

Patient Name	: Mrs.VENKATAMMA M	Collected	: 03/Sep/2024 08:09AM
Age/Gender	: 57 Y 0 M 19 D/F	Received	: 03/Sep/2024 10:16AM
UHID/MR No	: CMYS.0000062020	Reported	: 03/Sep/2024 12:50PM
Visit ID	: CMYSOPV129027	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22M32390		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



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

SIN No:MYS240900081



Patient Name : Mrs.VENKATAMMA M	Collected : 03/Sep/2024 08:09AM
Age/Gender : 57 Y 0 M 19 D/F	Received : 03/Sep/2024 10:16AM
UHID/MR No : CMYS.0000062020	Reported : 03/Sep/2024 04:01PM
Visit ID : CMYSOPV129027	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22M32390	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.2	g/dL	12.5-15	Spectrophotometer
PCV	36.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.28	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.1	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	11.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,280	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	29	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2568	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1241.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	171.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	256.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.07		0.78- 3.53	Calculated
PLATELET COUNT	251000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.
W.B.C: normal in number with normal morphology and distribution.
Platelets: normal in number and are seen in singles and clumps.
Hemoparasites: Not seen.

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Dr. PAVAN KUMAR M
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Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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Age/Gender : 57 Y 0 M 19 D/F	Received : 03/Sep/2024 10:16AM
UHID/MR No : CMYS.0000062020	Reported : 03/Sep/2024 03:02PM
Visit ID : CMYSOPV129027	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22M32390	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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



Dr. PAVAN KUMAR M
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SIN No: MYS240900081



Patient Name : Mrs.VENKATAMMA M	Collected : 03/Sep/2024 11:15AM
Age/Gender : 57 Y 0 M 19 D/F	Received : 03/Sep/2024 12:27PM
UHID/MR No : CMYS.0000062020	Reported : 03/Sep/2024 01:04PM
Visit ID : CMYSOPV129027	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22M32390	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dl	74-106	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	120	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.



Dr. PAVAN KUMAR M
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SIN No:MYS240900104



Patient Name : Mrs.VENKATAMMA M	Collected : 03/Sep/2024 08:09AM
Age/Gender : 57 Y 0 M 19 D/F	Received : 03/Sep/2024 12:39PM
UHID/MR No : CMYS.0000062020	Reported : 03/Sep/2024 01:32PM
Visit ID : CMYSOPV129027	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22M32390	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr. PAVAN KUMAR M
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SIN No:MYS240900086



Patient Name : Mrs.VENKATAMMA M	Collected : 03/Sep/2024 08:09AM
Age/Gender : 57 Y 0 M 19 D/F	Received : 03/Sep/2024 10:16AM
UHID/MR No : CMYS.0000062020	Reported : 03/Sep/2024 12:31PM
Visit ID : CMYSOPV129027	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22M32390	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	234	mg/dl	0-200	CHOD
TRIGLYCERIDES	116	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	41	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	193	mg/dL	<130	Calculated
LDL CHOLESTEROL	169.45	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.24	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.66		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.09		<0.11	Calculated

Comment:

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

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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



Dr. PAVAN KUMAR M
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Patient Name	: Mrs.VENKATAMMA M	Collected	: 03/Sep/2024 08:09AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.36	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/l	0-31	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.6		<1.15	Calculated
ALKALINE PHOSPHATASE	70.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	7.10	g/dl	6.4-8.3	Biuret
ALBUMIN	4.20	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232



Dr. PAVAN KUMAR M
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SIN No:MYS240900085

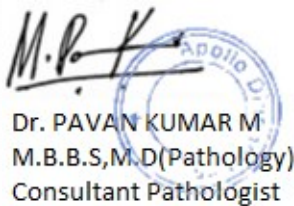


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Age/Gender : 57 Y 0 M 19 D/F	Received : 03/Sep/2024 10:16AM
UHID/MR No : CMYS.0000062020	Reported : 03/Sep/2024 01:06PM
Visit ID : CMYSOPV129027	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.81	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	27.59	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	12.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.60	mg/dL	2.6-6	Uricase
CALCIUM	9.20	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	4.12	mg/dl	2.7-4.5	Molybdate
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.10	g/dl	6.4-8.3	Biuret
ALBUMIN	4.20	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated



Dr. PAVAN KUMAR M
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SIN No: MYS240900085

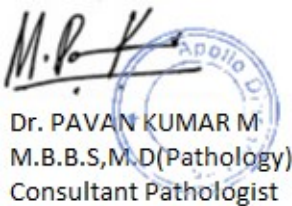


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Age/Gender : 57 Y 0 M 19 D/F	Received : 03/Sep/2024 10:16AM
UHID/MR No : CMYS.0000062020	Reported : 03/Sep/2024 01:51PM
Visit ID : CMYSOPV129027	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	25.00	U/l	0-38	IFCC



Dr. PAVAN KUMAR M
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SIN No:MYS240900085



Patient Name : Mrs.VENKATAMMA M	Collected : 03/Sep/2024 08:09AM
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UHID/MR No : CMYS.0000062020	Reported : 03/Sep/2024 12:34PM
Visit ID : CMYOPV129027	Status : Final Report
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Emp/Auth/TPA ID : 22M32390	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.86	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.87	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.300	µIU/mL	0.38-5.33	CLIA

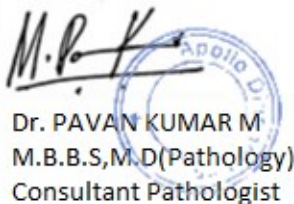
Comment:

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

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Dr. PAVAN KUMAR M
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Consultant Pathologist

SIN No: MYS240900084



Patient Name	: Mrs.VENKATAMMA M	Collected	: 03/Sep/2024 08:09AM
Age/Gender	: 57 Y 0 M 19 D/F	Received	: 03/Sep/2024 10:16AM
UHID/MR No	: CMYS.0000062020	Reported	: 03/Sep/2024 12:34PM
Visit ID	: CMYSOPV129027	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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SIN No: MYS240900084



Patient Name : Mrs.VENKATAMMA M	Collected : 03/Sep/2024 08:09AM
Age/Gender : 57 Y 0 M 19 D/F	Received : 03/Sep/2024 01:03PM
UHID/MR No : CMYS.0000062020	Reported : 03/Sep/2024 01:44PM
Visit ID : CMYSOPV129027	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22M32390	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	TRACE		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE ++		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	10 - 12	/hpf	0-5	Microscopy
EPITHELIAL CELLS	8 - 10	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



Dr. PAVAN KUMAR M
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SIN No: MYS240900083



Patient Name : Mrs.VENKATAMMA M	Collected : 03/Sep/2024 08:09AM
Age/Gender : 57 Y 0 M 19 D/F	Received : 03/Sep/2024 01:03PM
UHID/MR No : CMYS.0000062020	Reported : 03/Sep/2024 01:56PM
Visit ID : CMYSOPV129027	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22M32390	

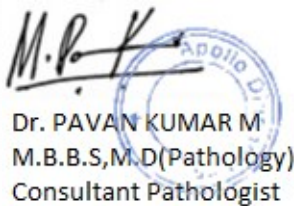
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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

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

*** End Of Report ***



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

SIN No:MYS240900082



Patient Name : Mrs.VENKATAMMA M
Age/Gender : 57 Y 0 M 19 D/F
UHID/MR No : CMYS.0000062020
Visit ID : CMYSOPV129027
Ref Doctor : Self
Emp/Auth/TPA ID : 22M32390

Collected : 03/Sep/2024 08:09AM
Received : 03/Sep/2024 01:03PM
Reported : 03/Sep/2024 01:56PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.


Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.


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



SIN No:MYS240900082

Patient Mrs. VENKATAMMA M
Age/Gender 57Y | Female
UHID CMYS.0000062020

Appt ID CMYSAPT168
Consult Date 03 Sep 2024
Order Bill ID CMYS-OCR-24052
Visit Display ID CMYSOPV129027

VITALS

Weight : 56Kgs
Pulse : 86 BPM
BP : 160 / 90 MmHg

Height : 147Cms
Spo2 : 98%
Temperature : 95 °F




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Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0659/71256/01995

To
మద్రెల వెంకటమ్మ
Maddela Venkatamma
W/O Maddela Pedda Cheppalaiah,
2/434-22,
tilak nagar,
akkayapalli,
VTC: Cuddapah,
PO: Ravindra Nagar,
District: Cuddapah,
State: Andhra Pradesh,
PIN Code: 516003,
Mobile: 7671813519



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :
4480 1157 0861
VID : 9143 5670 2319 4819


నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



Aadhaar no. issued: 28/11/2011






మద్రెల వెంకటమ్మ
Maddela Venkatamma
స్థాపన తేదీ/DOB: 15/08/1967
స్త్రీ / FEMALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది ధృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్ ప్రమాణీకరణ లేదా QR కోడ్ / ఆన్‌లైన్ XML యొక్క స్కానింగ్).
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).


4480 1157 0861
VID : 9143 5670 2319 4819

నా ఆధార్, నా గుర్తింపు






సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు రుజువు, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. పుట్టిన తేదీ అనేది ఆధార్ సంఖ్య చోల్లర సంబంధించిన నిబంధనలలో ఏర్పాటు పుట్టిన తేదీ పత్రం యొక్క రుజువు ఆధారం ద్వారా ఇచ్చే సమాచారంపై ఆధారపడి ఉంటుంది.
- ఈ ఆధార్ లేఖను UIDAI నియమించిన ప్రమాణీకరణ ఏజెన్సీ ద్వారా ఆన్‌లైన్ ప్రమాణీకరణ ద్వారా లేదా యాన్ డ్రోల్‌లో అందుబాటులో ఉన్న mAadhaar లేదా ఆధార్ QR స్కానర్ యాప్‌ని ఉపయోగించి లేదా www.uidai.gov.inలో అందుబాటులో ఉన్న సురక్షిత QR కోడ్ రీడర్ యాప్‌ని ఉపయోగించి QR కోడ్ స్కానింగ్ ద్వారా ధృవీకరించాలి.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- ఆధార్ సమాధు చేసిన తేదీ నుండి ప్రతి 10 సంవత్సరాల తర్వాతి గుర్తింపు మరియు చిరునామాకు సంబంధించిన పత్రాలతో ఆధార్ ను నవీకరించాలి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొబైల్ సంఖ్య మరియు ఈ-మెయిల్ చాట్‌వి ఆధార్ లో అప్‌డేట్ చేసుకోండి.
- ఆధార్ సేవలను పొందించుకు mAdhaar యాప్‌ను డౌన్‌లోడ్ చేసుకోండి.
- ఆధార్/బయోమెట్రిక్‌లను ఉపయోగించనప్పుడు భద్రతను నిర్ధారించడానికి లాక్/అన్‌లాక్ ఆధార్/బయోమెట్రిక్స్ ఫీచర్‌ని ఉపయోగించండి.
- ఆధార్‌ను కోరి సంస్థలు తప్పనిసరిగా సమ్మతి పొందవలసి ఉంటుంది
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



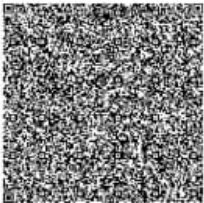
భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India






Details as on: 03/08/2024

చిరునామా:
W/O మద్రెల పెద్ద వెంకటయ్య, 2/434-22, తిలక్ నగర్,
అక్కాయపల్లి, కడప, రెవెన్యూ నగర్, కడప,
ఆంధ్ర ప్రదేశ్ - 516003

Address:
W/O Maddela Pedda Cheppalaiah, 2/434-22,
tilak nagar, akkayapalli, Cuddapah, PO:
Ravindra Nagar, DIST: Cuddapah,
Andhra Pradesh - 516003



4480 1157 0861
VID : 9143 5670 2319 4819

 1947 |
  help@uidai.gov.in |
  www.uidai.gov.in

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Mon 02-09-2024 14:32

To:28spremeee@gmail.com <28spremeee@gmail.com>

Cc:Mysore Apolloclinic <mysore@apolloclinic.com>;Yogeesh KV <mkt.mysore@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

**Dear venkatamma K,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KALIDASA RAOD clinic** on **2024-09-03** at **08:15-08:30**.

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

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.

2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: 23, KALIDASA ROAD, VV MOHLLA, MYSORE.

Contact No: (0821) 400 6040 - 41.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic