

Patient Name : Mrs.ALPI BARANWAL	Collected : 21/Feb/2024 09:19AM
Age/Gender : 41 Y 11 M 20 D/F	Received : 21/Feb/2024 01:12PM
UHID/MR No : CANN.0000233294	Reported : 21/Feb/2024 02:03PM
Visit ID : CANNOPV392552	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10008	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Mild anisocytosis, predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240044608

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11	g/dL	12-15	Spectrophotometer
PCV	33.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.72	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88.7	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	16.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	71.8	%	40-80	Electrical Impedance
LYMPHOCYTES	16.4	%	20-40	Electrical Impedance
EOSINOPHILS	3.9	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5385	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1230	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	292.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	570	Cells/cu.mm	200-1000	Calculated
BASOPHILS	22.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	4.38		0.78- 3.53	Calculated
PLATELET COUNT	152000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	59	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	Positive			Forward & Reverse Grouping with Slide/Tube Agglutination

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

Veena Singh

Dr. Veena Singh,
M.D(Pathology)
Consultant Pathologist



SIN No:BED240044608

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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	85	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.



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



SIN No:PLF02109918

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Patient Name : Mrs.ALPI BARANWAL	Collected : 21/Feb/2024 12:47PM
Age/Gender : 41 Y 11 M 20 D/F	Received : 21/Feb/2024 04:16PM
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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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	134	mg/dL	70-140	HEXOKINASE

Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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



SIN No:PLP1421885

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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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)



Dr. MARQUESS RAJ
M.D, DipRCPATH, D.N.B(PATH)
Consultant Pathologist

SIN No:EDT240019785

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	197	mg/dL	<200	CHO-POD
TRIGLYCERIDES	100	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	149	mg/dL	<130	Calculated
LDL CHOLESTEROL	129	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.10		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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SIN No:SE04636292

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.63	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	67.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.2		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.



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



SIN No:SE04636292

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

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

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Patient Name : Mrs.ALPI BARANWAL	Collected : 21/Feb/2024 09:19AM
Age/Gender : 41 Y 11 M 20 D/F	Received : 21/Feb/2024 01:54PM
UHID/MR No : CANN.0000233294	Reported : 21/Feb/2024 03:53PM
Visit ID : CANNOPV392552	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10008	

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	0.83	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	21.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.30	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	109	mmol/L	101–109	ISE (Indirect)



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



SIN No:SE04636292

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Patient Name : Mrs.ALPI BARANWAL	Collected : 21/Feb/2024 09:19AM
Age/Gender : 41 Y 11 M 20 D/F	Received : 21/Feb/2024 01:54PM
UHID/MR No : CANN.0000233294	Reported : 21/Feb/2024 02:57PM
Visit ID : CANNOPV392552	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10008	

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	9.00	U/L	<38	IFCC



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



SIN No:SE04636292

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Patient Name : Mrs.ALPI BARANWAL	Collected : 21/Feb/2024 09:19AM
Age/Gender : 41 Y 11 M 20 D/F	Received : 21/Feb/2024 01:55PM
UHID/MR No : CANN.0000233294	Reported : 21/Feb/2024 03:18PM
Visit ID : CANNOPV392552	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10008	

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)	0.921	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.61	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.700	µIU/mL	0.34-5.60	CLIA

Comment:

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

- 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



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



SIN No: SPL24029335

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Patient Name : Mrs.ALPI BARANWAL	Collected : 21/Feb/2024 09:19AM
Age/Gender : 41 Y 11 M 20 D/F	Received : 21/Feb/2024 04:37PM
UHID/MR No : CANN.0000233294	Reported : 21/Feb/2024 05:06PM
Visit ID : CANNOPV392552	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10008	

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	6.0		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	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2287608

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Patient Name : Mrs.ALPI BARANWAL	Collected : 21/Feb/2024 12:47PM
Age/Gender : 41 Y 11 M 20 D/F	Received : 22/Feb/2024 12:45AM
UHID/MR No : CANN.0000233294	Reported : 22/Feb/2024 07:56AM
Visit ID : CANNOPV392552	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10008	

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



Dr. MARQUESS RAJ
M.D, DipRCPath, D.N.B(PATH)
Consultant Pathologist

SIN No: UPP016642

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



Patient Name	: Mrs.ALPI BARANWAL	Collected	: 21/Feb/2024 09:19AM
Age/Gender	: 41 Y 11 M 20 D/F	Received	: 21/Feb/2024 04:37PM
UHID/MR No	: CANN.0000233294	Reported	: 21/Feb/2024 05:34PM
Visit ID	: CANNOPV392552	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS10008		

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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

Page 15 of 16



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

SIN No:UF010651

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Patient Name : Mrs.ALPI BARANWAL	Collected : 21/Feb/2024 09:19AM
Age/Gender : 41 Y 11 M 20 D/F	Received : 22/Feb/2024 11:14AM
UHID/MR No : CANN.0000233294	Reported : 23/Feb/2024 02:38PM
Visit ID : CANNOPV392552	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10008	

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	3664/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHELIAL 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 ***



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

Page 16 of 16
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SIN No:CS074825

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Patient Name : Mrs. ALPI BARANWAL

Age/Gender : 41 Y/F

UHID/MR No. : CANN.0000233294

OP Visit No : CANNOPV392552

Sample Collected on :

Reported on : 21-02-2024 15:59

LRN# : RAD2243188

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS10008

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

Patient Name	: Mrs. ALPI BARANWAL	Age/Gender	: 41 Y/F
UHID/MR No.	: CANN.0000233294	OP Visit No	: CANNOPV392552
Sample Collected on	:	Reported on	: 21-02-2024 18:17
LRN#	: RAD2243188	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS10008		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

CH : No complaints. Routine check up
F/H/O Breast cancer : No
Previous mammogram / USG : No
H/o Breast surgery : No

Report

Tissue composition of both breasts

Homogenous background echotexture- fatty tissue/fibroglandular tissue

No suspicious solid /cystic lesion in both breasts.
No evidence of duct dilatation / architectural distortion.
The subareolar tissues are normal.
No evidence of retromammary pathology is seen.
The axillary tails are normal.
Bilateral benign axillary lymphadenopathy (non specific)

IMPRESSION:

* NO SIGNIFICANT ABNORMALITY DETECTED.
- USG BIRADS - I

Dr. MITHILA P V
MD
Radiology

Patient Name	: Mrs. ALPI BARANWAL	Age/Gender	: 41 Y/F
UHID/MR No.	: CANN.0000233294	OP Visit No	: CANNOPV392552
Sample Collected on	:	Reported on	: 21-02-2024 13:47
LRN#	: RAD2243188	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS10008		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder appears normal with no evidence of calculus.
Wall thickness appear normal.

Pancreas appear normal.
Spleen measures 11.8 cms , minimally enlarged

Portal and splenic veins appear normal.
No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 9.6 x 3.4 cms.
Left kidney measures 10.1 x 4.1 cms.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus measures 8.9 x 5.0 x 3.9 cms and shows normal endometrial and myometrial echoes.
The endometrial thickness 5.2 mm.
Right ovary measures 4.1 x 2.1 cms.
Left ovary measures 3.5 x 2.0 cms.

Patient Name : Mrs. ALPI BARANWAL

Age/Gender : 41 Y/F

Both ovaries are normal in size and echotexture.

No mass lesion seen in the pelvis.

Bladder is normal in contour.

IMPRESSION:

* BORDERLINE SPLENOMEGALY

DISCLAIMER: THIS US SCREENING STUDY IS BASED ON SOUND WAVES AND REFLECTION. NOT A DIRECT VISUALISATION OF ORGANS. BASED ON PATIENT HABITUS, BOWEL GAS OBSCURATION AND OTHER FACTORS, MANY CONDITIONS MAY NOT BE PICKED UP BY US STUDY AND SHOULD BE TREATED WITH CLINICAL CORRELATION. NOT AN MLC DOCUMENT. MANY INCIDENTAL FINDINGS OF LOW PRIORITY MIGHT NOT BE MENTIONED AS IT IS NOT A FOCUSED STUDY.

Dr. ASHIQ MOHAMMED JEFFREY

MD
Radiology

MRS ALPI BARANWAL
ID: 233294 RMC

21.02.2024 9:19:37 AM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

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

Room:

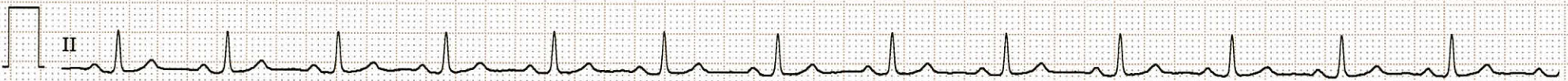
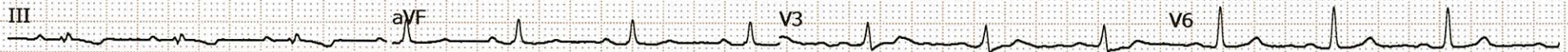
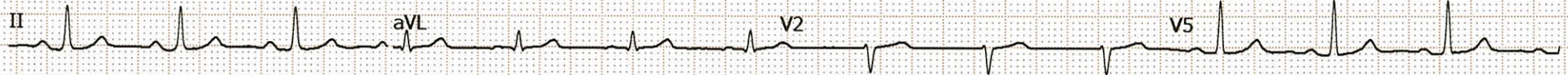
81 bpm
-- / -- mmHg

41 Years Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 68 ms
QT / QTcBaz : 338 / 392 ms
PR : 160 ms
P : 88 ms
RR / PP : 742 / 740 ms
P / QRS / T : 39 / 34 / 9 degrees

Handwritten signature



ALPI

Alpi Baramwal

41/F

21/2/24

Height:	Weight:	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies
History

No complaints

o/e - ENT - WNLB .



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

In case of emergency, Please call 1066 or come directly to emergency room of the hospital

Apollo Health and Lifestyle Limited

To book an appointment

 **1860 500 7788**

21/02/2024

MRS. ALPI BARANWAL

H/F

233294

Height:	Weight:	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies
History

Ro

→ Adv scaling

→ Adv xⁿ of 8+

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

In case of emergency, Please call 1066 or come directly to emergency room of the hospital

Apollo Health and Lifestyle Limited

To book an appointment

 **1860 500 7788**

Name: Alpi Baranwal
 Occupation:
 Age: 41y Sex: Male Female
 Address:
 Ph:

Date: 21/2/24 Reg. No.: 233294
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History: having Thyroid past 2 years.

Present Complaint: Reading only +1.00 N6.

ON EXAMINATION:

	RE	LE
Ocular Movements :		
Anterior Segment :	<u>Free</u>	<u>Free</u>
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		
Without Glass :	<u>N</u>	<u>N</u>
With Glass :		
N.V. :	<u>6/6</u>	<u>6/9</u>
Visual Fields :		
Fundus :	<u>Neg</u>	<u>Neg</u>
Impression :		
Advice :	<u>Full</u>	<u>Full</u>
Colour Vision :	<u>N</u>	<u>N</u>

Patient Name : Mrs. ALPI BARANWAL Age : 41 Y/F
UHID : CANN.0000233294 OP Visit No : CANNOPV392552
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 21-02-2024 11:33
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.3 CM
LA (es)	3.5 CM
LVID (ed)	4.5 CM
LVID (es)	3.0 CM
IVS (Ed)	0.8 CM
LVPW (Ed)	0.9 CM
EF	65%
%FD	35%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. ALPI BARANWAL	Age	: 41 Y/F
UHID	: CANN.0000233294	OP Visit No	: CANNOPV392552
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 21-02-2024 11:33
Referred By	: SELF		

DOPPLER STUDIES MITRAL INFLOW : E 0.7 m/sc A 0.6m/sc

Velocity / Gradient Across Pulmonic Valve :0.7 m/sc

Velocity / Gradient Across Aortic Valve :1.0 m/sc

IMPRESSION :

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR FUNCTION (EF- 65%)

STRUCTURALLY VALVES ARE NORMAL

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE

Rakesh Gopal

Dr.
RAKESH P
GOPAL

Patient Name : Mrs. ALPI BARANWAL
UHID : CANN.0000233294
Conducted By: : Dr. RAKESH P GOPAL
Referred By : SELF

Age : 41 Y/F
OP Visit No : CANNOPV392552
Conducted Date : 21-02-2024 11:33

Patient Name	: Mrs. ALPI BARANWAL	Age	: 41 Y/F
UHID	: CANN.0000233294	OP Visit No	: CANNOPV392552
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 21-02-2024 17:03
Referred By	: SELF		

ECG REPORT

Observation :-

- 1. Normal Sinus Rhythm.**
- 2. Heart rate is 81 beats per minutes.**

Impression:

NORMAL RESTING ECG.

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

Dr. ARULNITHI AYYANATHAN