

Physical Medical Examination Format

NAME:- V. Mahalakshmi	DATE:- 24-02-24
DESIGNATION:-	AGE:- 38
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	No
Personal /family history	No
Past Medical /Surgical	f - H7N
Sensitivity/Allergy (if any)	No
Habits	No
Occupational History	No

Height: 152	Weight: 66	BMI:	Pulse:
Temp: 98.6	Spo2: 99%	Resp: 18	B.P: 100/70

Remarks

Treatment Recommended (if any):

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

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

Dr.G. INDIRA PRIYADARSHINI
MBBS

Regd.No. 63148
Apollo Family Physician
Apollo Clinic, Seethammampet, Vizag

Signature & Seal Of Medical Examiner With

Registration No:.....

Fit

Unfit

Signature Of Employee

V. Mahalakshmi

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) 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

Dr ABHISHEK RAVURI (B.D.S)
Partner Consultant
Apollo Dental
Reg No: -A24146

Patient Name: - *V. Mahalaxshmi* Age/Sex: - *38/F* Date: - *24/2/24*

pt. came for general check up
o/fk No findings

 Dr. *Abhishek Ravuri*
38 650 7071

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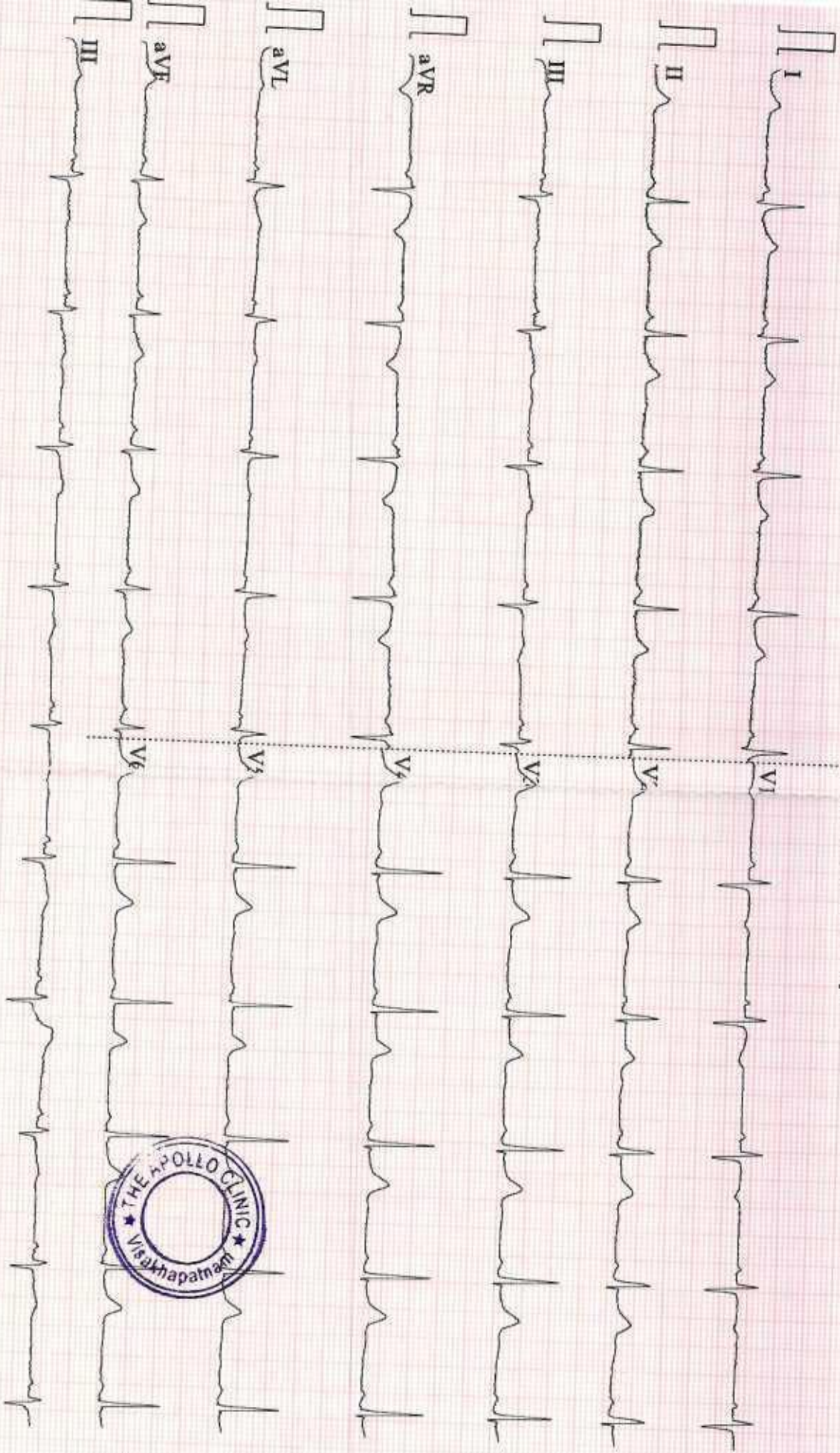
TO BOOK AN APPOINTMENT

 **1860 500 7788**

HR	: 61	bpm
P	: 104	ms
PR	: 136	ms
QRS	: 82	ms
QT/QTcBz	: 424/428	ms
P/QRS/T	: 60/25/46	°
RV5/SVI	: 1.106/0.550	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



BANK N BARODA

NAME : MRS. V. MAHALAKSHMI GENDER : F
 AGE : 38 DATE : 24/2/24

OPHTHALMOLOGY SCREENING REPORT

VISION : (OD) 6/6 OS) 6/6 ES)
 DISTANCE : 26
 NEAR VISION : N6
 COLOUR VISION : - WNL -
 ANT.SEGMENT : - Swt -
 CONJUNCTIVA : - Clear -
 CORNEA : R/H/H -
 PUPIL :
 FUNDUS :
 IMPRESSION : WNL



[Signature]
SIGNATURE

Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name:

Mrs. V. Mahalingam

Age/Sex:

42 yr

Date:

24/2/20

For routine checkup

O/E

Both Ears

Nose

Throat

} N/A

Hardly palp clinically
C TF

No ENT.

N/A

Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name:

M. V. V. Varadachari

Age/Sex:

M 42yr

Date:

24/12/24

For routine check up

O/E

Both Ears - Cerumen

None
Throat / NAD

Impacted cerumen
both Ears

→

1 WAY OXAL Ears drops,

5 drops 5 times daily

5 days
Both Ears

None

Patient Name	: Mrs. V MAHALAKSHMI	Age	: 38 Y F
UHID	: CVIS.0000124061	OP Visit No	: CVISOPV121824
Reported on	: 24-02-2024 16:33	Printed on	: 24-02-2024 16:35
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 12.9cm.appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

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 4.8 cm

Left kidney : 10.1 x 4.9 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 8.9 x 4.6 x 4.4cm. Endometrial echo-complex appears normal and measures 5.6 mm.No intra/extra uterine gestational sac seen.

Both ovaries :Normal in size and echotexture.

Right ovary: 3.0 x 2.7 cm.

Left ovary: 3.1 x 2.5 cm.



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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:24-02-2024 16:33

---End of the Report---



Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name	: Mrs. V MAHALAKSHMI	Age	: 38 Y/F
UHID	: CVIS.0000124061	OP Visit No	: CVISOPV121824
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 24-02-2024 15:14
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 61 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 -----

Dr. SHASHANKA CHUNDURI



Name: Mrs. V MAHALAKSHMI
 Age/Gender: 38 Y/F
 Address: VSKP
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM 06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124061
 Visit ID: CVISOPV121824
 Visit Date: 24-02-2024 08:41
 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
24-02-2024 15:15	61 Beats/min	100/70 mmHg	18 Rate/min	98.6 F	152 cms	66 Kgs	%	%	Years	28.57	cms	cms	cms		AHLL06520



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Dr NAMRATHA ARISETTY
M.B.B.S, D,G,O
Consultant Obstetrician & Gynecologist
Reg No: -55899

Patient Name: - Mahalaxmi Age/Sex: - F 38 yrs Date: - 24/2/24

P/L

CAMP - 17/2/24

MU - 29/2/24

o/c - C/F

us/ps - normal

I/A - soft

neck - normal - 1st

breast - normal

no HTN / DM / Thy

Pap Smear - Done



P.

lab Ato 2 - 100

HPV - Vaccination
3 doses

24

Patient Name : Mrs. V MAHALAKSHMI
UHID : CVIS.0000124061
Conducted By : Dr. APPALA NAIDU L S
Referred By : SELF

Age : 38 Y/F
OP Visit No : CVISOPV121824
Conducted Date : 24-02-2024 17:17

2D-ECHO WITH COLOUR DOPPLER

Dimensions:	
Ao (ed)	2.5 CM
LA (es)	2.6 CM
LVID (ed)	4.5 CM
LVID (es)	2.0 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.2 CM
EF	76.00%
%FD	33.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
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: 0.9 m/sec.
MF: E > A
AF: 1.2 m/sec.



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IMPRESSION:

NORMAL CARDIAC SIZE.
NO RWMA.
NORMAL LV SYSTOLIC FUNCTION.
TRIVIAL MR/TR
NO PERICARDIAL EFFUSION.
LVEF:76%

Dr. APPALA
NAIDU L S



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Patient Name : Mrs. V MAHALAKSHMI

UHID : CVIS.0000124061

Reported on : 24-02-2024 14:08

Adm/Consult Doctor :

Age : 38 Y F

OP Visit No : CVISOPV121824

Printed on : 24-02-2024 14:09

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:24-02-2024 14:08

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name : Mrs.V MAHALAKSHMI
 Age/Gender : 38 Y.6 M 7 D/F
 UHID/MR No : CVIS.0000124061
 Visit ID : CVISOPV121824
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 236641

Collected : 24/Feb/2024 09:02AM
 Received : 24/Feb/2024 12:28PM
 Reported : 24/Feb/2024 02:53PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

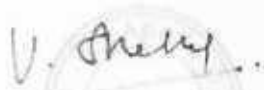
PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Red cells showed Normocytic normochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen , no NRBC . No polychromatophilia, No target cells seen . No intracellular hemo-parasite seen.

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Normocytic normochromic anemia.



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



SIN No:BED240047983

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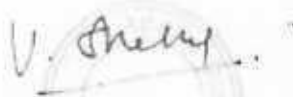
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DEPARTMENT OF HAEMATOLOGY

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	10.8	g/dL	12-15	Spectrophotometer
PCV	32.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.75	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	84	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.8	%	40-80	Electrical Impedence
LYMPHOCYTES	33	%	20-40	Electrical Impedence
EOSINOPHILS	1.7	%	1-6	Electrical Impedence
MONOCYTES	5.5	%	2-10	Electrical Impedence
BASOPHILS	0	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3767.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2079	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	107.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	346.5	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.81		0.78- 3.53	Calculated
PLATELET COUNT	280000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				


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 M.D (PATH)
 Consultant Pathologist



SIN No:BED240047983

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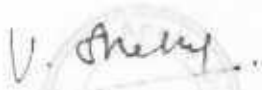
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Age/Gender	: 38 Y 6 M 7 D/F	Received	: 24/Feb/2024 12:28PM
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Emp/Auth/TPA ID	: 236641		

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	A			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




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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	95	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 \geq or = 126 mg/dL and/or a random / 2 hr post glucose value of \geq 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)	116	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	5.8	%		HPLC
HBA1C, GLYCATED HEMOGLOBIN ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

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



SIN No:EDT240021477

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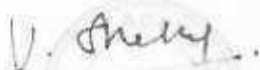
Comment:

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)



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



SIN No:EDT240021477

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mrs.V MAHALAKSHMI	Collected : 24/Feb/2024 09:03AM
Age/Gender : 38 Y 6 M 7 D/F	Received : 24/Feb/2024 11:41AM
UHID/MR No : CVIS.0000124061	Reported : 24/Feb/2024 01:20PM
Visit ID : CVISOPV121824	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 236641	

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	204	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	59	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	164	mg/dL	<130	Calculated
LDL CHOLESTEROL	152.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.11		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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



SIN No:SE04639852

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

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apolloht.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.V MAHALAKSHMI
 Age/Gender : 38 Y 6 M 7 D/F
 UHID/MR No : CVIS.0000124061
 Visit ID : CVISOPV121824
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 236641

Collected : 24/Feb/2024 09:03AM
 Received : 24/Feb/2024 11:41AM
 Reported : 24/Feb/2024 01:20PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	0.43	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.28	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.2	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.3	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	93.40	U/L	42-98	IFCC
PROTEIN, TOTAL	7.73	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.47	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.26	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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 > 1In 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:SE04639852

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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.V MAHALAKSHMI
Age/Gender : 38 Y 6 M 7 D/F
UHID/MR No : CVIS.0000124061
Visit ID : CVISOPV121824
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 236641

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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	0.57	mg/dL	0.5-0.9	Jaffe
UREA	14.79	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	6.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.08	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.60	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.96	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE



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

SIN No:SE04639852

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TO BOOK AN APPOINTMENT

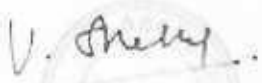
 **1860 500 7788**

Patient Name : Mrs.V MAHALAKSHMI	Collected : 24/Feb/2024 09:03AM
Age/Gender : 38 Y 6 M 7 D/F	Received : 24/Feb/2024 11:41AM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 236641	

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	10.50	U/L	0-38	IFCC



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



SIN No:SE04639852

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(CIN - UB5110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apoliohl.com

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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mrs.V MAHALAKSHMI
 Age/Gender : 38 Y 6 M 7 D/F
 UHID/MR No : CVIS.0000124061
 Visit ID : CVISOPV121824
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 236641

Collected : 24/Feb/2024 09:03AM
 Received : 24/Feb/2024 11:41AM
 Reported : 24/Feb/2024 01:43PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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)	76.30	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	4.160	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

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

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

Page 10 of 12

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



SIN No: SPL24031571

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

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.V MAHALAKSHMI
 Age/Gender : 38 Y 6 M 7 D/F
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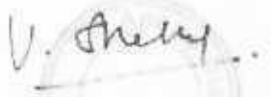
Collected : 24/Feb/2024 09:03AM
 Received : 24/Feb/2024 12:44PM
 Reported : 24/Feb/2024 02:17PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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

Page 11 of 12


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



SIN No:UR2290109

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

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.V MAHALAKSHMI	Collected	: 24/Feb/2024 09:03AM
Age/Gender	: 38 Y 6 M 7 D/F	Received	: 24/Feb/2024 12:44PM
UHID/MR No	: CVIS.0000124061	Reported	: 24/Feb/2024 02:17PM
Visit ID	: CVISOPV121824	Status	: Final Report
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Emp/Auth/TPA ID	: 236641		

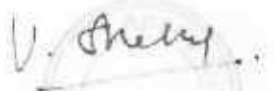
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

Result/s to Follow:
GLUCOSE (POST PRANDIAL) - URINE


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



SIN No:UF010714

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

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(CIN - U85110TG2000PLC046089) 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**

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	MAHALAKSHMI VEMANA
जन्म की तारीख	17-08-1985
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	24-02-2024
बुकिंग संदर्भ सं.	23M75981100092906S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. VEMANA VENKATA KAMESWARA RAO
कर्मचारी की क.कू.संख्या	75981
कर्मचारी का पद	HEAD CASHIER "E"_II
कर्मचारी के कार्य का स्थान	VEMULAVALASA
कर्मचारी के जन्म की तारीख	14-11-1981

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 21-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलगनक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

6397 4381 5451

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం

Government of India

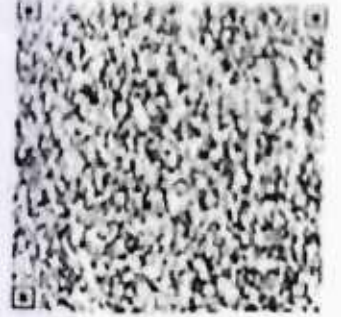


పేరున మహాలక్ష్మి

Vemana Mahalakshmi

జన్మ తేదీ / DOB 17/08/1985

లింగం / Gender
స్త్రీ / Female



6397 4381 5451

నా ఆధార్, నా గుర్తింపు

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
24-02-2024 15:15	61 Beats/min	100/70 mmHg	18 Rate/min	98.6 F	152 cms	66 Kgs	%	%	Years	28.57	cms	cms	cms		AHLL06520

Name: Mrs. V MAHALAKSHMI
Age/Gender: 38 Y/F
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. NAMRATHA ARISETTY

MR No: CVIS.0000124061
Visit ID: CVISOPV121824
Visit Date: 24-02-2024 08:41
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. V MAHALAKSHMI
Age/Gender: 38 Y/F
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. DEEPANKAR SETH

MR No: CVIS.0000124061
Visit ID: CVISOPV121824
Visit Date: 24-02-2024 08:41
Discharge Date:
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HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

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
24-02-2024 15:15	61 Beats/min	100/70 mmHg	18 Rate/min	98.6 F	152 cms	66 Kgs	%	%	Years	28.57	cms	cms	cms		AHLL06520

Established Patient: No

Vitals

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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
24-02-2024 15:15	61 Beats/min	100/70 mmHg	18 Rate/min	98.6 F	152 cms	66 Kgs	%	%	Years	28.57	cms	cms	cms		AHLL06520

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
24-02-2024 15:15	61 Beats/min	100/70 mmHg	18 Rate/min	98.6 F	152 cms	66 Kgs	%	%	Years	28.57	cms	cms	cms		AHLL06520

Name: Mrs. V MAHALAKSHMI
Age/Gender: 38 Y/F
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

MR No: CVIS.0000124061
Visit ID: CVISOPV121824
Visit Date: 24-02-2024 08:41
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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RECOMMENDATION

Doctor's Signature

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Age/Gender: 38 Y/F
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. R ABHISHEK

MR No: CVIS.0000124061
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HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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RECOMMENDATION

Doctor's Signature

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Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. N MUKUNDA RAO

MR No: CVIS.0000124061
Visit ID: CVISOPV121824
Visit Date: 24-02-2024 08:41
Discharge Date:
Referred By: SELF

Doctor's Signature

Patient Name : Mrs. V MAHALAKSHMI

Age/Gender : 38 Y/F

UHID/MR No. : CVIS.0000124061

OP Visit No : CVISOPV121824

Sample Collected on :

Reported on : 24-02-2024 14:09

LRN# : RAD2246496

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 236641

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. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name	: Mrs. V MAHALAKSHMI	Age/Gender	: 38 Y/F
UHID/MR No.	: CVIS.0000124061	OP Visit No	: CVISOPV121824
Sample Collected on	:	Reported on	: 24-02-2024 16:34
LRN#	: RAD2246496	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 236641		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 12.9cm.appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

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 4.8 cm

Left kidney : 10.1 x 4.9 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 8.9 x 4.6 x 4.4cm. Endometrial echo-complex appears normal and measures 5.6 mm.No intra/extra uterine gestational sac seen.

Both ovaries :Normal in size and echotexture.

Right ovary: 3.0 x 2.7 cm.

Left ovary: 3.1 x 2.5 cm.

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***No significant abnormality detected.**

Patient Name : Mrs. V MAHALAKSHMI

Age/Gender : 38 Y/F

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

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name : Mrs.V MAHALAKSHMI	Collected : 24/Feb/2024 09:02AM
Age/Gender : 38 Y 6 M 7 D/F	Received : 24/Feb/2024 12:28PM
UHID/MR No : CVIS.0000124061	Reported : 24/Feb/2024 02:53PM
Visit ID : CVISOPV121824	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 236641	

DEPARTMENT OF HAEMATOLOGY

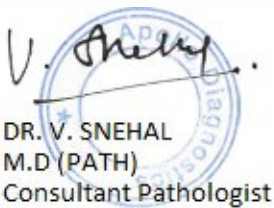
PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Red cells showed Normocytic normochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen , no NRBC . No polychromatophilia, No target cells seen . No intracellular hemo-parasite seen.

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Normocytic normochromic anemia.



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



SIN No:BED240047983

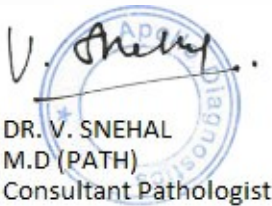
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.V MAHALAKSHMI	Collected : 24/Feb/2024 09:02AM
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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	10.8	g/dL	12-15	Spectrophotometer
PCV	32.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.75	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.8	%	40-80	Electrical Impedance
LYMPHOCYTES	33	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	5.5	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3767.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2079	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	107.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	346.5	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.81		0.78- 3.53	Calculated
PLATELET COUNT	280000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



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



SIN No:BED240047983

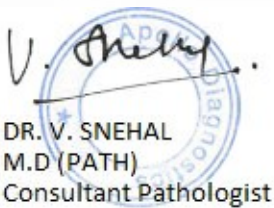
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DEPARTMENT OF HAEMATOLOGY

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	A			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:BED240047983

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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	95	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.

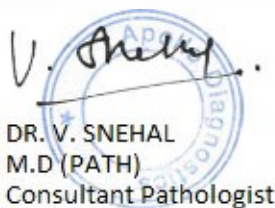
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	116	mg/dL	70-140	GOD - POD

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	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated



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



SIN No:EDT240021477

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Patient Name : Mrs.V MAHALAKSHMI	Collected : 24/Feb/2024 09:03AM
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Emp/Auth/TPA ID : 236641	

DEPARTMENT OF BIOCHEMISTRY

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

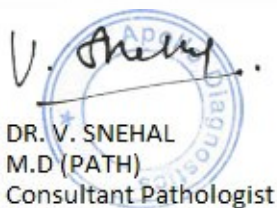
Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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



SIN No:EDT240021477

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Age/Gender : 38 Y 6 M 7 D/F	Received : 24/Feb/2024 11:41AM
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DEPARTMENT OF BIOCHEMISTRY

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

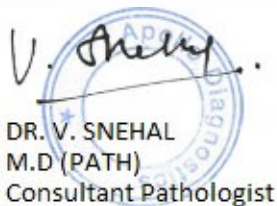
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	204	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	59	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	164	mg/dL	<130	Calculated
LDL CHOLESTEROL	152.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.11		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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



SIN No:SE04639852

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

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Visit ID : CVISOPV121824	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 236641	

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	0.43	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.28	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.2	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.3	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	93.40	U/L	42-98	IFCC
PROTEIN, TOTAL	7.73	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.47	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.26	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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:

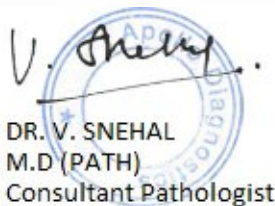
1. Hepatocellular Injury:

- 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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’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:SE04639852

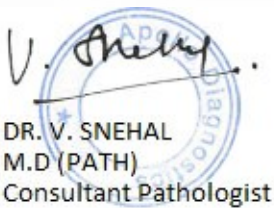
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DEPARTMENT OF BIOCHEMISTRY

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	0.57	mg/dL	0.5-0.9	Jaffe
UREA	14.79	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	6.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.08	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.60	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.96	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	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:SE04639852


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

Patient Name : Mrs.V MAHALAKSHMI	Collected : 24/Feb/2024 09:03AM
Age/Gender : 38 Y 6 M 7 D/F	Received : 24/Feb/2024 11:41AM
UHID/MR No : CVIS.0000124061	Reported : 24/Feb/2024 01:20PM
Visit ID : CVISOPV121824	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 236641	

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	10.50	U/L	0-38	IFCC



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Age/Gender : 38 Y 6 M 7 D/F	Received : 24/Feb/2024 11:41AM
UHID/MR No : CVIS.0000124061	Reported : 24/Feb/2024 01:43PM
Visit ID : CVISOPV121824	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 236641	

DEPARTMENT OF IMMUNOLOGY

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

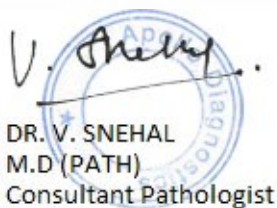
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.31	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	76.30	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	4.160	µIU/mL	0.3-4.5	CLIA

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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SIN No:SPL24031571

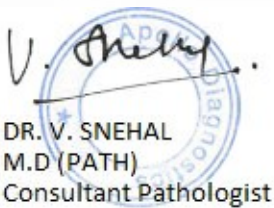
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.V MAHALAKSHMI	Collected : 24/Feb/2024 09:03AM
Age/Gender : 38 Y 6 M 7 D/F	Received : 24/Feb/2024 12:44PM
UHID/MR No : CVIS.0000124061	Reported : 24/Feb/2024 02:17PM
Visit ID : CVISOPV121824	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 236641	

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	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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
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SIN No:UR2290109

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

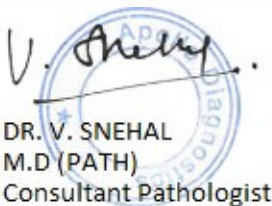
Patient Name : Mrs.V MAHALAKSHMI	Collected : 24/Feb/2024 09:03AM
Age/Gender : 38 Y 6 M 7 D/F	Received : 24/Feb/2024 12:44PM
UHID/MR No : CVIS.0000124061	Reported : 24/Feb/2024 02:17PM
Visit ID : CVISOPV121824	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 236641	

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



DR. V. SNEHAL
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SIN No:UF010714

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

Patient Name : Mrs.V MAHALAKSHMI	Collected : 24/Feb/2024 07:05PM
Age/Gender : 38 Y 6 M 7 D/F	Received : 28/Feb/2024 12:06PM
UHID/MR No : CVIS.0000124061	Reported : 29/Feb/2024 12:48PM
Visit ID : CVISOPV121824	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 236641	

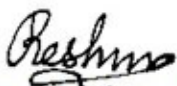
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	4264/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***



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SIN No:CS075217

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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