

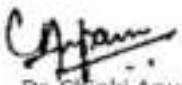
Patient Name : Mr.KRUNAL MANEKAR	Collected : 06/Jan/2024 11:16AM
Age/Gender : 39 Y 3 M 18 D/M	Received : 06/Jan/2024 04:52PM
UHID/MR No : CJPN.0000090877	Reported : 06/Jan/2024 07:49PM
Visit ID : CJPNOPV185310	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.3	g/dL	13-17	Spectrophotometer
PCV	44.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.04	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.6	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,930	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	45.4	%	40-80	Electrical Impedance
LYMPHOCYTES	41.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	9.7	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3146.22	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2855.16	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	235.62	Cells/cu.mm	20-500	Calculated
MONOCYTES	672.21	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.79	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	363000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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SIN No:BED240004539

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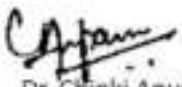
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WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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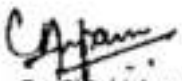
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	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	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	96	mg/dL	70-140	HEXOKINASE

Comment:

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC




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ESTIMATED AVERAGE GLUCOSE (eAG)	114	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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	187	mg/dL	<200	CHO-POD
TRIGLYCERIDES	124	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	115.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.98		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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.72	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	98.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.64	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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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Telangana: Hyderabad (KJ Red Nagar | Chanda Nagar | Bandipur | Hallakunta | Nizampet | Marikonda | Uppal) | Andhra Pradesh: Vizag Coorathamma Petal Ramastala; Bangalore (Basavanagudi | Bellandur | Electronics City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Kuvempu) | Karnataka: Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annamalai | Kotturupalli | Madhavai | T Nagar | Velamangalam) | Kerala: Kottayam | Maharashtra: Pune (Aundh | Nagli Pradhikaran | Viman Nagar | Baner) | Uttar Pradesh: Ghaziabad (Indraprasth Gurgaon) | Ahmedabad (Sanfiro) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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 22/206/121, Duddahangur Village, Medikal Main Road,
 Medikal Nagar, Electronic city, Bangalore,
 Karnataka - 560014

 **1860 500 7788**
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Patient Name : Mr.KRUNAL MANEKAR	Collected : 06/Jan/2024 11:16AM
Age/Gender : 39 Y 3 M 18 D/M	Received : 06/Jan/2024 04:29PM
UHID/MR No : CJPN.0000090877	Reported : 06/Jan/2024 06:24PM
Visit ID : CJPNOPV185310	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 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	0.67-1.17	Jaffe's, Method
UREA	23.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.66	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.17	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)




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

SIN No:SE04594837

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

Apollo Health and Lifestyle Limited (CIN - U55170TG2000PLC1E5819)
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Karnataka - 560014

 1860 500 7788
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Patient Name : Mr.KRUNAL MANEKAR	Collected : 06/Jan/2024 11:16AM
Age/Gender : 39 Y 3 M 18 D/M	Received : 06/Jan/2024 04:29PM
UHID/MR No : CJPN.0000090877	Reported : 06/Jan/2024 05:34PM
Visit ID : CJPNOPV185310	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.00	U/L	<55	IFCC




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

SIN No:SE04594837

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APOLLO CLINICS NETWORK

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Karnataka - 560014

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Patient Name : Mr.KRUNAL MANEKAR	Collected : 06/Jan/2024 11:16AM
Age/Gender : 39 Y 3 M 18 D/M	Received : 06/Jan/2024 04:30PM
UHID/MR No : CJPN.0000090877	Reported : 06/Jan/2024 09:47PM
Visit ID : CJPNOPV185310	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.32	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.76	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.560	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

1. 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.
2. 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.
3. 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.
4. 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:SPL24003058

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

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APOLLO CLINICS NETWORK:

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 Karnataka - 560014


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Patient Name	: Mr.KRUNAL MANEKAR	Collected	: 06/Jan/2024 11:16AM
Age/Gender	: 39 Y 3 M 18 D/M	Received	: 06/Jan/2024 04:30PM
UHID/MR No	: CJPN.0000090877	Reported	: 06/Jan/2024 09:47PM
Visit ID	: CJPNOPV185310	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 7738523848		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324




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

SIN No:SPL24003058

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

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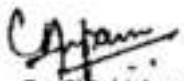
 **1860 500 7788**
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Patient Name : Mr.KRUNAL MANEKAR	Collected : 06/Jan/2024 11:14AM
Age/Gender : 39 Y 3 M 18 D/M	Received : 06/Jan/2024 04:58PM
UHID/MR No : CJPN.0000090877	Reported : 06/Jan/2024 06:15PM
Visit ID : CJPNOPV185310	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 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	1.015		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	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



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



SIN No:UR2258837

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APOLLO CLINICS NETWORK

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Patient Name : Mr.KRUNAL MANEKAR	Collected : 06/Jan/2024 11:16AM
Age/Gender : 39 Y 3 M 18 D/M	Received : 06/Jan/2024 04:58PM
UHID/MR No : CJPN.000090877	Reported : 06/Jan/2024 06:37PM
Visit ID : CJPNOPV185310	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

DEPARTMENT OF CLINICAL PATHOLOGY

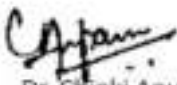
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



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



SIN No:UF010133

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Mettupalai Nagar, Electronic city, Bangalore,
Karnataka - 560014

 **1860 500 7788**
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Patient Name	: Mr. Krunal Manekar	Age/Gender	: 39 Y/M
UHID/MR No.	: CJPN.0000090877	OP Visit No	: CJPNOPV185310
Sample Collected on	:	Reported on	: 08-01-2024 09:29
LRN#	: RAD2202434	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 7738523848		

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. KUSUMA JAYARAM
MBBS,DMRD
Radiology

Name : Mr. Krunal Manekar	Age : 39 Y	UHD :CJPN.000090877
Address : BLR	Sex : M	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :CJPNOPV185310
		Bill No :CJPN-OCR-68515
		Date : 06.01.2024 11:00 - 11:30

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	ECHO PTMT	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM - PERIPHERAL SMEAR	
6	DIEET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	EKG	
11	RENAL PROFILE-RENAL FUNCTION TEST (RFT-KFT)	
12	DENTAL CONSULTATION R-22	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 1:30 PM	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA R-18	
17	ENT CONSULTATION	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHAL BY GENERAL PHYSICIAN R-3	
23	ULTRASOUND - WHOLE ABDUMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

weight = 74.20 kg
 Height = 170 cm
 waist = 93 cm
 HIP = 98 cm
 PR = 90 / min
 BP = 116 / 84 mm/Hg

Name - Krupal Manekar

Age - 39yrs/m

Date - 06/01/24

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

General Examination / Allergies
History


Clinical Diagnosis & Management Plan

clo - Routine

Eye checkup

H/O PUP - NO

H/O Eye Sw - NO

UNVH

 6/6 N6
 6/6 N6

Eurotopia

colour vision is ^{visible} normal and partial in BE.

Follow up date:

After 6 months

Doctor Signature

Patient Name : Mr. Krunal Manekar
UHID : CJPN.0000090877
Reported on : 08-01-2024 09:29
Adm/Consult Doctor :

Age : 39 Y M
OP Visit No : CJPNOPV185310
Printed on : 08-01-2024 09:29
Ref Doctor : SELF

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

Printed on:08-01-2024 09:29

---End of the Report---


Dr. KUSUMA JAYARAM
MBBS,DMRD
Radiology

39years
Male
170cm
Asian
71kg

Vent. rate 79 bpm
PR interval 142 ms
QRS duration 80 ms
QT/QTc 356/408 ms
P-R-T axes 79 89 63

Technician: JYOTHI
Test ind: CAD SCREENING

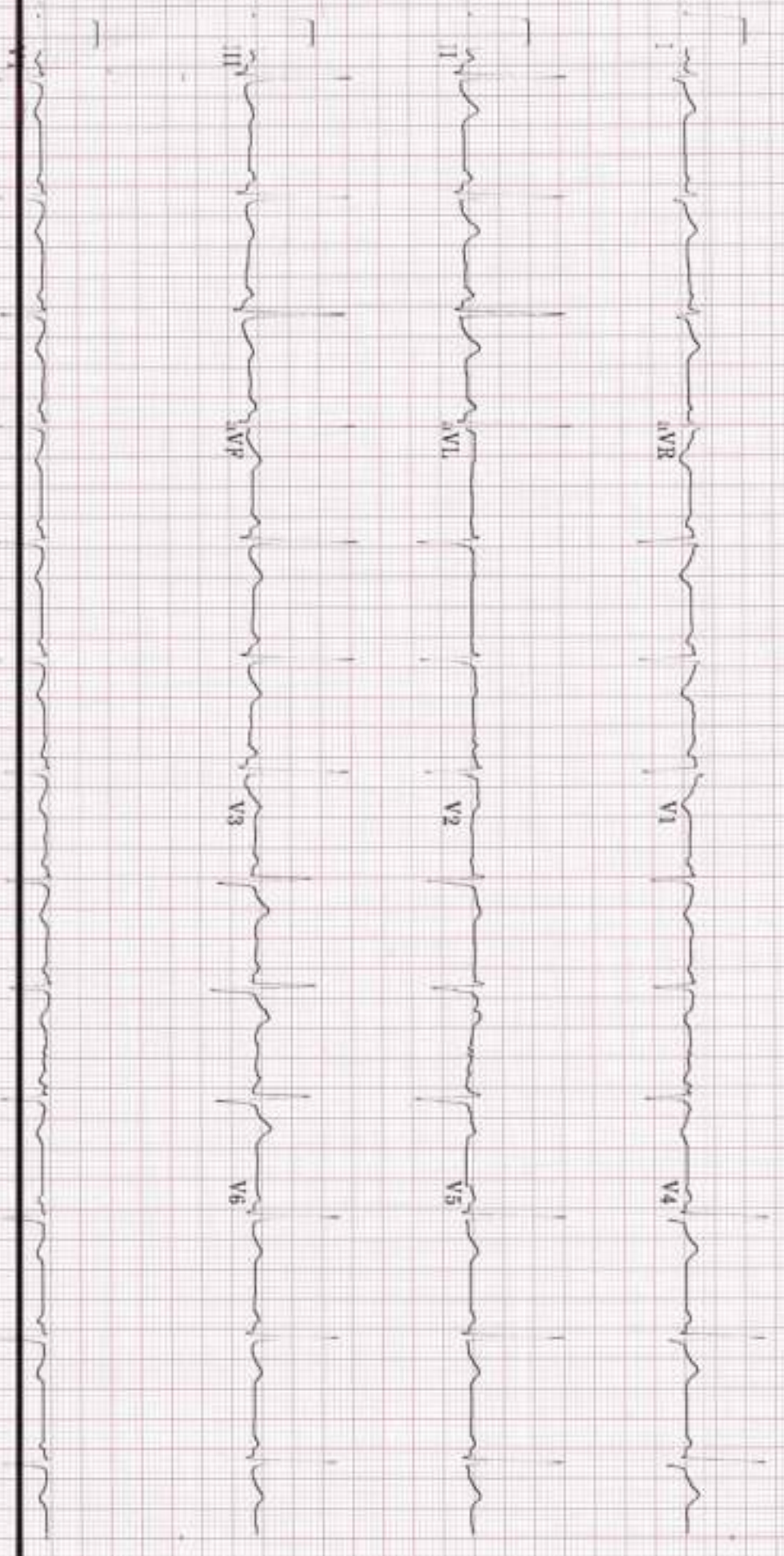
Normal sinus rhythm
Normal ECG

(2)

Visit: ARCOPEMI

Referred by: SELF

Unconfirmed



ID: GJPN90877
 Visit: ARCOFEMI

6-Jan-2024 39years Asian
 16:07:25 170cm 71kg

Male

BRUCE
 Max HR: 145bpm 80% of max predicted 181bpm
 Max BP: 130/80 Maximum workload: 10.1METS
 Reason for Termination:
 Comments: GOOD EFFORT AND TOLERANCE
 NORMAL HR/BP RESPONSE
 NO ANGINA AND ARRHYTHMIA SEEN
 NO SIGNIFICANT ST-T CHANGES NOTED
 TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Total Exercise time: 9:02
 25.0 mm/s
 10.0 mm/mV
 100hz

Referred by: SELF
 Test Ind: CAD SCREENING

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:55	0.8	0.0	1.2	85	110/80	94
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	110	120/80	132
	STAGE 2	3:00	2.5	12.0	7.0	129		
	STAGE 3	3:00	3.4	14.0	10.1	144	130/80	157
	STAGE 4	0:02	3.4	14.0	10.1	144	130/80	157
RECOVERY	Post	3:01	**	**	1.0	88	110/80	97

NORMAL

T

6/1/24

Technician: JYOTHI

Unconfirmed

MAG55 010A

ID: CJP1990877

Visit: ARCOFEMI

6-Jan-2024

16:07:59

75bpm

BP: 110/80

PRETST

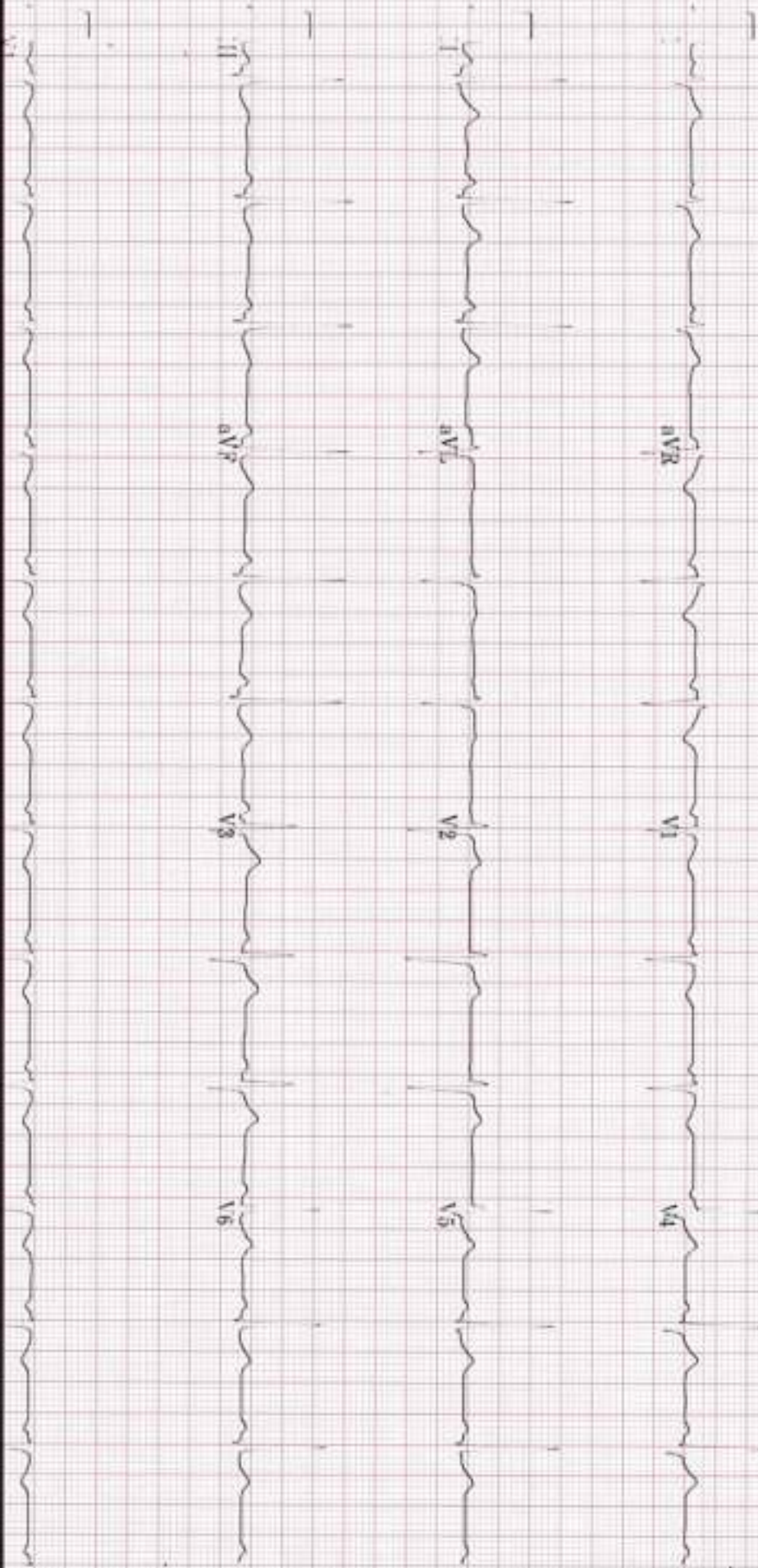
SUPINE

0:34

BRUCE

** 1 mph

** 1/2



40 Hz 25 A 0.05 V/100 mm/s Change HR 75 bpm HR 46 + by 2.5e + 1 rhythm d4 and Approaching MAC55 019A CHART

D: GJ/N90877
VET ARCOPRMI

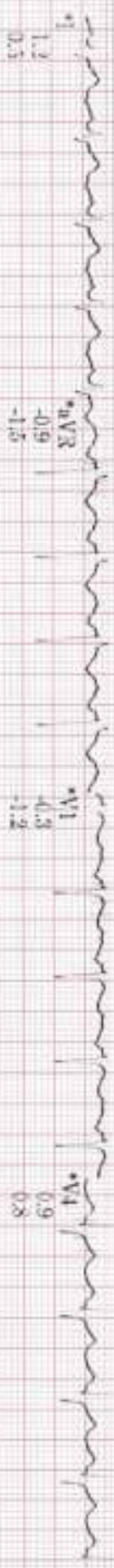
6-Jan-2024
16:11:13

EXERCISE
STAGE 1
2:51

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms postJ

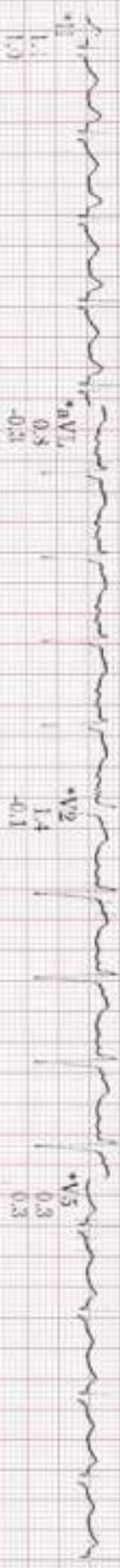
Lead
ST (mm)
Slope (mV/s)



*aVR
-0.9
-1.5

*V1
4.3
-1.2

*V4
0.9
0.8



*aVL
0.8
-0.3

*V2
1.4
-0.1

*V5
0.3
0.3



*aVF
0.2
-0.1

*V3
1.4
1.0

*V6
0.1
0.2

Lead Rhythm

25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

NAC55 010A

II

ID: G12N90877
Visit: ARCOFEMI

6-Jan-2024
16:11:10

110bpm
BP: 120/80
EXERCISE
STAGE 1
2:51

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Base Rhythm
40 Hz 25.0 mm/s 10.0 mm/mV
A-H-S 50Hz HR 46

* Computer Synthesized Rhythm
MAC35 010A

ID: GJPN90877
View: ARCOFEMI

6-Jan-2024
16:14:10

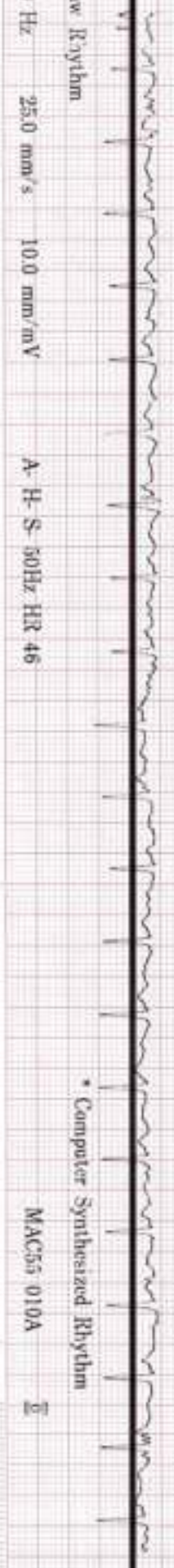
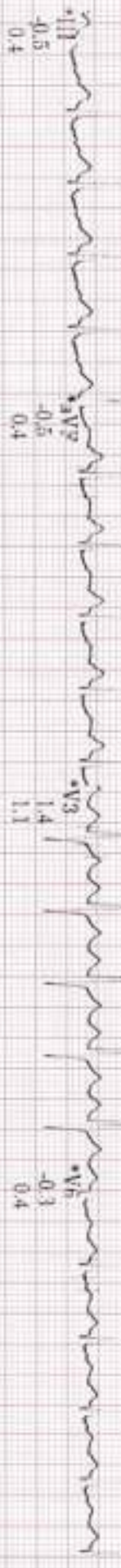
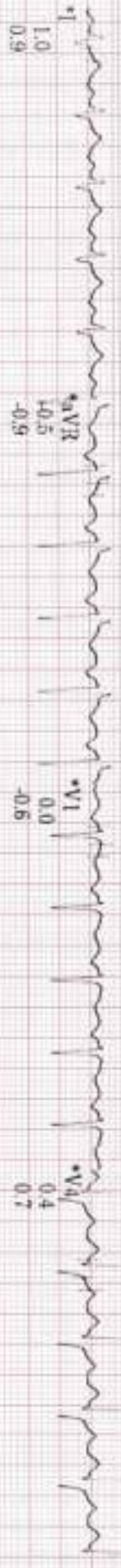
128bpm

EXERCISE
STAGE 2
5:50

BRUCE
2.5mph
12.0%

ST @ 10mm/mV
50ms postJ

Lead
ST(mV)
Slope(mV/s)



Raw Rhythm
40 Hz 25.0 mm/s 10.0 mm/mV
A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010A

II

ID: G3PN90877
Viel: ARCOFEMI

6-Jan-2024
16:17:10

146bpm
BP: 130/80

EXERCISE
STAGE 3
8:50

BRUCE
3.4mph
14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST (mm)
Slope (mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

MAC35 010A

AcqW 76

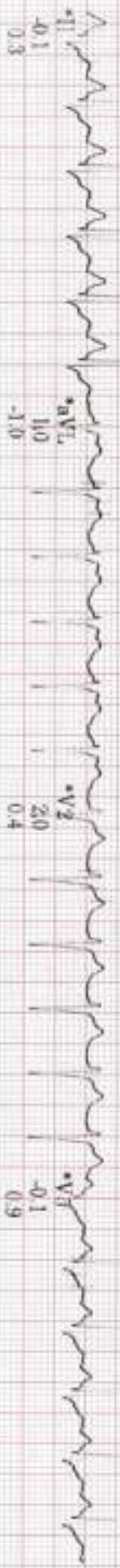
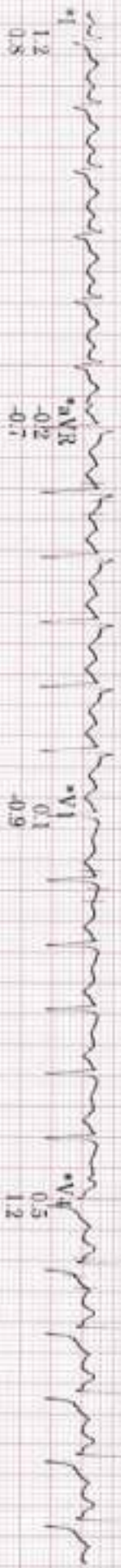
ID: GJPN90877
Visit: ARCOFEMI

6-Jan-2024
16:17:22

RECOVERY
144bpm
Post
BP: 130/80
0:00
ST @ 10mm/mV
80ms postJ

BRUCE
3.4mph
14.0%

Lead
ST(mm)
Slope(mV/s)



ID: GJPN90877
Vital: ARCOPEMI

6-Jan-2024
16:18:22

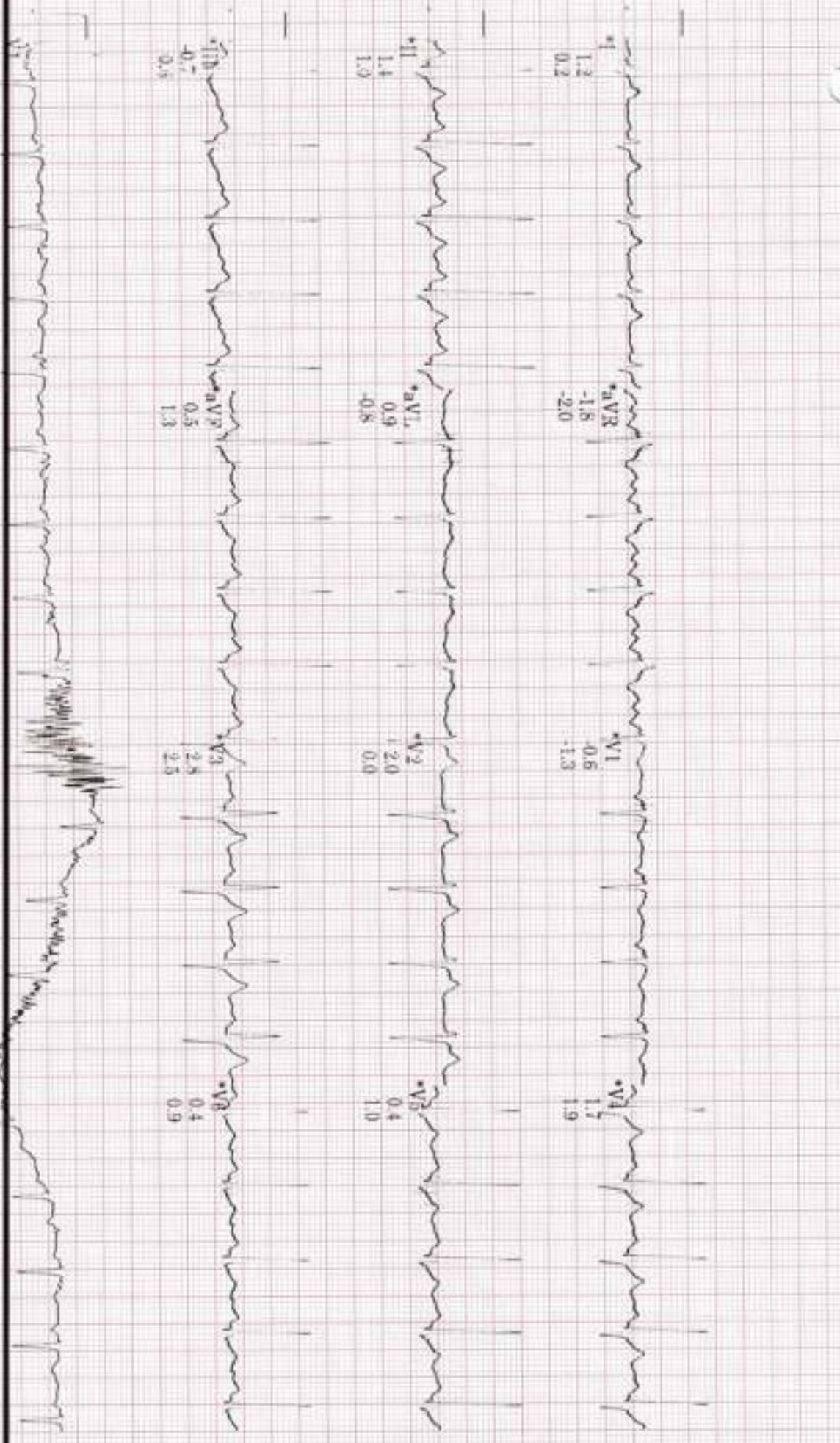
112bpm

RECOVERY
Post
1:00

BRUCE
** 5mph
** 5%g

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 250 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

Computer Synthesized Rhythm

MAC55 010A

II

Amplitude

ID: GJPN90877
Visit: ARCOFEMI

6-Jan-2024
16:20:22

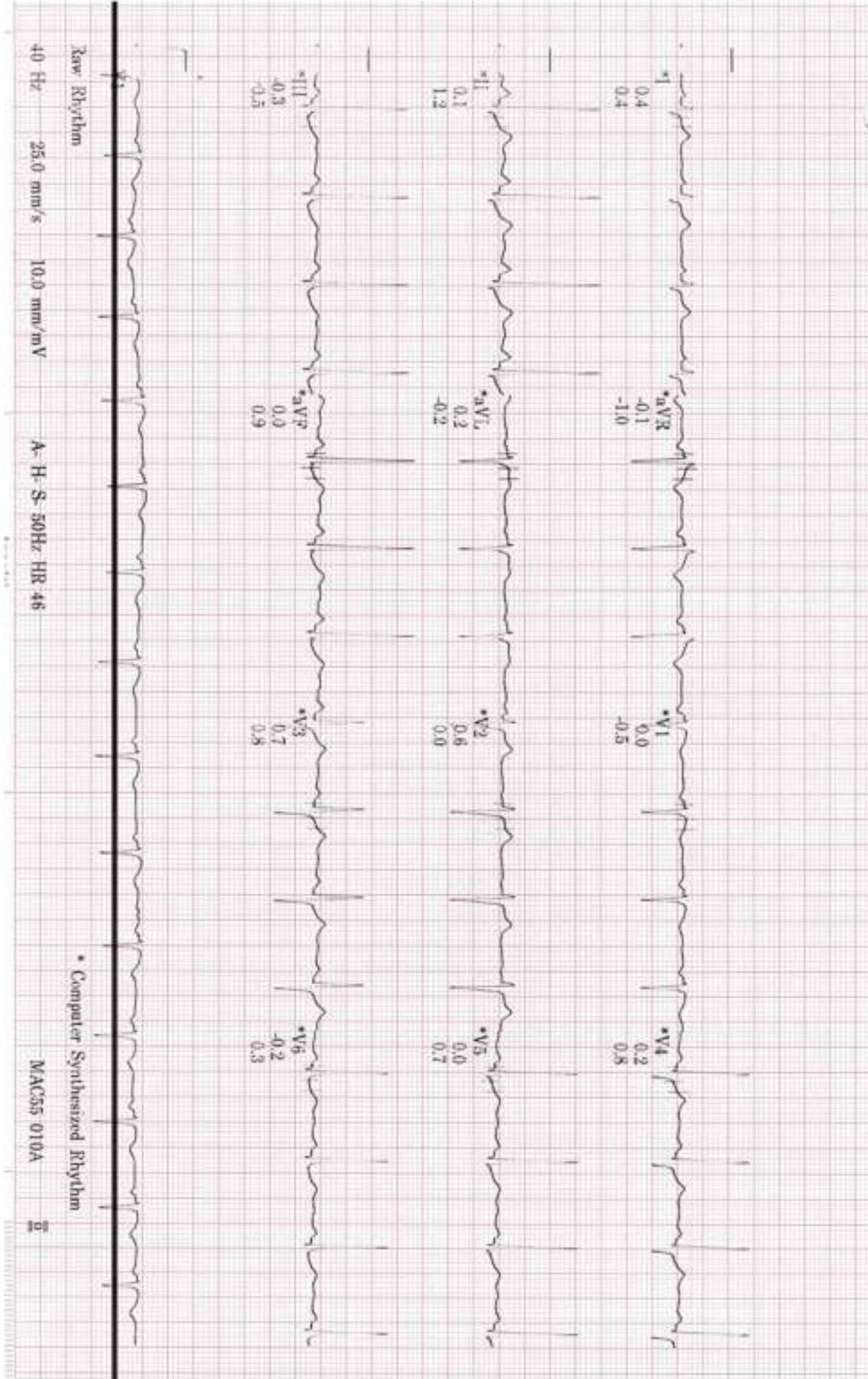
87bpm
BP: 110/80

ST @ 10mm/mV
80ms postJ

RECOVERY
Post
3:00

BRUCE
**mph
**%

Lead
ST(mm)
Slope(mV/s)



Kaw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

Computer Synthesized Rhythm

MAC55 010A

II

BRUCI

Total Exercise time: 9:02

25.0 mm/s
10.0 mm/mV
100hz

D: GJPN90877
Vastu ARCOFEMI

39y years
170cm

Asian
71kg

Male

Max HR: 145bpm 80% of max predicted 161bpm
Max EP: 130/80
Maximum workload: 10 METS

5-Jan-2024
16:07:25

39y years
170cm

Asian
71kg

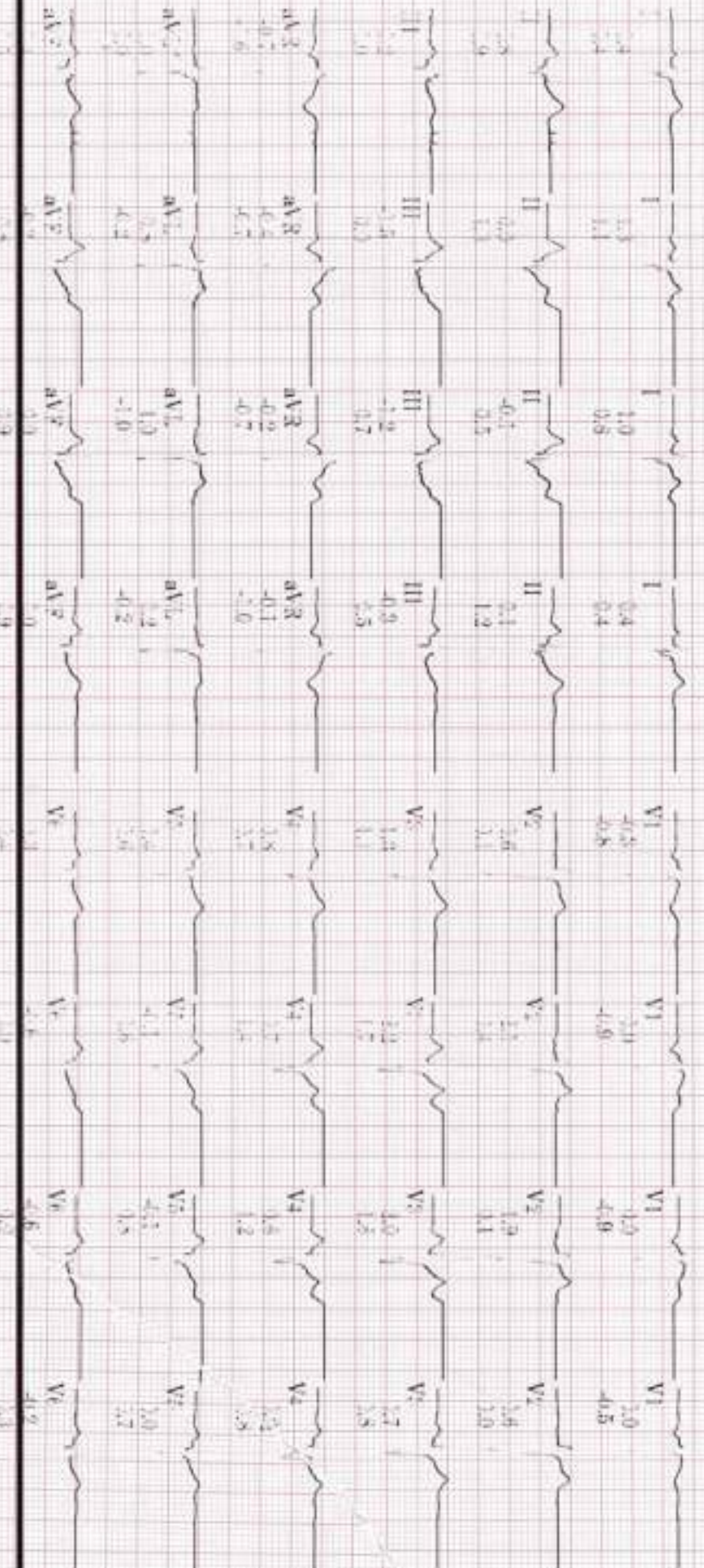
Male

Max HR: 145bpm 80% of max predicted 161bpm
Max EP: 130/80
Maximum workload: 10 METS

Referred by: SELF
Test ind: CAD SCREENING

Reason for Termination:
Comments: GOOD EFFORT AND TOLERANCE
NORMAL HR/BP RESPONSE
NO ANGINA AND ARRHYTHMIA SEEN
NO SIGNIFICANT ST CHANGES NOTED
*
TMT IS NEGATIVE FOR INDISCERNIBLE ISCHEMIA

BASELINE EXERCISE	MAX ST RECOVERY	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST RECOVERY	PEAK EXERCISE	TEST END RECOVERY
5:50pm 31: 110/80	6:06 Bp: 130/80	6:00 Bp: 150/80	3:00 Bp: 110/80	6:00 Bp: 110/80	6:06 Bp: 130/80	6:00 Bp: 130/80	3:00 Bp: 110/80



Technician: JYOTHI

ECG confirmed

MAC35 010A

Lead
ST (mm)
Slope (mV/s)

MR. KRUNAL, MANEKAR

GRADE/ EXERCISE/ DURATION

Total Exercise time: 9:02

25.0 mm/s
10.0 mm/mV
100hz

ID: GJPN90877
Visit: ARCOFEM1

6-Jan-2024
16:07:25

39years
170cm

Asian
71kg

Male

Referred by: SELF
Test Ind: CAD SCREENING

BRUCE
Max HR: 145bpm 80% of max predicted 181bpm
Max BP: 130/80
Maximum workload: 10.1 METS
Reason for Termination:
Comments: GOOD EFFORT AND TOLERANCE
NORMAL HR/BP RESPONSE
NO ANGINA AND ARRYTHMIA SEEN
NO SIGNIFICANT ST-T CHANGES NOTED

* TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

EXERCISE STAGE 1 12METS
0:00 85bpm ST @ 10mm/mV
BP: 110/80 80ms postJ

Lead
ST(mm)
Slope(mV/s)

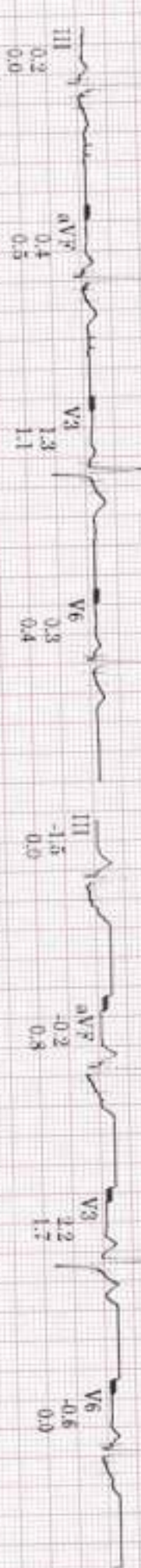
RECOVERY Post
0:06 97METS

141bpm ST @ 10mm/mV
BP: 130/80 80ms postJ

Lead
ST(mm)
Slope(mV/s)

BASELINE

MAX ST



Technician: JYOTHI

Unconfirmed

MAC55 010A

Patient Name : Mrs.G SIRISHA	Collected : 06/Jan/2024 10:23AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 06/Jan/2024 01:43PM
UHID/MR No : CVIS.0000122800	Reported : 06/Jan/2024 03:28PM
Visit ID : CVISOPV120085	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9160588288	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240004426

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.G SIRISHA	Collected : 06/Jan/2024 10:23AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 06/Jan/2024 01:43PM
UHID/MR No : CVIS.0000122800	Reported : 06/Jan/2024 03:28PM
Visit ID : CVISOPV120085	Status : Final Report
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Emp/Auth/TPA ID : 9160588288	

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	39.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.49	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	89	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63.3	%	40-80	Electrical Impedance
LYMPHOCYTES	27.3	%	20-40	Electrical Impedance
EOSINOPHILS	5.2	%	1-6	Electrical Impedance
MONOCYTES	4.2	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4494.3	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1938.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	369.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	298.2	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	319000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				




DR. V. SNEHAL
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Consultant Pathologist

SIN No:BED240004426

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.G SIRISHA	Collected : 06/Jan/2024 10:23AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 06/Jan/2024 01:43PM
UHID/MR No : CVIS.0000122800	Reported : 06/Jan/2024 04:23PM
Visit ID : CVISOPV120085	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9160588288	

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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240004426

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Patient Name : Mrs.G SIRISHA	Collected : 06/Jan/2024 10:24AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 06/Jan/2024 01:32PM
UHID/MR No : CVIS.0000122800	Reported : 06/Jan/2024 03:28PM
Visit ID : CVISOPV120085	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	GOD - POD

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	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	121	mg/dL	70-140	GOD - POD

Comment:

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:EDT240001855

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.G SIRISHA	Collected : 06/Jan/2024 10:24AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 06/Jan/2024 01:32PM
UHID/MR No : CVIS.0000122800	Reported : 06/Jan/2024 03:28PM
Visit ID : CVISOPV120085	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9160588288	

DEPARTMENT OF BIOCHEMISTRY

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

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. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:EDT240001855

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Patient Name : Mrs.G SIRISHA	Collected : 06/Jan/2024 10:24AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 06/Jan/2024 01:43PM
UHID/MR No : CVIS.0000122800	Reported : 06/Jan/2024 03:08PM
Visit ID : CVISOPV120085	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9160588288	

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	119	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	73	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	47	mg/dL	30-85	Direct
NON-HDL CHOLESTEROL	73	mg/dL	<130	Calculated
LDL CHOLESTEROL	57.84	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.7	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.55		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.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04594722

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.G SIRISHA	Collected : 06/Jan/2024 10:24AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 06/Jan/2024 01:43PM
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Visit ID : CVISOPV120085	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9160588288	

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.82	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.23	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	9.67	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.3	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	90.50	U/L	42-98	IFCC
PROTEIN, TOTAL	7.98	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.51	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.47	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		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. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:SE04594722

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Patient Name : Mrs.G SIRISHA	Collected : 06/Jan/2024 10:24AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 06/Jan/2024 01:43PM
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Visit ID : CVISOPV120085	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9160588288	

DEPARTMENT OF BIOCHEMISTRY

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



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04594722

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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.78	mg/dL	0.5-0.9	Jaffe
UREA	15.86	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.92	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.94	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.43	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04594722

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.G SIRISHA	Collected : 06/Jan/2024 10:24AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 06/Jan/2024 01:43PM
UHID/MR No : CVIS.0000122800	Reported : 06/Jan/2024 03:08PM
Visit ID : CVISOPV120085	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9160588288	

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	14.20	U/L	0-38	IFCC



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04594722

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.G SIRISHA	Collected : 06/Jan/2024 10:24AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 06/Jan/2024 01:43PM
UHID/MR No : CVIS.0000122800	Reported : 06/Jan/2024 04:16PM
Visit ID : CVISOPV120085	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9160588288	

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)	1.31	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	98.40	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	0.601	µIU/mL	0.3-4.5	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

1. 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.
2. 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.
3. 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.
4. 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. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SPL24002945

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.G SIRISHA	Collected : 06/Jan/2024 10:24AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 06/Jan/2024 01:43PM
UHID/MR No : CVIS.0000122800	Reported : 06/Jan/2024 02:58PM
Visit ID : CVISOPV120085	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9160588288	

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	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:UR2258742

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.G SIRISHA	Collected : 06/Jan/2024 10:24AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 06/Jan/2024 01:43PM
UHID/MR No : CVIS.0000122800	Reported : 06/Jan/2024 02:58PM
Visit ID : CVISOPV120085	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9160588288	

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

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

***** End Of Report *****

Result/s to Follow:
LBC PAP TEST (PAPSURE)



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:UF010130

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name	: Mrs. G SIRISHA	Age/Gender	: 32 Y/F
UHID/MR No.	: CVIS.0000122800	OP Visit No	: CVISOPV120085
Sample Collected on	:	Reported on	: 06-01-2024 17:00
LRN#	: RAD2202308	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9160588288		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder : Post cholecystectomy status.

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

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

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

Right kidney : 9.8 x 4.4 cm

Left kidney : 9.5 x 4.4 cm

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

Uterus appears normal in size. It shows normal shape and echo pattern. It measures 8.7 x 4.3 x 5 cm. Endometrial echo-complex appears normal and measures 6 mm. No intra/extra uterine gestational sac seen.

Both ovaries : Normal in size and echotexture.

Right ovary: 3.6 x 1.8 cm.

Left ovary: 3.3 x 1.8 cm.

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

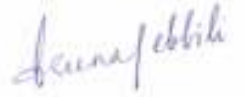
***No significant abnormality detected.**

Patient Name : Mrs. G SIRISHA

Age/Gender : 32 Y/F

For clinico-lab correlation / follow - up / further work up.

This is only a screening test.



Dr. ARUNA PEBBILI
DMRD Radiology
Radiology

Patient Name : Mrs. G SIRISHA

Age/Gender : 32 Y/F

UHID/MR No. : CVIS.0000122800

OP Visit No : CVISOPV120085

Sample Collected on :

Reported on : 06-01-2024 13:29

LRN# : RAD2202308

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9160588288

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

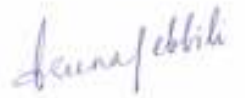
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Dr. ARUNA PEBBILI
DMRD Radiology
Radiology

Physical Medical Examination Format

NAME:-	G. Sreisha	DATE:-	6/1/2024
DESIGNATION:-	-	AGE:-	32 F
EMP CODE:-	-	UNIT/DEPARTMENT:-	
BLOOD GROUP:-	-	MARTIAL STATUS:-	MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	
Personal /family history	Nil, low BP.
Past Medical /Surgical	Mother HTN+, Father DM+
Sensitivity/Allergy (if any)	Post cholecystectomy.
Habits	No
Occupational History	NO

Height:-	162	Weight:-	64	BMI	24.4	Pulse	99
Temp:-	98.6.	SPO2	99%	Resp:-	18	B.P	110/20

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms.....for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically.....
"fit"

Fit

Unfit

Signature Of Employee

Dr.G. INDIRA PRIYADARSHINI
MBBS
Signature & Seal Of Medical Examiner With
Regd.No. 63148
Apollo Family Physician
Registration No.
Clinic, Seethammampet, Vizag

Apollo Health and Lifestyle Limited


(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-6177A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs. G SIRISHA	Age	: 32 Y F
UHID	: CVIS.0000122800	OP Visit No	: CVISOPV120085
Reported on	: 06-01-2024 16:57	Printed on	: 06-01-2024 17:00
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder : Post cholecystectomy status.

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

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

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

Right kidney : 9.8 x 4.4 cm

Left kidney : 9.5 x 4.4 cm

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

Uterus appears normal in size. It shows normal shape and echo pattern. It measures 8.7 x 4.3 x 5 cm. Endometrial echo-complex appears normal and measures 6 mm. No intra/extra uterine gestational sac seen.

Both ovaries : Normal in size and echotexture.

Right ovary: 3.6 x 1.8 cm.

Left ovary: 3.3 x 1.8 cm.

Patient Name : Mrs. G SIRISHA
UHID : CVIS.0000122800
Reported on : 06-01-2024 16:57
Adm/Consult Doctor :

Age : 32 Y F
OP Visit No : CVISOPV120085
Printed on : 06-01-2024 17:00
Ref Doctor : SELF

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***No significant abnormality detected.**

**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**

Printed on:06-01-2024 16:57

---End of the Report---



Dr. ARUNA REDDILI
DMRD Radiology
Radiology

ID: 122800

g srisha

Female 32Years

Req. No. :

06-01-2024 12:48:07

HR : 79 bpm

P : 112 ms

PR : 136 ms

QRS : 86 ms

QT/QTcBz : 376/431 ms

P/QRS/T : 56/64/45 °

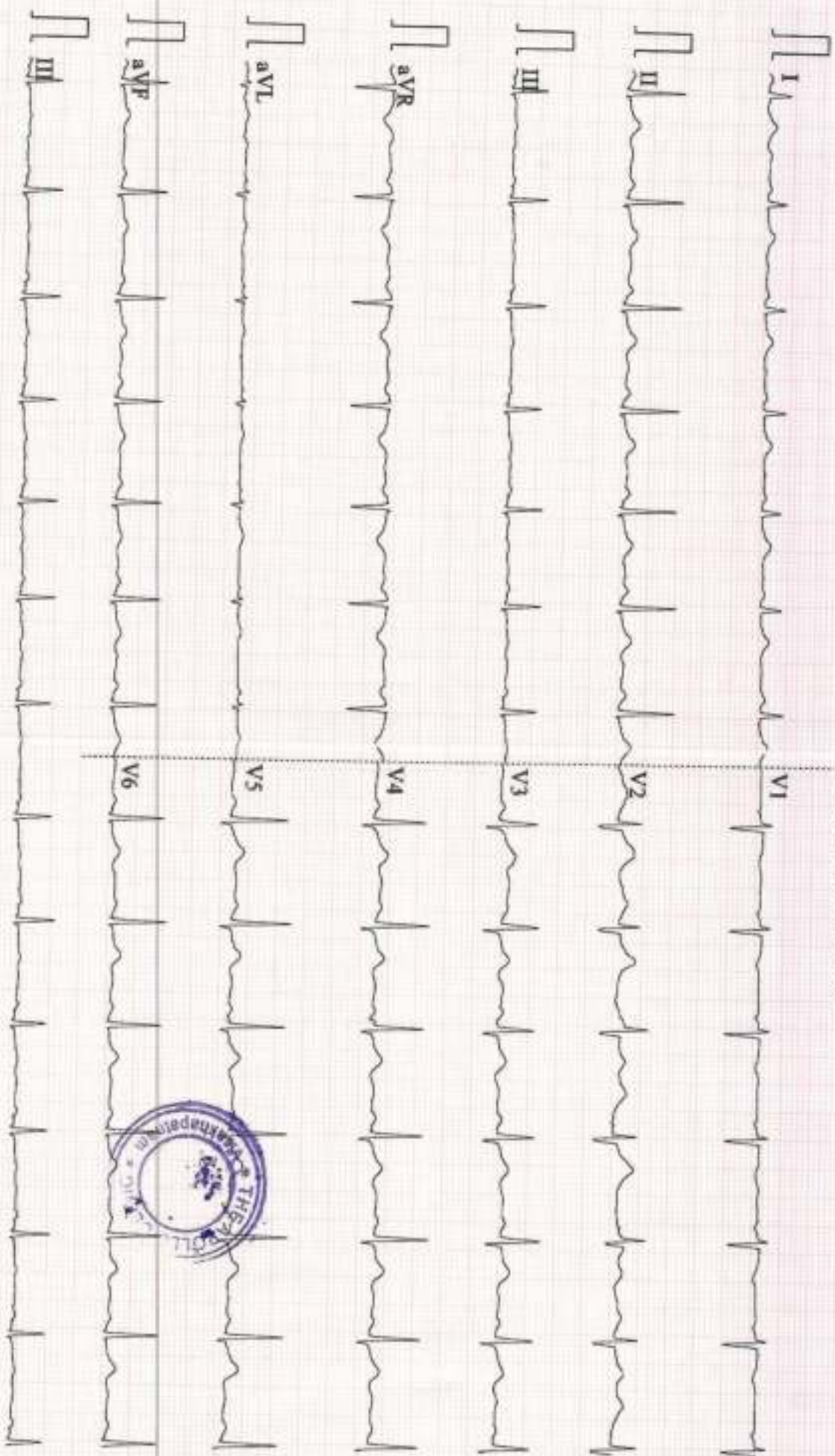
RV5/SV1 : 1.007/0.558 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



Patient Name	: Mrs. G SIRISHA	Age	: 32 Y/F
UHID	: CVIS.0000122800	OP Visit No	: CVISOPV120085
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 06-01-2024 13:30
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 79 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

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



Apollo Health and Lifestyle Limited

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs. G SIRISHA	Age	: 32 Y/F
UHID	: CVIS.0000122800	OP Visit No	: CVISOPV120085
Conducted By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 06-01-2024 15:25
Referred By	: SELF		

3D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.6 CM
LA (es)	2.9 CM
LVID (ed)	4.1 CM
LVID (es)	2.5 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	62.00%
%FD	33.00%
MITRAL VALVE:	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES:

PF: 0.7 m/sec.
MF: E>A.
AF: 0.8 m/sec.

Apollo Health and Lifestyle Limited

(CN - UR5110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

IMPRESSION :
NORMAL CARDIAC SIZE,
NO RWMA,
GOOD LV SYSTOLIC FUNCTION,
NO PERICARDIAL EFFUSION,
LVEF:62%



Dr. SHASHANKA
CHUNDURI

Patient Name : Mrs. G SIRISHA
UHID : CVIS.0000122800
Reported on : 06-01-2024 13:29
Adm/Consult Doctor :

Age : 32 Y F
OP Visit No : CVISOPV120085
Printed on : 06-01-2024 13:29
Ref Doctor : SELF

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.

Printed on:06-01-2024 13:29

---End of the Report---



Dr. **SRINANA PEBBILI**
DMRD Radiology
Radiology

Name: Mrs. G SIRISHA
 Age/Gender: 32 Y/F
 Address: VSKP
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000122800
 Visit ID: CVISOPV120085
 Visit Date: 06-01-2024 10:08
 Discharge Date:
 Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
06-01-2024 13:30	79 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	162 cms	64 Kgs	%	%	Years	24.39	cms	cms	cms		AHLL07730



Apollo Health and Lifestyle Limited

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Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nailakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

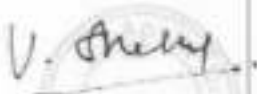
 **1860 500 7788**

Patient Name	Mrs.G SIRISHA	Collected	: 06/Jan/2024 10:23AM
Age/Gender	: 32 Y 6 M 0 D/F	Received	: 06/Jan/2024 01:43PM
UHID/MR No	: CVIS.0000122800	Reported	: 06/Jan/2024 03:28PM
Visit ID	: CVISOPV120085	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9160588288		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: BE2240004926

Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab : Vizag-530017


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Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

MIC-2373

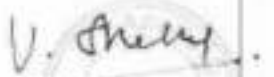
Patient Name	Mrs.G SIRISHA	Collected	: 06/Jan/2024 10:23AM
Age/Gender	32 Y 6 M 0 D/F	Received	: 06/Jan/2024 01:43PM
UHID/IR No	: CVIS.0000122800	Reported	: 06/Jan/2024 03:28PM
Visit ID	: CVISOPV120055	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: B160588288		

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	39.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.49	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	89	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63.3	%	40-80	Electrical Impedance
LYMPHOCYTES	27.3	%	20-40	Electrical Impedance
EOSINOPHILS	5.2	%	1-6	Electrical Impedance
MONOCYTES	4.2	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4494.3	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1938.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	369.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	298.2	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	319000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

Page 2 of 13



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: BEL240004426

Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab : Vizag-530017

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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

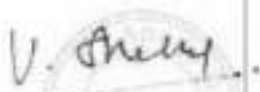
MC-2373

Patient Name	Mrs.G SIRISHA	Collected	: 06/Jan/2024 10:23AM
Age/Gender	32 Y 6 M 0 D/F	Received	: 06/Jan/2024 01:43PM
UHID/MR No	: CVIS.0000122800	Reported	: 06/Jan/2024 04:23PM
Visit ID	: CVISOPV120085	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9160588288		

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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: BE0240004426

Apollo Health and Lifestyle Limited

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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
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	GOD - POD

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	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	121	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

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DEPARTMENT OF BIOCHEMISTRY

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

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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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	119	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	73	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	47	mg/dL	30-85	Direct
NON-HDL CHOLESTEROL	73	mg/dL	<130	Calculated
LDL CHOLESTEROL	57.84	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.7	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.55		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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Emp/Auth/TPA ID	9160588288		

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.82	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.23	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	9.67	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.3	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	90.50	U/L	42-98	IFCC
PROTEIN, TOTAL	7.98	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.51	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.47	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		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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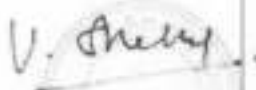
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DEPARTMENT OF BIOCHEMISTRY

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



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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.78	mg/dL	0.5-0.9	Jaffe
UREA	15.86	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.92	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.94	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.43	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE

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V. Snehal

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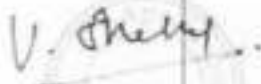
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.20	U/L	0-38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOETHYRONINE (T3, TOTAL)	1.31	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	98.40	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	0.601	µIU/mL	0.3-4.5	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

1. 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.
2. 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.
3. 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.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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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	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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SIN No: UR2258742

The Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U65110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Koridapur | Manikonda | Nallakunta | Nizampet | Uppal)
Vizag (Seethamma Pota)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

MC-2373

Patient Name	Mrs.G SIRISHA	Collected	: 06/Jan/2024 10:24AM
Age/Gender	: 32 Y 6 M 0 D/F	Received	: 06/Jan/2024 01:43PM
UHID/MR No	: CVIS.0000122800	Reported	: 06/Jan/2024 02:58PM
Visit ID	: CVISOPV120085	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9160588288		

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

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

*** End Of Report ***

Result/s to Follow;
LBC PAP TEST (PAPSURE)



V. Sneh
DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No: DP010130

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab - Vizag-530017

(CIN - U85110TG2000PLC040089) Regd. Office: 7-1-517/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apolloh.com

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Dr. RESAPU PADMASREE
M.B.B.S, DNB
Consultant Obstetrician & Gynaecologist
Reg No: 68033

.....
Patient Name: G. SIRISHA Age/Sex: 32yrs/F Date: 6/1/2024
.....

Came for routine
check up &
LBC

P & L 2
Pbev USG
Twin pregnancy
LMP - 20/12/2023
regular
5/30-32
Ⓝ flow, painless

Medical H/o - Nil

Surgical H/o - Pbev USG
Lap cholecystectomy

Family H/o - Dad - DM
DM - HTN

P/A - soft

Adv

P/S - Gp Ⓝ
LBC ✓

Reassured

Dr. Resapu

Exception Letter for CAP

Date: 6/1/2024
Client Name: G. Sneisha

Gender - female

UHID:

We are Not delivered service due to late

SERVICE ENT, eye test

So that we are unable to close all reports, once client visited again will close.

Regards,

EMP Name: Lalitha

Apollo clinic,

Vizag.

Client Name:

Signature: 

Ph no:



બેંક ઝીલ્લ શ્કીટ
Bank of Baroda



નમ
Name Ms. SURESHA G

સંબંધી યુ ઁ.
E. C. No. 118673

સંબંધી સંબંધી
Banking Authority

સંબંધી સંબંધી
Banking Authority

Name: Mrs. G SIRISHA
Age/Gender: 32 Y/F
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. D. LAXMILALITHA

MR No: CVIS.0000122800
Visit ID: CVISOPV120085
Visit Date: 06-01-2024 10:08
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

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Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
06-01-2024 13:30	79 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	162 cms	64 Kgs	%	%	Years	24.39	cms	cms	cms		AHLL07730

Established Patient: No

Vitals

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