
| UHID/MR No : CINR.0000158308 | Reported : 28/Oct/2023 02:40PM |
| Visit ID : CINROPV209099 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9787851716 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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 | HAZY | | CLEAR | Visual |
| pH | 7.5 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.010 | | 1.002-1.030 | Bromothymol Blue |

BIOCHEMICAL EXAMINATION

| | | | | |
|------------------------|------------|--|----------|----------------------------|
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | POSITIVE + | | NEGATIVE | LEUCOCYTE ESTERASE |

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

| | | | | |
|------------------|--------|------|------------------|------------|
| PUS CELLS | 8-10 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 5-6 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |



SIN No:UR2209233

NABL renewal accreditation under process

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www.apolloclinic.com

| | |
|-------------------------------|--|
| Patient Name : Mrs.MILU JOLLY | Collected : 28/Oct/2023 08:51AM |
| Age/Gender : 29 Y 10 M 11 D/F | Received : 28/Oct/2023 11:52AM |
| UHID/MR No : CINR.0000158308 | Reported : 28/Oct/2023 05:59PM |
| Visit ID : CINROPV209099 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9787851716 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE | | NEGATIVE | Dipstick |
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |



SIN No:UPP015676,UF009675

NABL renewal accreditation under process

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Karnataka - 560034



| | |
|-------------------------------|--|
| Patient Name : Mrs.MILU JOLLY | Collected : 28/Oct/2023 01:32PM |
| Age/Gender : 29 Y 10 M 11 D/F | Received : 29/Oct/2023 11:31AM |
| UHID/MR No : CINR.0000158308 | Reported : 30/Oct/2023 07:44PM |
| Visit ID : CINROPV209099 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9787851716 | |

DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

| | | |
|------------|----------------------------------|--|
| | CYTOLOGY NO. | 18217/23 |
| I | SPECIMEN | |
| a | SPECIMEN ADEQUACY | ADEQUATE |
| b | SPECIMEN TYPE | LIQUID-BASED PREPARATION (LBC) |
| | SPECIMEN NATURE/SOURCE | CERVICAL SMEAR |
| c | ENDOCERVICAL-TRANSFORMATION ZONE | ABSENT |
| d | COMMENTS | SATISFACTORY FOR EVALUATION |
| II | MICROSCOPY | Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy. |
| III | RESULT | |
| a | EPITHEIAL CELL | |
| | SQUAMOUS CELL ABNORMALITIES | NOT SEEN |
| | GLANDULAR CELL ABNORMALITIES | NOT SEEN |
| b | ORGANISM | FUNGAL ELEMENTS MORPHOLOGICALLY CONSISTENT WITH CANDIDA |
| IV | INTERPRETATION | CANDIDIASIS |

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

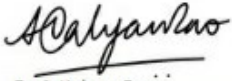
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

| | |
|-------------------------------|--|
| Patient Name : Mrs.MILU JOLLY | Collected : 28/Oct/2023 01:32PM |
| Age/Gender : 29 Y 10 M 11 D/F | Received : 29/Oct/2023 11:31AM |
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DEPARTMENT OF CYTOLOGY

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



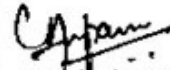
Dr.A.Kalyan Rao
M.B.B.S,M.D(Pathology)
Consultant Pathologist



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST



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



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



SIN No:CS069597

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

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 **1860 500 7788**
www.apolloclinic.com

Name : Mrs. Milu Jolly

Age: 29 Y

UHID: CINR.0000158308

Address : Bangalore

Sex: F



OP Number: CINROPV209099

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No : CINR-OCR-90146

Date : 28.10.2023 08:37

| Sno | Service Type/ServiceName | Department |
|---------------|---|------------|
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 | |
| 1 | URINE GLUCOSE(FASTING) — R Pr. | |
| 2 | GAMMA GLUTAMYL TRANSFERASE (GGT) | |
| 3 | HbA1c, GLYCATED HEMOGLOBIN | |
| 4 | 2D ECHO - (9) 9:15 - | |
| 5 | LIVER FUNCTION TEST (LFT) | |
| 6 | X-RAY CHEST PA | |
| 7 | GLUCOSE, FASTING | |
| 8 | HEMOGRAM + PERIPHERAL SMEAR | |
| 9 | ENT CONSULTATION | |
| 10 | FITNESS BY GENERAL PHYSICIAN | |
| 11 | GYNAECOLOGY CONSULTATION ✓ S | |
| 12 | DIET CONSULTATION | |
| 13 | COMPLETE URINE EXAMINATION | |
| 14 | URINE GLUCOSE(POST PRANDIAL) | |
| 15 | PERIPHERAL SMEAR | |
| 16 | ECG - 6 | |
| 17 | BLOOD GROUP ABO AND RH FACTOR | |
| 18 | LIPID PROFILE | |
| 19 | BODY MASS INDEX (BMI) | |
| 20 | LBC PAP TEST- PAPSURE ✓ S - 12:20 | |
| 21 | OPHTHAL BY GENERAL PHYSICIAN (5) | |
| 22 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| 23 | ULTRASOUND - WHOLE ABDOMEN - 9 | |
| 24 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |
| 25 | DENTAL CONSULTATION | |
| 26 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) — 2 hrs. 12 pm. | |

27. Niramaai Breast Screening - 15

2999

Dental - (1) -
Physio (14) -

Date : 28-10-2023
 MR NO : CINR.0000158308
 Name : Mrs. Milu Jolly
 Age/ Gender : 29 Y / Female

Department : GENERAL
 Doctor : Suganya
 Registration No : 30834
 Qualification :

Consultation Timing: 08:37

| | | | |
|---------------|---------------|--------------|-----------------|
| Height: 155cm | Weight: 50 kg | BMI: 20.8 | Waist Circum: |
| Temp: 98.8 | Pulse: 76 bpm | Resp: 18 bpm | B.P: 90/60 mmHg |

General Examination / Allergies
 History

Clinical Diagnosis & Management Plan

O/H: - MHA - 2 1/2 cl
 NO issues
 M/H - Regular - 30 day cycle
 LMP: - 30/9/23
 BOTM
 Breast - (N) soft
 P/A - ext (N)
 P/S - smea staten

Follow up date:

Suganya
 Doctor Signature

OPHTHAL PRESCRIPTION

PATIENT NAME : *MRS. milee Pally*

DATE : *28/10/23*

UHID NO : *158308*

AGE : *29*

OPTOMETRIST NAME: Ms.Swathi

GENDER: *f*

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

| | RIGHT EYE | | | | LEFT EYE | | | |
|----------|-----------|----------|----------|----------|----------|----------|----------|----------|
| | SPH | CYL | AXIS | BCVA | SPH | CYL | AXIS | BCVA |
| Distance | <i>←</i> | <i>←</i> | <i>←</i> | <i>←</i> | <i>←</i> | <i>←</i> | <i>←</i> | <i>←</i> |
| Add | <i>←</i> | <i>←</i> | <i>←</i> | <i>←</i> | <i>←</i> | <i>←</i> | <i>←</i> | <i>←</i> |

PD - RE: *31* LE: *31*

Colour Vision: *normal*

Remarks:

Apollo clinic Indiranagar

Milu jolly
ID: 158308

17.12.1993
29 Years

Female

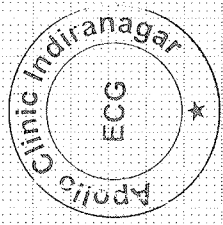
28.10.2023 10:58:56
APOLLO CLINIC
INDIRANAGAR
BANGALORE

QRS : 64 ms
QT / QTcBaz : 404 / 410 ms
PR : 122 ms
P : 66 ms
RR / PP : 964 / 967 ms
P / QRS / T : 35 / 84 / 65 degrees

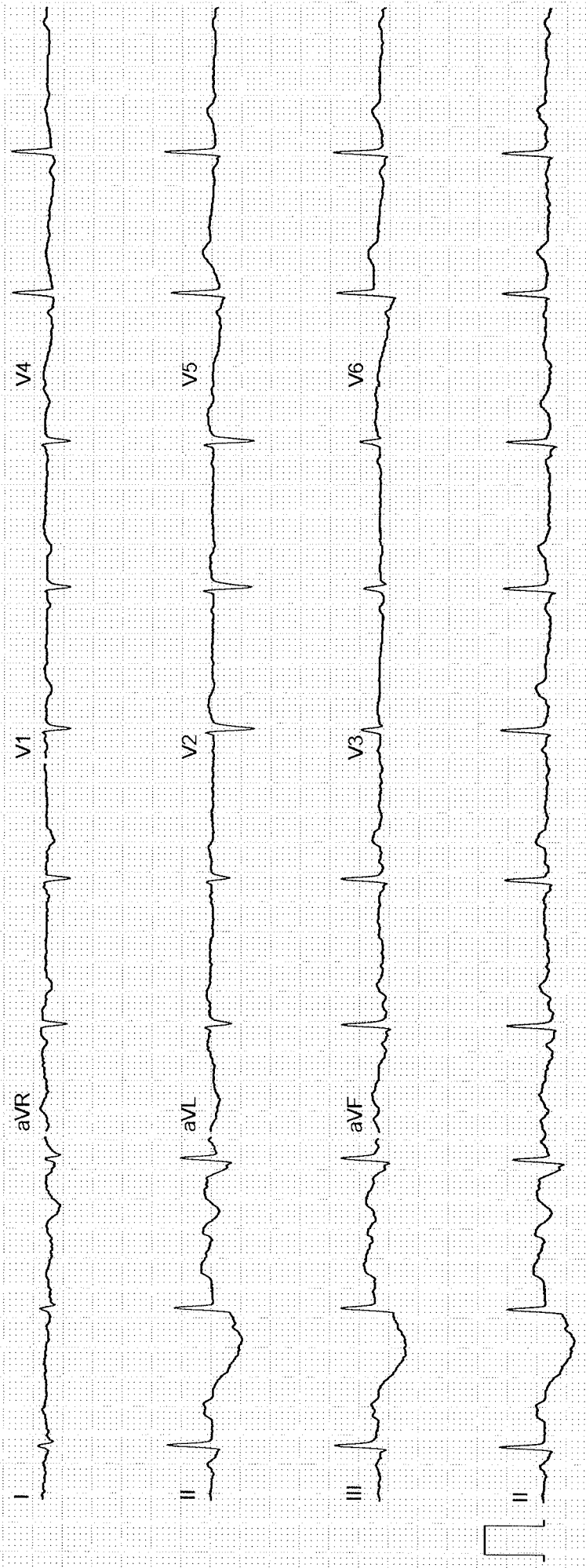
Location:
Room:
Order Number:
Indication 1:
Medication 1:
Medication 2:
Medication 3:

62 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



DR. M. SUDHAKAR RAO
MBS, MD, DM (Cardiol), FACC, FESC, FSCAI
KMC Reg No. CTG00000181TK
Apollo Clinic
Consultant Cardiologist



| | | |
|----------------------|------------------|-------------------|
| NAME: MRS MILU JOLLY | AGE/SEX: 29Y/F | OP NUMBER: 158308 |
| Ref By : SELF | DATE: 28-10-2023 | |

M mode and doppler measurements:

| CM | CM | M/sec | |
|---------|--------------|----------------|-------------|
| AO: 2.2 | IVS(D): 0.9 | MV: E Vel: 0.9 | A Vel : 0.3 |
| LA: 2.3 | LVID(D): 3.1 | AV Peak: 0.9 | |
| | LVPW(D): 1.2 | PV Peak: 0.7 | |
| | IVS(S): 1.1 | | |
| | LVID(S): 2.0 | | |
| | LVPW(S): 1.4 | | |
| | LVEF: 65% | | |
| | TAPSE: 2.2 | | |

Descriptive findings:

| | |
|------------------|--------|
| Left Ventricle | Normal |
| Right Ventricle: | Normal |
| Left Atrium: | Normal |
| Right Atrium: | Normal |
| Mitral Valve: | Normal |
| Aortic Valve: | Normal |
| Tricuspid Valve: | Normal |
| IAS: | Normal |
| IVS: | Normal |

| | |
|--------------|--------|
| Pericardium: | Normal |
| IVC: | Normal |
| Others | --- |
| | |

IMPRESSION :

Normal cardiac chambers

No Regional wall motion abnormality

No MR/AR/TR

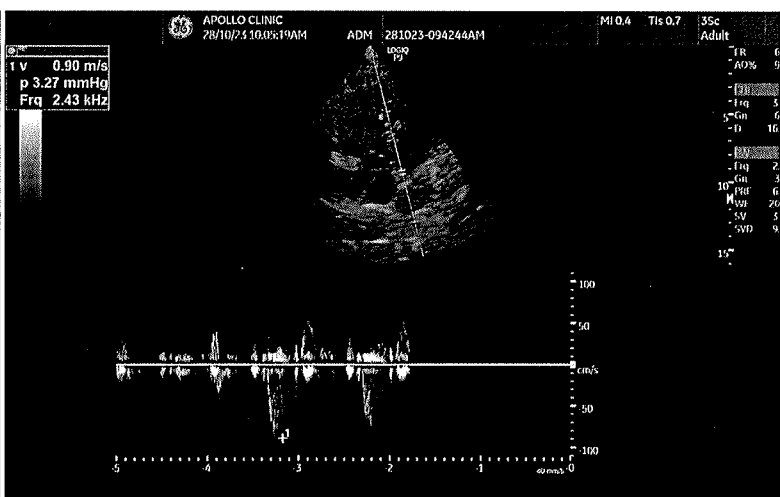
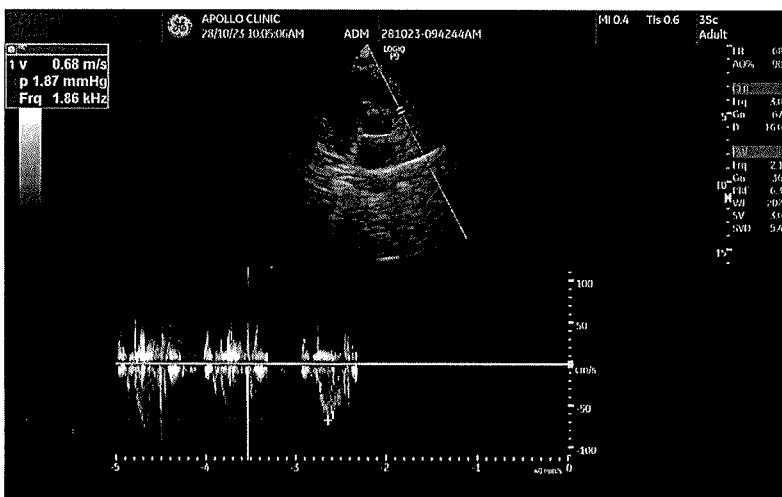
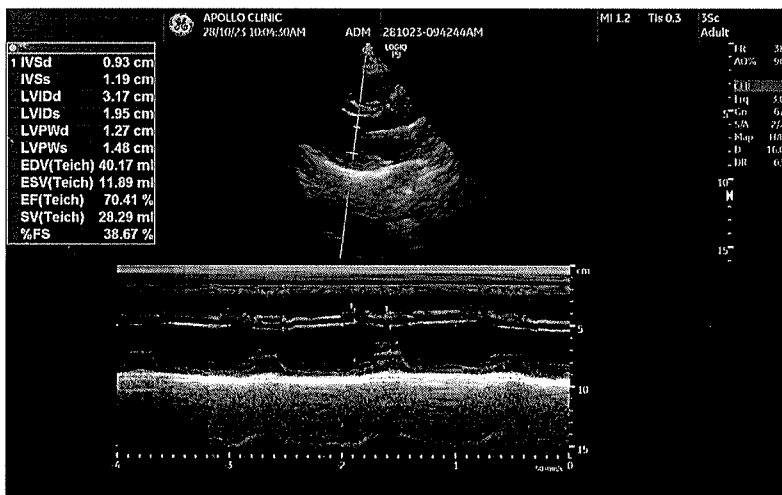
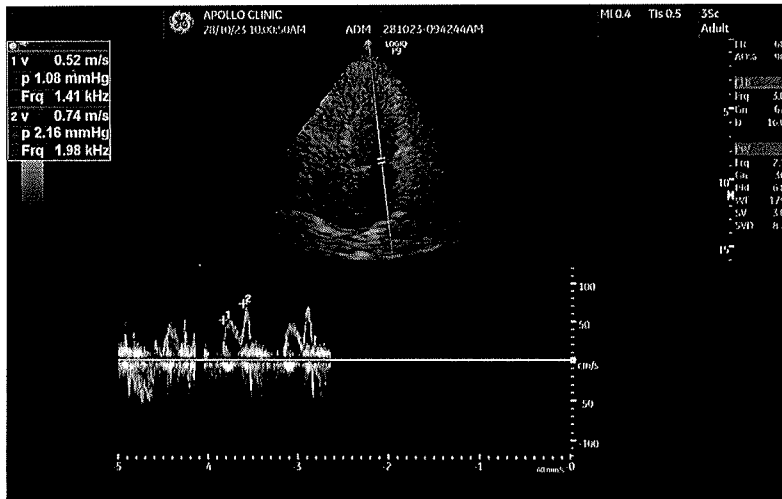
No clot/vegetation/pericardial effusion

Normal LV systolic function - LVEF= 65%


DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST

Dr. JAGADEESH H V
MBBS,MD. DM(Cardio)
Consultant Cardiologist
KMC Reg No.86848
Apollo Clinic



Dear MILU JOLLY,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **INDIRANAGAR clinic** on **2023-10-28** at **08:35-08:40**.

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



भारत सरकार
Government of India



Milu Jolly
DOB : 17/12/1993
Female

03/11/2012

4676 9195 1922

मेरा आधार, मेरी पहचान

| | | | |
|----------------------------|-------------------|--------------------|--------------------|
| Patient Name | : Mrs. Milu Jolly | Age/Gender | : 29 Y/F |
| UHID/MR No. | : CINR.0000158308 | OP Visit No | : CINROPV209099 |
| Sample Collected on | : | Reported on | : 28-10-2023 19:55 |
| LRN# | : RAD2135670 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 9787851716 | | |

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. RAMESH G
MBBS DMRD
RADIOLOGY

| | | | |
|----------------------------|-------------------|--------------------|--------------------|
| Patient Name | : Mrs. Milu Jolly | Age/Gender | : 29 Y/F |
| UHID/MR No. | : CINR.0000158308 | OP Visit No | : CINROPV209099 |
| Sample Collected on | : | Reported on | : 28-10-2023 13:18 |
| LRN# | : RAD2135670 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 9787851716 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: Retroverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 12 mm.

OVARIES: Both ovaries appear normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology