

Patient Name : Mrs.H SUGANTHI	Collected : 26/Jan/2024 09:21AM
Age/Gender : 35 Y 5 M 23 D/F	Received : 26/Jan/2024 01:27PM
UHID/MR No : CINR.0000161879	Reported : 26/Jan/2024 06:42PM
Visit ID : CINROPV217104	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8088325365	

DEPARTMENT OF HAEMATOLOGY

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

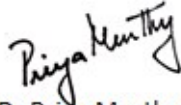
Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA					
HAEMOGLOBIN	10.6	L	g/dL	12-15	Spectrophotometer
PCV	32.10	L	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.24	L	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	75.6	L	fL	83-101	Calculated
MCH	24.9	L	pg	27-32	Calculated
MCHC	33	L	g/dL	31.5-34.5	Calculated
R.D.W	14.9	H	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	L	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)					
NEUTROPHILS	57.4	L	%	40-80	Electrical Impedance
LYMPHOCYTES	33.8	L	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	L	%	1-6	Electrical Impedance
MONOCYTES	6.8	L	%	2-10	Electrical Impedance
BASOPHILS	0.1	L	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT					
NEUTROPHILS	3329.2	L	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1960.4	L	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	110.2	L	Cells/cu.mm	20-500	Calculated
MONOCYTES	394.4	L	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.8	L	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	303000	L	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	21	H	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR		L			

RBCs: are microcytic hypochromic

Page 1 of 15



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



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



SIN No:BED240018704

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

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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Karnataka- 560034

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

PLATELETS: appear adequate in number.

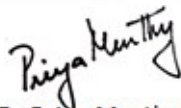
HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE.

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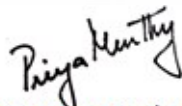
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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA					
BLOOD GROUP TYPE	A	N			Microplate Hemagglutination
Rh TYPE	Positive	N			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	79	L	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.

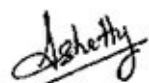
Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	L	mg/dL	70-140	HEXOKINASE

Comment:

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

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA					
HBA1C, GLYCATED HEMOGLOBIN	5.8	H	%		HPLC



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ESTIMATED AVERAGE GLUCOSE (eAG)	120	N	mg/dL	Calculated
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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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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM					
TOTAL CHOLESTEROL	204	H	mg/dL	<200	CHO-POD
TRIGLYCERIDES	163	H	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	L	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	162	H	mg/dL	<130	Calculated
LDL CHOLESTEROL	129.4	H	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.6	H	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.86	L		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM					
BILIRUBIN, TOTAL	0.46	L	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.05	L	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	L	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	40	H	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	L	U/L	<35	IFCC
ALKALINE PHOSPHATASE	54.00	L	U/L	30-120	IFCC
PROTEIN, TOTAL	7.05	L	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	L	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	L	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43	L		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:




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



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Karnataka- 560034

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

Patient Name : Mrs.H SUGANTHI	Collected : 26/Jan/2024 09:21AM
Age/Gender : 35 Y 5 M 23 D/F	Received : 26/Jan/2024 01:39PM
UHID/MR No : CINR.0000161879	Reported : 26/Jan/2024 03:13PM
Visit ID : CINROPV217104	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8088325365	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.68	L	mg/dL	0.51-0.95	Jaffe's, Method
UREA	17.10	L	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.0	L	mg/dL	8.0 - 23.0	Calculated
URIC ACID	10.26	H	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.00	L	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.94	L	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	L	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	L	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	L	mmol/L	101-109	ISE (Indirect)



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

SIN No:SE04609729



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Karnataka- 560034

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www.apolloclinic.com

Patient Name : Mrs.H SUGANTHI	Collected : 26/Jan/2024 09:21AM
Age/Gender : 35 Y 5 M 23 D/F	Received : 26/Jan/2024 01:39PM
UHID/MR No : CINR.0000161879	Reported : 26/Jan/2024 02:11PM
Visit ID : CINROPV217104	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8088325365	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.00	L	U/L	<38	IFCC



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

SIN No:SE04609729



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Patient Name : Mrs.H SUGANTHI	Collected : 26/Jan/2024 09:21AM
Age/Gender : 35 Y 5 M 23 D/F	Received : 26/Jan/2024 01:39PM
UHID/MR No : CINR.0000161879	Reported : 26/Jan/2024 02:31PM
Visit ID : CINROPV217104	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8088325365	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	0.8	L	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.10	L	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.476	L	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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24012222



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Patient Name : Mrs.H SUGANTHI	Collected : 26/Jan/2024 09:21AM
Age/Gender : 35 Y 5 M 23 D/F	Received : 26/Jan/2024 01:39PM
UHID/MR No : CINR.0000161879	Reported : 26/Jan/2024 02:31PM
Visit ID : CINROPV217104	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8088325365	

DEPARTMENT OF IMMUNOLOGY

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



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

SIN No:SPL24012222



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Patient Name : Mrs.H SUGANTHI	Collected : 26/Jan/2024 09:20AM
Age/Gender : 35 Y 5 M 23 D/F	Received : 26/Jan/2024 02:08PM
UHID/MR No : CINR.0000161879	Reported : 26/Jan/2024 02:30PM
Visit ID : CINROPV217104	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8088325365	

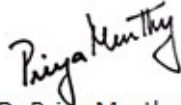
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE					
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW	N		PALE YELLOW	Visual
TRANSPARENCY	CLEAR	N		CLEAR	Visual
pH	5.5	L		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025	L		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION					
URINE PROTEIN	NEGATIVE	N		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE	N		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE	N		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE	N		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL	N		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE	N		NEGATIVE	Peroxidase
NITRITE	NEGATIVE	N		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE	N		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY					
PUS CELLS	1-2	L	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	N	/hpf	<10	MICROSCOPY
RBC	NIL	N	/hpf	0-2	MICROSCOPY
CASTS	NIL	L		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT	N		ABSENT	MICROSCOPY



Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



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



SIN No:UR2268490

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Patient Name : Mrs.H SUGANTHI	Collected : 26/Jan/2024 09:20AM
Age/Gender : 35 Y 5 M 23 D/F	Received : 26/Jan/2024 02:08PM
UHID/MR No : CINR.0000161879	Reported : 26/Jan/2024 02:25PM
Visit ID : CINROPV217104	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8088325365	

DEPARTMENT OF CLINICAL PATHOLOGY

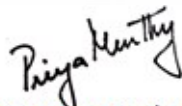
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE	N		NEGATIVE	Dipstick

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE	N		NEGATIVE	Dipstick



Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



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



SIN No:UF010305

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www.apolloclinic.com

Patient Name	: Mrs.H SUGANTHI	Collected	: 26/Jan/2024 01:36PM
Age/Gender	: 35 Y 5 M 23 D/F	Received	: 27/Jan/2024 11:47AM
UHID/MR No	: CINR.0000161879	Reported	: 29/Jan/2024 06:25PM
Visit ID	: CINROPV217104	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8088325365		

DEPARTMENT OF CYTOLOGY

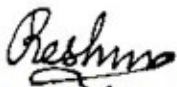
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	1549/24
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	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:CS073461

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

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Page 15 of 15
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Patient Name	: Mrs. H Suganthi	Age/Gender	: 35 Y/F
UHID/MR No.	: CINR.0000161879	OP Visit No	: CINROPV217104
Sample Collected on	:	Reported on	: 26-01-2024 15:17
LRN#	: RAD2217067	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8088325365		

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. H Suganthi	Age/Gender	: 35 Y/F
UHID/MR No.	: CINR.0000161879	OP Visit No	: CINROPV217104
Sample Collected on	:	Reported on	: 26-01-2024 14:59
LRN#	: RAD2217067	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8088325365		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears **enlarged** in size(15.1cm), **shape and show mild diffusely increased echogenicity**. 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: Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 11 mm.

OVARIES: **Bilateral ovaries show multiple peripherally arranged follicles and echogenic stroma.**

No free fluid is seen.

Umbilical hernia with defect in size of measuring 1.7cm with herniation of omentum.

IMPRESSION:

- 1. HEPATOMEGALY WITH GRADE I FATTY LIVER.**
- 2. BILATERAL POLYCYSTIC OVARIAN MORPHOLOGY.**
- 3. UMBILICAL HERNIA.**

Dr. AKSHAY A RESHMI
MBBS, MD (Radiology)
Radiology

Patient Name : Mrs.H SUGANTHI	Collected : 26/Jan/2024 09:21AM
Age/Gender : 35 Y 5 M 23 D/F	Received : 26/Jan/2024 01:27PM
UHID/MR No : CINR.0000161879	Reported : 26/Jan/2024 06:42PM
Visit ID : CINROPV217104	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8088325365	

DEPARTMENT OF HAEMATOLOGY

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

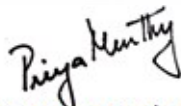
Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA					
HAEMOGLOBIN	10.6	L	g/dL	12-15	Spectrophotometer
PCV	32.10	L	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.24	L	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	75.6	L	fL	83-101	Calculated
MCH	24.9	L	pg	27-32	Calculated
MCHC	33	L	g/dL	31.5-34.5	Calculated
R.D.W	14.9	H	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	L	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)					
NEUTROPHILS	57.4	L	%	40-80	Electrical Impedance
LYMPHOCYTES	33.8	L	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	L	%	1-6	Electrical Impedance
MONOCYTES	6.8	L	%	2-10	Electrical Impedance
BASOPHILS	0.1	L	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT					
NEUTROPHILS	3329.2	L	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1960.4	L	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	110.2	L	Cells/cu.mm	20-500	Calculated
MONOCYTES	394.4	L	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.8	L	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	303000	L	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	21	H	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR		L			

RBCs: are microcytic hypochromic

Page 1 of 15



Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



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



SIN No:BED240018704

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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DEPARTMENT OF HAEMATOLOGY

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

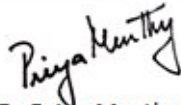
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE.



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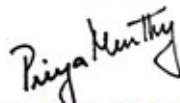
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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA					
BLOOD GROUP TYPE	A	N			Microplate Hemagglutination
Rh TYPE	Positive	N			Microplate Hemagglutination



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UHID/MR No : CINR.0000161879	Reported : 26/Jan/2024 03:04PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	79	L	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.

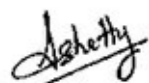
Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	L	mg/dL	70-140	HEXOKINASE

Comment:

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

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA					
HBA1C, GLYCATED HEMOGLOBIN	5.8	H	%		HPLC



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

SIN No:EDT240007873



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ESTIMATED AVERAGE GLUCOSE (eAG)	120	N	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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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM					
TOTAL CHOLESTEROL	204	H	mg/dL	<200	CHO-POD
TRIGLYCERIDES	163	H	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	L	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	162	H	mg/dL	<130	Calculated
LDL CHOLESTEROL	129.4	H	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.6	H	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.86	L		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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SIN No:SE04609729



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM					
BILIRUBIN, TOTAL	0.46	L	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.05	L	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	L	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	40	H	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	L	U/L	<35	IFCC
ALKALINE PHOSPHATASE	54.00	L	U/L	30-120	IFCC
PROTEIN, TOTAL	7.05	L	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	L	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	L	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43	L		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:

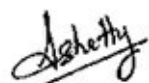
1. Hepatocellular Injury:

- 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:



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



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SIN No:SE04609729



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APOLLO CLINICS NETWORK

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Karnataka- 560034

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

Patient Name : Mrs.H SUGANTHI	Collected : 26/Jan/2024 09:21AM
Age/Gender : 35 Y 5 M 23 D/F	Received : 26/Jan/2024 01:39PM
UHID/MR No : CINR.0000161879	Reported : 26/Jan/2024 03:13PM
Visit ID : CINROPV217104	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8088325365	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.68	L	mg/dL	0.51-0.95	Jaffe's, Method
UREA	17.10	L	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.0	L	mg/dL	8.0 - 23.0	Calculated
URIC ACID	10.26	H	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.00	L	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.94	L	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	L	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	L	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	L	mmol/L	101-109	ISE (Indirect)



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

SIN No:SE04609729



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Karnataka- 560034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.H SUGANTHI	Collected : 26/Jan/2024 09:21AM
Age/Gender : 35 Y 5 M 23 D/F	Received : 26/Jan/2024 01:39PM
UHID/MR No : CINR.0000161879	Reported : 26/Jan/2024 02:11PM
Visit ID : CINROPV217104	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8088325365	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.00	L	U/L	<38	IFCC



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

SIN No:SE04609729



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Patient Name : Mrs.H SUGANTHI	Collected : 26/Jan/2024 09:21AM
Age/Gender : 35 Y 5 M 23 D/F	Received : 26/Jan/2024 01:39PM
UHID/MR No : CINR.0000161879	Reported : 26/Jan/2024 02:31PM
Visit ID : CINROPV217104	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8088325365	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-iodothyronine (T3, TOTAL)	0.8	L	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.10	L	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.476	L	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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24012222



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APOLLO CLINICS NETWORK

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Patient Name : Mrs.H SUGANTHI	Collected : 26/Jan/2024 09:21AM
Age/Gender : 35 Y 5 M 23 D/F	Received : 26/Jan/2024 01:39PM
UHID/MR No : CINR.0000161879	Reported : 26/Jan/2024 02:31PM
Visit ID : CINROPV217104	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8088325365	

DEPARTMENT OF IMMUNOLOGY

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



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

SIN No:SPL24012222



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Patient Name : Mrs.H SUGANTHI	Collected : 26/Jan/2024 09:20AM
Age/Gender : 35 Y 5 M 23 D/F	Received : 26/Jan/2024 02:08PM
UHID/MR No : CINR.0000161879	Reported : 26/Jan/2024 02:30PM
Visit ID : CINROPV217104	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8088325365	

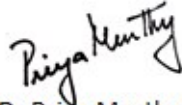
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE					
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW	N		PALE YELLOW	Visual
TRANSPARENCY	CLEAR	N		CLEAR	Visual
pH	5.5	L		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025	L		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION					
URINE PROTEIN	NEGATIVE	N		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE	N		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE	N		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE	N		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL	N		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE	N		NEGATIVE	Peroxidase
NITRITE	NEGATIVE	N		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE	N		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY					
PUS CELLS	1-2	L	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	N	/hpf	<10	MICROSCOPY
RBC	NIL	N	/hpf	0-2	MICROSCOPY
CASTS	NIL	L		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT	N		ABSENT	MICROSCOPY



Dr. Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



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



SIN No:UR2268490

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Patient Name : Mrs.H SUGANTHI	Collected : 26/Jan/2024 09:20AM
Age/Gender : 35 Y 5 M 23 D/F	Received : 26/Jan/2024 02:08PM
UHID/MR No : CINR.0000161879	Reported : 26/Jan/2024 02:25PM
Visit ID : CINROPV217104	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8088325365	

DEPARTMENT OF CLINICAL PATHOLOGY

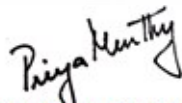
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE	N		NEGATIVE	Dipstick

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE	N		NEGATIVE	Dipstick



Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



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



SIN No:UF010305

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

Patient Name : Mrs.H SUGANTHI	Collected : 26/Jan/2024 01:36PM
Age/Gender : 35 Y 5 M 23 D/F	Received : 27/Jan/2024 11:47AM
UHID/MR No : CINR.0000161879	Reported : 29/Jan/2024 06:25PM
Visit ID : CINROPV217104	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8088325365	

DEPARTMENT OF CYTOLOGY

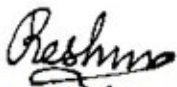
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	1549/24
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	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:CS073461

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

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