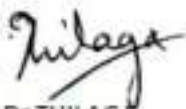


Patient Name	: Mrs.VAIJAYANTHI A	Collected	: 29/Mar/2024 07:29AM
Age/Gender	: 52 Y 11 M 9 D/F	Received	: 29/Mar/2024 12:51PM
UHID/MR No	: CANN.0000127487	Reported	: 29/Mar/2024 02:36PM
Visit ID	: CANNOPV398880	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS18406		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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

SIN No:BED240086311

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.4	g/dL	12-15	Spectrophotometer
PCV	37.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.56	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	82.6	fL	83-101	Calculated
MCH	27.2	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,400	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	55.1	%	40-80	Electrical Impedence
LYMPHOCYTES	33.5	%	20-40	Electrical Impedence
EOSINOPHILS	3.8	%	1-6	Electrical Impedence
MONOCYTES	6.6	%	2-10	Electrical Impedence
BASOPHILS	1.0	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5179.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3149	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	357.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	620.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	94	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.64		0.78- 3.53	Calculated
PLATELET COUNT	268000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	31	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.



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Visit ID : CANNOPV398880	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS18406	

DEPARTMENT OF HAEMATOLOGY

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

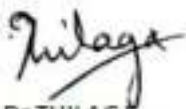
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PARASITES : No haemoparasites seen.

IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.



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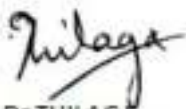
Patient Name : Mrs.VAIJAYANTHI A	Collected : 29/Mar/2024 07:29AM
Age/Gender : 52 Y 11 M 9 D/F	Received : 29/Mar/2024 12:51PM
UHID/MR No : CANN.0000127487	Reported : 29/Mar/2024 04:22PM
Visit ID : CANNOPV398880	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

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

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



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Consultant Pathologist

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Patient Name : Mrs.VAIJAYANTHI A	Collected : 29/Mar/2024 07:29AM
Age/Gender : 52 Y 11 M 9 D/F	Received : 29/Mar/2024 12:54PM
UHID/MR No : CANN.0000127487	Reported : 29/Mar/2024 01:28PM
Visit ID : CANNOPV398880	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	121	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.



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



SIN No: PLF02136056

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Patient Name : Mrs.VAIJAYANTHI A	Collected : 29/Mar/2024 10:11AM
Age/Gender : 52 Y 11 M 9 D/F	Received : 29/Mar/2024 02:10PM
UHID/MR No : CANN.0000127487	Reported : 29/Mar/2024 04:31PM
Visit ID : CANNOPV398880	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS18406	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	153	mg/dL	70-140	HEXOKINASE

Comment:

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

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



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



SIN No:PLP1439488

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Patient Name : Mrs.VAIJAYANTHI A	Collected : 29/Mar/2024 07:29AM
Age/Gender : 52 Y 11 M 9 D/F	Received : 29/Mar/2024 12:47PM
UHID/MR No : CANN.0000127487	Reported : 29/Mar/2024 03:06PM
Visit ID : CANNOPV398880	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	146	mg/dL		Calculated


Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	210	mg/dL	<200	CHO-POD
TRIGLYCERIDES	128	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	162	mg/dL	<130	Calculated
LDL CHOLESTEROL	136.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.38		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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



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M.D.(Biochemistry)



SIN No:SE04679685

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Emp/Auth/TPA ID : bobS18406	

DEPARTMENT OF BIOCHEMISTRY

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

eligibility of drug therapy.

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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



SIN No:SE04679685

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Patient Name : Mrs.VAIJAYANTHI A	Collected : 29/Mar/2024 07:29AM
Age/Gender : 52 Y 11 M 9 D/F	Received : 29/Mar/2024 01:00PM
UHID/MR No : CANN.0000127487	Reported : 29/Mar/2024 02:07PM
Visit ID : CANNOPV398880	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS18406	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.46	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	95.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.55	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	14.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.20	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	<38	IFCC



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Patient Name : Mrs.VAIJAYANTHI A	Collected : 29/Mar/2024 07:29AM
Age/Gender : 52 Y 11 M 9 D/F	Received : 29/Mar/2024 01:10PM
UHID/MR No : CANN.0000127487	Reported : 29/Mar/2024 03:24PM
Visit ID : CANNOPV398880	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.13	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.37	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.563	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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SIN No: SPL24058336

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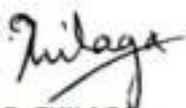
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Patient Name : Mrs.VAIJAYANTHI A	Collected : 29/Mar/2024 07:29AM
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Visit ID : CANNOPV398880	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS18406	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2319228

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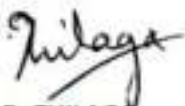
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Age/Gender : 52 Y 11 M 9 D/F	Received : 29/Mar/2024 12:47PM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



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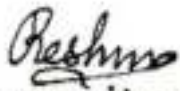
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	7890/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	FUNGAL ELEMENTS MORPHOLOGICALLY CONSISTENT WITH CANDIDA
IV	INTERPRETATION	CANDIDIASIS

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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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/52, Kothakota Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohsl.com | Email ID: enquiry@apollohsl.com, Ph No: 940-4804-7777, Fax No: 4904-7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Charada Nagar | Banjara | Balakrishna | Nizampet | Marikonda | Uppal) | Andhra Pradesh: Vizag (Sardamma Petra) | Karnataka: Bangalore (Basavanaguda) | Bellary | Electronic City | Frazer Town | HSR Layout | Indira Nagar | JP Nagar | Kuntalabhatti | Koramangala | Sarjapur Road | Mysore (W Mohalla) | Tamil Nadu: Chennai (Anna Nagar | Kotturpuram | Mogappair) | T. Nagar | Velambrasilkunt | Velachery | Maharashtra: Pune (Aundh | Nigdi | Pradhikaran | Viman Nagar | Wankhede) | Uttar Pradesh: Ghaziabad (Indraprastha) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
B/No.30, I - Block, 2nd Avenue, Anna Nagar East, Chennai-600 032,
Phone - 844-0224904 (9)

1860 500 7788
www.apolloclinic.com

Patient Name	: Mrs. VAIJAYANTHI A	Age/Gender	: 52 Y/F
UHID/MR No.	: CANN.0000127487	OP Visit No	: CANNOPV398880
Sample Collected on	:	Reported on	: 30-03-2024 14:21
LRN#	: RAD2285478	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS18406		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is enlarged in size (liver span ~16.5cm) and shows fatty changes (Grade -II)
Intra and extra hepatic biliary passages are not dilated.

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

Pancreas and spleen appear normal.Spleen measures 8.8cms.

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

Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 9.6 x 4.5cms.

Left kidney measures 11.7 x 5.0cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus and ovaries -postmenopausal status

The endometrial thickness 3mm.

No mass lesion seen in the pelvis.

Bladder is normal in contour.

IMPRESSION:

***GRADE -II FATTY LIVER WITH HEPATOMEGALY**



Patient Name : Mrs. VAIJAYANTHI A

Age/Gender : 52 Y/F

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

Patient Name	: Mrs. VAIJAYANTHI A	Age	: 53 Y/F
UHID	: CANN.0000127487	OP Visit No	: CANNOPV398880
Reported By:	: DR ARULNIDHI	Conducted Date	: 30-03-2024 12:56
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 76 beats per minutes.

Impression:

NORMAL RESTING ECG.

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

DR ARULNIDHI



Patient Name	: Mrs. VAIJAYANTHI A	Age/Gender	: 52 Y/F
UHID/MR No.	: CANN.0000127487	OP Visit No	: CANNOPV398880
Sample Collected on	:	Reported on	: 29-03-2024 17:51
LRN#	: RAD2285478	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS18406		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

NOT DONE / SCREENING PENDING

Respected Sir / Madam

Since your investigation (MAMMOGRAM SCREENING is not yet done,we are unable to complete your report. Kindly complete your studies as early as possible. your reports will follow once you finish your investigation.

RADIOLOGY DEPARTMENT
APOLLO MEDICAL CENTRE ANNA NAGAR

Dr. M SWAPNA
MBBS ,DNB(RD)
Radiology



Patient Name	: Mrs. VAIJAYANTHI A	Age/Gender	: 52 Y/F
UHID/MR No.	: CANN.0000127487	OP Visit No	: CANNOPV398880
Sample Collected on	:	Reported on	: 29-03-2024 14:47
LRN#	: RAD2285478	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS18406		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

Dr. ASHIQ MOHAMMED JEFFREY

MD
Radiology

Name: Mrs. VAIJAYANTHI A
Age/Gender: 53 Y/F
Address: D NO BF1 ASHIRWAD APTS NO 7 KAMBAR ST ICF COLONY
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: ANNANAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUMA RAGHURAM

MR No: CANN.0000127487
Visit ID: CANNOPV398880
Visit Date: 29-03-2024 07:28
Discharge Date:
Referred By: SELF

DRUG ALLERGY

DRUG ALLERGY: Dust ,

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

Present Known Illness

No history of: No History of diabetes / Hypertension / Heart Disease,

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: No,

GastroIntestinal System

APPETITE : Normal,

*PEPTIC ULCER: Yes-Acidity throat burning ,

GenitoUrinary System

-: Nil,

Central Nervous System

HEAD ACHE : Yes-with tiredness ,

SLEEP- : Normal,

Musculoskeletal System

SPINE AND JOINS: 1. Heel pain early morning - 6 months 2. Frequent body pain ,

**Weight

--->: Stable,

HT-HISTORY

Past Medical History

**Cancer: No,

Personal History

Marital Status	Married,
-->	
No. of Children	2,
-->	
Diet	Mixed Diet,
-->	
Physical Activity	Active,

Family History

Hypertension	mother ,
-->	
Others	Father - IHD ,

PHYSICAL EXAMINATION

General Examination

Height (in cms): 146,

Weight (in Kgs): 75,

Waist: 96,

Hip: 102,

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate(Per Minute):: 74,

Systolic: 130,

Diastolic: 80,

IMPRESSION

Apollo Health check

- Findings: 1. Elevated ESR
2. Elevated FBS / PPBS
3. HbA1c - 6.7%
4. Elevated Cholesterol
5. Grade II Fatty Liver with Hepatomegaly ,

RECOMMENDATION

Advice on Diet

Diet instructions : Dietary changes for sugar / cholesterol / Fatty Liver ,

Advice on Medication

- Advice: 1. TAB. ROSUVAS AS ADVISED
2. TAB. OMEGA 3 AS ADVISED
3. TAB. METFORMIN 250MG (1-0-1) AS ADVISED,

Review/Follow Up

Refer to specialty : **Medical Gastroenterologist** ,

Other Recommendations

Test/Investigation: **1. To do Vitamin D3**
2. FBS / PPBS after 2 weeks and review
3. Lipid profile and HbA1c after 3 months ,

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature

CANN-127487

CA-101728



A. Vajayanthi

9444081473

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	A VAIJAYANTHI
DATE OF BIRTH	20-04-1971
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	29-03-2024
BOOKING REFERENCE NO.	23M162535100105482S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. R HARIKRISHNAN
EMPLOYEE EC NO.	162535
EMPLOYEE DESIGNATION	HEAD CASHIER "E" _II
EMPLOYEE PLACE OF WORK	CHENNAI,MADURAVAYAL
EMPLOYEE BIRTHDATE	07-03-1969

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **24-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

MRS VALLAVANTHA
ID: 127487R

52 Years

Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

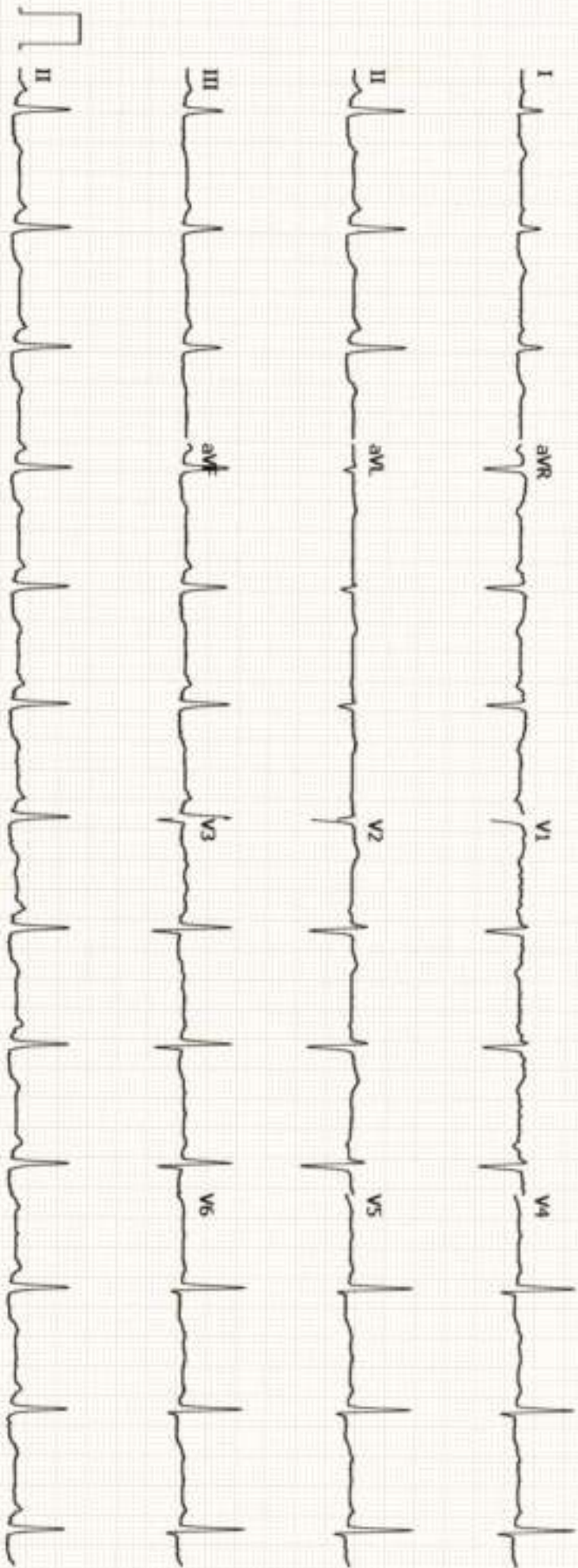
29.03.2024 7:43:07 AM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

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

Room:

76 bpm
-- / -- mmHg

QT / QTcBaz : 416 / 468 ms
PR : 156 ms
P : 94 ms
RR / PP : 788 / 789 ms
P / QRS / T : 68 / 73 / 28 degrees



A. Vallavanth

GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed
4x2.5x3_25_R1 1/1

27/03/2024

Mrs. Vaijayanthi . A

52/F

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

General Examination / Allergies
History

Rx

→ Adv Scaling

→ Adv repairment — f c7

Dr. S

Follow up date:

Doctor Signature & Stamp

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

Name: Vijayanthi. A.
 Occupation:
 Age: 52y Sex: Male Female
 Address:
 Ph:

Date: 29/3/24 Reg. No.: 127487
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History: Existing glass wear past 1 year.

Present Complaint: Comfortable with present glass with glass RE 6/6 No.

ON EXAMINATION:

Ocular Movements :
 Anterior Segment :
 Intra-Ocular-Pressure :
 Visual Acuity: D.V. :
 Without Glass :
 With Glass :
 N.V. :
 Visual Fields :
 Fundus :
 Impression :
 Advice :
 Colour Vision :

RE

Full

N

6/12

N10

Full

N

LE

Full

N

6/12

N10

Full.

N.

OPHTHALMOLOGY / OPTOMETRIST

ENT check up

Vijayanthi

S2/F

29/3/24

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

General Examination / Allergies
History

No complaints

o/e

DNT

G III tonsils.



Follow up date:

Doctor Signature & Stamp

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

Patient Name : Mrs. VAIJAYANTHI A Age : 53 Y/F
UHID : CANN.0000127487 OP Visit No : CANNOPV398880
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 29-03-2024 14:36
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.8CM
LA (es)	3.0CM
LVID (ed)	4.5CM
LVID (es)	3.0CM
IVS (Ed)	0.8CM
LVPW (Ed)	0.9CM
EF	62%
%FD	32%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. VAIJAYANTHI A	Age	: 53 Y/F
UHID	: CANN.0000127487	OP Visit No	: CANNOPV398880
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 29-03-2024 14:36
Referred By	: SELF		

DOPPLER STUDIES MITRAL INFLOW :

E : 0.7m/sc A: 0.5 m/sc

Velocity / Gradient Across Pulmonic Valve : 0.9m/sc

Velocity / Gradient Across Aortic Valve 1.0m/sc

IMPRESSION :

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 62%)

NORMAL CARDIAC CHAMBERS & VALVES

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.
RAKESH P
GOPAL

Patient Name : Mrs. VAIJAYANTHI A
UHID : CANN.0000127487
Conducted By: : Dr. RAKESH P GOPAL
Referred By : SELF

Age : 53 Y/F
OP Visit No : CANNOPV398880
Conducted Date : 29-03-2024 14:36
