





Age/Gender : 54 Y 6 M 0 D/F

UHID/MR No : CVIS.0000118108 Visit ID : CVISOPV113431

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : UB01729 Collected : 18/Aug/2023 10:03AM

Received : 18/Aug/2023 01:22PM Reported : 18/Aug/2023 04:13PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC, DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN

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Visit ID





Patient Name : Mrs.A SATYAVATHI

Age/Gender : 54 Y 6 M 0 D/F

UHID/MR No : CVIS.0000118108

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BO	DY ANNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO	- PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

HEMOGRAM, WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.5	g/dL	12-15	Spectrophotometer
PCV	37.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.34	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	86	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (E	DLC)	_		
NEUTROPHILS	60.1	%	40-80	Electrical Impedance
LYMPHOCYTES	32.1	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	4.7	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				·
NEUTROPHILS	3966.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2118.6	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	204.6	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	310.2	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	197000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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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	0		Forward & Reverse Grouping with Slide/Tube Aggluti	
Rh TYPE	POSITIVE		Forward & Reverse Grouping with Slide/Tube Agglutination	









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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO -	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING , NAF PLASMA	210	mg/dL	70-100	GOD - POD	I
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Comment:

As per American Diabetes Guidelines

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:

- 1. 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.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2	270	mg/dL	70-140	GOD - POD	
HOURS, SODIUM FLUORIDE PLASMA (2					
HR)					

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.

Ref: Marks medical biochemistry and clinical approach

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GSTIN: 37AADCA0733E1Z6

Address: 50-dt1-1/2,Plot rep. 1, Smith









Age/Gender : 54 Y 6 M 0 D/F

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

HBA1C, GLYCATED HEMOGLOBIN,	11.5	%	D17	HPLC
WHOLE BLOOD EDTA				
ESTIMATED AVERAGE GLUCOSE (eAG),	283	mg/dL		Calculated
WHOLE BLOOD EDTA		-		

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- 1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control

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Visit ID





Patient Name : Mrs.A SATYAVATHI

Age/Gender : 54 Y 6 M 0 D/F

UHID/MR No : CVIS.0000118108

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO -	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	154	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	169	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	30	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.13		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
111 1 11	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
INCN-HDI CHOLESTEROI	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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

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

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

Test Name Unit Method Result Bio. Ref. Range

<u></u>			No. of	
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	109.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.14		0.9-2.0	Calculated







Visit ID





Patient Name : Mrs.A SATYAVATHI

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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 Method Bio. Ref. Range

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM						
CREATININE	0.50	mg/dL	0.5-1.04	Creatinine amidohydrolase		
UREA	25.00	mg/dL	15-36	Urease		
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated		
URIC ACID	6.60	mg/dL	2.5-6.2	Uricase		
CALCIUM	9.20	mg/dL	8.4 - 10.2	Arsenazo-III		
PHOSPHORUS, INORGANIC	4.30	mg/dL	2.5-4.5	PMA Phenol		
SODIUM	142	mmol/L	135-145	Direct ISE		
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE		
CHLORIDE	104	mmol/L	98 - 107	Direct ISE		

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GAMMA GLUTAMYL TRANSPEPTIDASE	27.00	U/L	12-43	Glyclyclycine
(GGT) , SERUM				Nitoranalide









Age/Gender : 54 Y 6 M 0 D/F

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK 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)	1.12	ng/ml	0.69-2.15	CLIA	
THYROXINE (T4, TOTAL)	83.30	ng/ml	52-127	CLIA	
THYROID STIMULATING HORMONE (TSH)	3.250	μIU/mL	0.3-4.5	CLIA	

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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

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Age/Gender : 54 Y 6 M 0 D/F

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: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF CLINICAL PATHOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324 **Test Name** Result Unit Method Bio. Ref. Range

COMPLETE URINE EXAMINATION (CUE) ,	URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				·
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (++)		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	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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APOLLO CLINICS NET WORK







Age/Gender : 54 Y 6 M 0 D/F

UHID/MR No : CVIS.0000118108 Visit ID : CVISOPV113431

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DEPARTMENT OF CL	INICAL PATHOLOGY
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ARCOFEMI - MEDIWHEEL	FULL BODY ANNU	AL PLUS CHECK ADVAN	NCED - FEMALE - 2D EC	HO - PAN INDIA - FY2324

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









Age/Gender : 54 Y 6 M 0 D/F UHID/MR No : CVIS.0000118108

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Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF CYTOLOGY

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

BC PA	P TEST (PAPSURE) , CERVICAL BRUSH SAMF	PLE
	CYTOLOGY NO.	13926/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	VAULT SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
П	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology.Negative for intraepithelial lesion/ malignancy.
Ш	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***

DR. V. SNEHAL M.D (PATH) Consultant Pathologist DR. K. RAMA KRISHNA REDDY M.B.B.S, M.D CONSULTANT PATHOLOGIST

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: CVISOPV113431

: 18-08-2023 15:58

Patient Name : Mrs. A SATYAVATHI Age/Gender : 54 Y/F

UHID/MR No.

LRN#

: CVIS.0000118108

Sample Collected on :

: RAD2076106

Ref Doctor : SELF **Emp/Auth/TPA ID** : UB01729 Specimen :

OP Visit No

Reported on

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

<u>Liver</u> Normal in size and increased in 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 : $10.9 \times 5.2 \text{ cm}$ Left kidney : $11.3 \times 4.6 \text{ cm}$

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: Post hysterectomy status.

Both ovaries : No adenexal cysts.

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

*FATTY INFILTRATION OF LIVER.



Patient Name : Mrs. A SATYAVATHI Age/Gender : 54 Y/F

This is only a screening test.

Dr. ARUNA PEBBILI
DMRD Radiology

Leunafebbili

Radiology



Patient Name : Mrs. A SATYAVATHI Age/Gender : 54 Y/F

UHID/MR No.

: CVIS.0000118108

OP Visit No

: CVISOPV113431

Sample Collected on

Emp/Auth/TPA ID

: RAD2076106

Reported on

: 18-08-2023 15:07

Ref Doctor

LRN#

: SELF : UB01729 Specimen

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

USG OF BOTH BREASTS

Real time B-Mode USG of both breasts:

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

CONCLUSION:

No significant abnormality is seen in this study.

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

This is only a screening test.

Dr. ARUNA PEBBILI **DMRD Radiology**

Sanafebbili

Radiology



Patient Name : Mrs. A SATYAVATHI	Age/Gender	: 54 Y/F
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UHID/MR No.

: CVIS.0000118108

OP Visit No

: CVISOPV113431

Sample Collected on

: RAD2076106

Reported on

: 18-08-2023 14:49

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF : UB01729 Specimen

:

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION:

No obvious abnormality seen.

Dr. ARUNA PEBBILIDMRD Radiology

Same ebbili

Radiology

Name: Mrs. A SATYAVATHI

Age/Gender: 54 Y/F Address: VIZAG

Location: VISAKHAPATNAM, ANDHRA PRADESH

Doctor:

Department: LABORATORY

Rate Plan: VISHAKAPATNAM_06042023 Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. NAMRATHA ARISETTY

Doctor's Signature

MR No: CVIS.0000118108
Visit ID: CVISOPV113431
Visit Date: 18-08-2023 10:01

Discharge Date:

Referred By: SELF

Name: Mrs. A SATYAVATHI

Age/Gender: 54 Y/F Address: VIZAG

Location: VISAKHAPATNAM, ANDHRA PRADESH

Doctor:

Department: LABORATORY

Rate Plan: VISHAKAPATNAM_06042023 Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. N MUKUNDA RAO

Doctor's Signature

MR No: CVIS.0000118108 Visit ID: CVISOPV113431 Visit Date: 18-08-2023 10:01

Discharge Date:

Referred By: SELF

Mrs. A SATYAVATHI

Age/Gender: 54 Y/F

Address: VIZAG
Location: VISAKHAPATNAM, ANDHRA PRADESH

Doctor:

Department: LABORATORY
Rate Plan: VISHAKAPATN
Sangari ARCOFFMI HE VISHAKAPATNAM_06042023 ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. R ABHISHEK

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: Visit ID: Visit Date: CVIS.0000118108 CVISOPV113431 18-08-2023 10:01

Discharge Date:

Referred By: SELF Name: Mrs. A SATYAVATHI

Age/Gender: 54 Y/F Address: VIZAG

Location: VISAKHAPATNAM, ANDHRA PRADESH

Doctor:

Department: LABORATORY

Rate Plan: VISHAKAPATNAM_06042023 Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. SRINIVAS RAO

Doctor's Signature

MR No: CVIS.0000118108
Visit ID: CVISOPV113431
Visit Date: 18-08-2023 10:01

Discharge Date:

Referred By: SELF

Mrs. A SATYAVATHI

Age/Gender: 54 Y/F Address: VIZAG

VISAKHAPATNAM, ANDHRA PRADESH Location:

Doctor:

Department: LABORATORY
Rate Plan: VISHAKAPATN
Sangari ARCOFFMI HE VISHAKAPATNAM_06042023 ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CVIS.0000118108 Visit ID: Visit Date:

CVISOPV113431 18-08-2023 10:01

Discharge Date:

Referred By: SELF

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
18-08-2023 14:48			18 Rate/min	_	152 cms	76 Kgs	%	%	Years	32.89	cms	cms	cms		AHLL07730

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
18-08-2023 14:48			18 Rate/min	_	152 cms	76 Kgs	%	%	Years	32.89	cms	cms	cms		AHLL07730

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
18-08-2023 14:48			18 Rate/min	_	152 cms	76 Kgs	%	%	Years	32.89	cms	cms	cms		AHLL07730

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
18-08-2023 14:48			18 Rate/min	_	152 cms	76 Kgs	%	%	Years	32.89	cms	cms	cms		AHLL07730

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
18-08-2023 14:48			18 Rate/min	_	152 cms	76 Kgs	%	%	Years	32.89	cms	cms	cms		AHLL07730



Physical Medical Examination Format

NAME: A. Sate	yannathi	DATE:- 18 08	28
DESIGNATION:-	J -	AGE: 54 F	
EMP CODE:-		UNIT/DEPARTMENT:-	A CONTRACTOR OF THE PARTY OF TH
BLOOD GROUP:-	-	MARTIAL STATUS:-MARE	HED/UNMARRIED
<i>y</i>	MEDICAL	EXAMINATION	
Complaints (if any)		Ni	
Personal /family history		Neil	
Past Medical /Occupatio	nal History	NG	
Sensitivity/Allergy (if any	v)	N	
Heart		1/2	lonal
Any other Conditions		No	
Тетр:- 98-6	Pulse 75	Resp:- 18	B,P 110/80
	ive examined Mr/Ms	Salya Volla ound any disease, Illness, contr	
I Certify That Employee	is Medically	ţir	
I Certify That Employee	is Medically	70	orarily Unfit

Signature Of Employee

Ħ

Dr.G. INDIRADAKSHINI Signature& Seal Of Medical Examiner With

Registration No. Regd.No. 63148



Name : Mrs. A SATYAVATHI

Age: 54 Y

Sex: F

Address : VIZAG

Plan

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

INDIA OF AGREEMENT

UHID:CVIS.0000118108



OP Number:CVISOPV113431 Bill No :CVIS-OCR-61889

Date : 18.08.2023 10:01

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCE	ED - FEMALE - 2D ECHO - PAN INDIA - FY2324
	URINE GLUCOSE(FASTING)	
	2 GAMMA GLUTAMYL TRANFERASE (GGT)	
	3 SONO MAMOGRAPHY - SCREENING	
	4 HbA1c, GLYCATED HEMOGLOBIN	
	5 2 D ECHO	
	6 LIVER FUNCTION TEST (LFT)	
	7 X-RAY CHEST PA	
	8 GLUCOSE, FASTING	
	9 HEMOGRAM + PERIPHERAL SMEAR	
1	0 ENT CONSULTATION	
1	I FITNESS BY GENERAL PHYSICIAN	
	2 GYNAECOLOGY CONSULTATION	
	DIET CONSULTATION	
	4 COMPLETE URINE EXAMINATION	
	5 URINE GLUCOSE(POST PRANDIAL)	
	6 PERIPHERAL SMEAR	
1.5	17 ECG	
	8 BLOOD GROUP ABO AND RH FACTOR	
	19 LIPID PROFILE	
	20 BODY MASS INDEX (BMI)	
- 1	LI LBC PAP TEST- PAPSURE	
Ę	22 OPTHAL BY GENERAL PHYSICIAN	
	23 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
	24 ULTRASOUND - WHOLE ABDOMEN	
_18	25 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
	26 DENTAL CONSULTATION	
12	27 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	



RE Health checkup booking no. 4 (Annual Blue)

Corporate Apollo Clinic

INLANTAGE EEP PM

To Welfress: Mediuheel: New Delhi +wellness@mediwheel.in+Customer Care Mediuheel: New Delhi +customercare@mediwheel.in+

Ci. Network: Mediumed: New Delhi «network@mediuh» deepsk «deepsk c@apolloclinic com». Cc Kith «cc koh@apollospectra.com» vipag Apolloclinic

*Vitig@spolloclinic.com> AHCN Apollo Clinic +ahon@apolloclinic.com> Rahul Rai +rahul rai@apolloclinic.com> Dilip Banya +Dilip b@apolloclinic.com> Vitag Apolloclinic.

rxuag@apollocinic com-

Naveniera Team.

Growtings from Aporto Clinics,

Note implicit to the below request the below adsolimments are scheduled at Respective Apollo Clinic on Requested Dates at 09:00 AM

in per agreement terms please carry all relevant decuments such as Confirmation mall, valid id groot, company ID card etc. Company outherisation letter.

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

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

instructions to undergo Hvalth Check:

- 2. Please entere you are an emigliste festing for 10-To-12-Hours prior to check,
- 3. Owing failing than do not take any kind of medication, alcohol, cigarettes, tobacce or any other liquids (accept Water) in the morning.
- 1. Bring unine sample in a container if possible (containers are available at the Health Check Central).
- 4 Please bring all your medical prescriptions and previous health medical records with your
- 5. Kindly inform this health check recognes is case if you have a history of diabetes and cardiar problems.

- Prognant Women or those suspecting are advised not to undergo any X-Bay test.
- It is advisable not to undergo any Health Check during menstrual cycle.

has further assistance, please call us on our Help Line #: 1850 500 7768.

F.S. Health Clies us may sale it - She for completion on week days \$.5 - She on Saturdays, kindly plan accordingly. Dottor Consultation will be congress of the all the Report Law Leads

Title: Speck Fredly, Speck Fredl Speak to our Onctor from 8:00 PM to 8:00 AM by cating 1860 500 7788 and press 42 on the IVR. Now get aff your Health related turenes asswered by an expert! Service by Apollo Clinic.

Thanks & Regards,

Varalaxmi.G| Apollo Clinics | Pan India Toll No: 1860 500 7788: Contact E-Mail: option/particion.com | prov. apolloclinic.com |

Frum: Willhess: Mediwheel: New Delhi-swellness@mediwheel.in>

Sent: Thursday, August 17, 2023 4-40 PM

To, Corporate Apollo Chris composite@apolloclinic.com>, Customer Care (Mediwheel : New Delhi coustamercare@mediwheel into

Co. Network: Mediwhael: New Delhi enetwork@mediwheel iss; deepak.c@apolloclinic.coms; Co.Kbh < co.kbh@apollocloctra.coms; Vicag Apolloclinic.

-virag@apollectine.com-

Subject: Re: Health checkup booking no. 4 (Annual Blue)

Dear Team

Please Note the following health checkup bookings and confirm the same.

No.	and typical	BOCKWAL BOOKE		NO. LONG	113	CONSTR	etale,	roamic) NO	Spinione of May	S	DIAME NOVE
3	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE -20 ECHO - PAN INDIA - FY2324	UBOH 727	SHANKAR RAO N.G.	55	Male	shankamaram123.Pemail.com	9.496+09	000	9:00 AM	Apollo Clinic, VIZAG
2	Arcofemi/Mediuheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL SIEL BOOM		A SATYAVATHI	54	Female	ubinQE10665.#Sunionbankofind a bank	9.85E+09	BARRARDA		Apollo Clinic,

Bh - Vepz [Union Bank Of India]

From:

Mediwheel <wellness@mediwheel.in>

Sent:

16 August 2023 14:41

To:

Bh - Vepz [Union Bank Of India]

Cc:

uttamsingh1994s@gmail.com

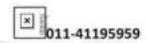
Subject:

Health Check up Booking Request(UBOI1729), Beneficiary Code-75939

कुष्या सावधारी वस्ते एवं ध्यान हैं. यह है- मेल नाहर से प्राव हुई है, कृष्या प्रेषक के है-मेल पते को पूर्व रूप से जीवे (केवल प्रेषक का नाम ही नहीं), प्रेषक की पहचान किए विना लिख पर किलक न की एवं सेलप को न खोले और पहचाने की हो गई सामग्री सुर्वित है अवका नहीं, सहिष्य पेल के संबंध में, कृष्या antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank पर पिसेर्ट को

<u>CAUTION AND ATTENTION PLEASE</u>: This is an external email. Please check the sender's full email address (not just the sender name). Do not click links or open attachments unless you recognize the sender and know the content is safe. In case of any suspicious email, please report it to antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank





Dear A SATYAVATHI

We have received your booking request for the following health checkup.";

: 16-08-2023'

Booking Date

Health Check up Name: MediWheel Full Body Health Checkup Female 50 To 60

Health Check Code

: PKG10000378

Name of

Diagnostic/Hospital

: Balaji Medical Centre

Address of

Diagnostic/Hospital-

: Door No:39-11-63/4-1, Murali Nagar, Visakhapatnam ,-530007.

Appointment Date

: 18-08-2023

Preferred Time

: 8:00am-9:00am

Member Inf	ormation
Age	Gender
54 year	Female
	Age

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

User Package Name

MediWheel Full Body Health Checkup Female 50 To 60 - Includes

(29) Tests



Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481







Patient Name

: Mrs. A SATYAVATHI

UHID

: CVIS.0000118108

Reported By: Referred By

: Dr. SHASHANKA CHUNDURI

OP Visit No Conducted Date : 54 Y/F

:CVISOPV113431

: 18-08-2023 11:45

ECG REPORT

Observation :-

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 75 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.







Patient Name

: Mrs. A SATYAVATHI

UHID Conducted By: : CVIS.0000T18108 : Dr. SHASHANKA CHUNDURI

Referred By

SELF

Age

OP Visit No Conducted Date : 54 Y/F

: CVISOPV113431

: 18-08-2023 11:37

2D-ECHO WITH COLOUR DOPPLER

62.00%

33.00%

NORMAL.

NORMAL

NORMAL.

NORMAL

NORMAL

NORMAL

INTACT

INTACT

NORMAL

NORMAL

NORMAL

NORMAL

NORMAL

Dimensions:

2.5 CM Ao (ed) 3.4 CM LA (es) 4.7 CM LVID (ed) 3.3 CM LVID (es) 1.0 CM IVS (Ed) 0.9 CM

LVPW (Ed)

EF %FD

MITRAL VALVE:

AML

PML AORTIC VALVE

TRICUSPID VALVE

RIGHT VENTRICLE

INTER ATRIAL SEPTUM

INTER VENTRICULAR SEPTUM

AORTA

RIGHT ATRIUM

LEFT ATRIUM

Pulmonary Valve

PERICARDIUM

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES:

PF:0.9m/sec. MF:E>A AF:1.0m/sec.





IMPRESSION : NORMAL CARDIAC SIZE. NO RWMA. GOOD LV/ RV FUNCTION. TRIVIALMINO AR/NO TR/NO PAH. NO CLOT. NO PERICARDIAL EFFUSION. LVEF:62%.

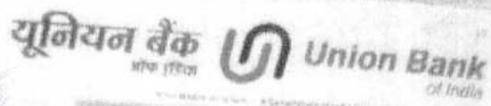
Dr. SHASHANKA CHUNDURI

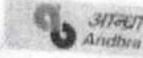


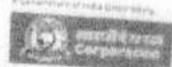
	*	7]		7	7	F	
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	}	}	1	- {	- }	1	-	NIC VIZ
olock al variant	1	}	}	- }		}	1	APOLLO CLINIC VIZAG
ation: ascicular lable norm i	}	1		- }		1	-	
Diagnosis Information: Sinus rhythm Left anterior fascicular block rSr'(V1) - probable normal variant Borderline ECG Report Confirmed by:	}	}	1	-	-	-	-	Glasgow V28.6.7
Diagno Sinus Left rSr'(Bord	5}	5	57	- 🔀	- ×	\$7	. {	0 VI.46
se o	1			_ }	1			916
10:47:43 : 75 bpm : 118 ms : 160 ms : 96 ms : 400/447 : 54/-60/18 : 0.339/0.172	1		. }	- }	1		-	CARDIAR
18-08-2023 HR PR PR QRS QTQTcBz PQRS/T RV5/SV1	1			- }	4	-		V 2*5.0s+1r
<u> </u>	7	}	-	- }	4	-	-	H0mm/m
H 2	7	1	-	- }	4			.0 25mm/s
ID: 118108 A SATYAVATHI Female 54Years Req. No. :				- avr	Jve	avr.		0.67-35Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 91



Reg No: 68033 Patient Name:	Ialyavathi	Age/Sex:	5448/F Date	: 18/0/202
Routine	consult	thon		16
Hysterect	etion -	Jubro	d utera	۷.
medical	+1/0	TAH	Tul	pecloniva
lungical	46 -	P3 L3	_ all sv	D.
Family	4/0 -	- NET	*	
0	0	Adv T. She	lad (3	
1	-		500	Assistance









अडारी सत्यवती नाम

Name ADARI SATYAVATHI

पदनाम / Designation : Sub-Staff - HKCP

कर्णवारी क्र / Employe No.: 636844

जन तिथि / Birth Date : 01-06-1969

Blood Group : A+ve

The Tark Place of Issue : VSEZ, Visakhapar

21.09,2020





CVIS.0000118108

CVISOPV113431

18-08-2023 10:01

SELF

Name:

Mrs. A SATYAVATHI

Age/Gender: Address:

54 Y/F VIZAG

Location Doctor:

Department: LABORATORY

Rate Plan:

VISHAKAPATNAM_06042023

Sporsor:

ARCOFEMI HEALTHCARE LIMITED

VISAKHAPATNAM, ANDHRA PRADESH

Vitals:

	Pulse (Beats/mśn)			Height (cms)	(Weight	Body Fat Percentage (%)	Fat Level	Body Age (Years)	вми	Waist Circum (cms)	Hip (ems)	Waëst (ems)	Waist & Hip Ratio	User
18-08-2023 14:48	75 Beats/min		pr	152 ems	76 Kgs	%	%	Years	32.89	cms	cms	ems	100	AHLL077

MR No:

Visit ID:

Visit Date:

Discharge Date:

Referred By:



Control of the





: Mrs. A SATYAVATHI

UHID

: CVIS.0000118108

Reported on

: 18-08-2023 14:49

Adm/Consult Doctor

Age

: 54 Y F

OP Visit No

: CVISOPV113431

Printed on

: 18-08-2023 14:49

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:18-08-2023 14:49

--- End of the Report---

Dr. ARUNA PEBBILI DMRD Radiology Radiology





· Mrs. A SATYAVATHI

UHID

: CVIS.0000118108

Reported on

: 18-08-2023 15:09

Adm/Consult Doctor

Age

OP Visit No

: CVISOPV113431

Printed on

: 18-08-2023 15:58

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver Normal in size and increased in 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: 10.9 x 5.2 cm Left kidney : 11.3 x 4.6 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 :Post hysterectomy status.

Both ovaries : No adenexal cysts.

There is no evidence of ascites/ pleural effusion seen.





: Mrs. A SATYAVATHI

UHID

: CVIS.0000118108

Reported on

: 18-08-2023 15:09

Adm/Consult Doctor

Age

: 54 Y F

OP Visit No

: CVISOPV113431

Printed on

: 18-08-2023 15:58

Ref Doctor

: SELF

IMPRESSION:-

*FATTY INFILTRATION OF LIVER.

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

Printed on:18-08-2023 15:09

--- End of the Report---

Dr. ARUNA PEBBILI

DMRD Radiology

Radiology







: Mrs. A SATYAVATHI

UHID

: CVIS.0000118108

Reported on

: 18-08-2023 15:06

Adm/Consult Doctor

Age

: 54 Y F

OP Visit No

: CVISOPV113431

Printed on

: 18-08-2023 15:07

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

USG OF BOTH BREASTS

Real time B-Mode USG of both breasts:

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected:

CONCLUSION:

No significant abnormality is seen in this study.

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

This is only a screening test.







: Mrs. A SATYAVATHI

UHID

: CVIS.0000118108

Reported on

: 18-08-2023 15:06

Adm/Consult Doctor

Age

: 54 Y F

OP Visit No

: CVISOPV113431

Printed on

: 18-08-2023 15:07

Ref Doctor

: SELF

Printed on:18-08-2023 15:06

---End of the Report---

found oblide Dr. ARUNA PEBBILI

DMRD Radiology

Radiology



Exception Letter for CAP

Client Name: A. Sahyavall

We are Not delivered service due to

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

Regards,

EMP Name: Y. Typtei

Apollo clinic,

Vizag.

Client Name: A. Salyavalli' Signature: A. Rejated

Ph no:









: Mrs.A SATYAVATHI

Age/Gender

:54 Y 6 M 0 D/F

UHID/MR No

: CVIS.0000118108

Visit ID

: CVISOPV113431

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : UB01729 Collected

: 18/Aug/2023 10:03AM

Received

: 18/Aug/2023 01:22PM

Reported

: 18/Aug/2023 04:13PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN



Page 1 of 12









Mrs.A SATYAVATHI

Age/Gender

: 54 Y 6 M 0 D/F

UHID/MR No

: CVIS.0000118108

Visit ID

: CVISOPV113431

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : UB01729 Collected

: 18/Aug/2023 10:03AM

Received

: 18/Aug/2023 01:22PM

Reported

: 18/Aug/2023 04:13PM

Status

: Final Report

Sponsor Name

ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BO	DY ANNUAL PLUS CHE	CK ADVANCE	D - FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

EMOGRAM , WHOLE BLOOD EDTA	12.5	g/dL	12-15	Spectrophotometer
PCV PCV	37.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.34	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	86	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	60.1	%	40-80	Electrical Impedance
LYMPHOCYTES	32.1	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	4.7	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3966.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2118.6	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	204.6	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	310.2	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	197000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergree
PERIPHERAL SMEAR				



Page 2 of 12









: Mrs.A SATYAVATHI

Age/Gender

:54 Y 6 M 0 D/F

UHID/MR No

: CVIS.0000118108

Visit ID

CVISOPV113431

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: UB01729

Collected

: 18/Aug/2023 10:03AM

Received

: 18/Aug/2023 01:22PM

Reported

: 18/Aug/2023 04:13PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT	OF HAEMATOLOGY

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

Method Bio. Ref. Range Unit Result **Test Name**

BLOOD GROUP TYPE	0	Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination



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: Mrs.A SATYAVATHI

Age/Gender

: 54 Y 6 M 0 D/F

UHID/MR No

: CVIS.0000118108

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Ref Doctor Emp/Auth/TPA ID : Dr.SELF UB01729 Collected

: 18/Aug/2023 10:03AM

: 18/Aug/2023 01:22PM

Received Reported

: 18/Aug/2023 04:13PM

Status

: Final Report

Sponsor Name

ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BO	DY ANNUAL PLUS CHE	CK ADVANCE	D - FEMALE - 2D ECHO - F	PAN INDIA - FY232	
ARCOFEMI - MEDIWHEEL - FOLL BO		11-11	Bio. Ref. Range	Method	
Test Name	Result	Unit	Bio. Rei. Range	methon	

	(210)	mg/dL	70-100	GOD - POD
GLUCOSE, FASTING, NAF PLASMA	(210 /	Night and		

Comment:

As per American Diabetes Guidelines

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

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > Note: 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.



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DEPARTMENT OF BIOCHEMISTRY

	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK	ADVANCED - FEMAL	E - 2D ECHO	- PAN INDIA - FY2324
П	ARCOFEMI - MEDITATICE - 1 OLE BOOT 1			Marked

Test Name	Result	Unit	Bio. Ref. Range	wethou
HBA1C, GLYCATED HEMOGLOBIN ,	11.5	%		HPLC
WHOLE BLOOD EDTA				Calculated
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	283	mg/dL		Candidica

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS > 18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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,

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control



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

Test Name	Result	Unit	Bio. Ref. Range	Method
	110000000			

TOTAL CHOLESTEROL	154	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	169	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	(30)	mg/dL	>40	CHE/CHO/POD
NON-HOL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.13		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
.DL Optimal < 100 Near Optimal 100-129		130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL Optimal <130; Above Optimal 130		160-189	190-219	>220

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

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



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RCOFEMI - MEDIWHEEL - FULL BO	DY ANNUAL PLUS CHE	CK ADVANCE	Bio Ref. Range	Method
Test Name	Result	Unit	Dio. new D	

IVER FUNCTION TEST (LFT) , SERUM		1	0.20-1.20	DIAZO METHOD	
	0.50	mg/dL	0.0-0.3	Calculated	
BILIRUBIN, TOTAL	0.20	mg/dL		Dual Wavelength	
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-1.1	Visible with P-5-P	
BILIRUBIN (INDIRECT)	20	U/L	<35	VISIDIE WILL FOOT	
ALANINE AMINOTRANSFERASE	20			UV with P-5-P	
(ALT/CODT)	18.0	U/L	14-36	OV WILLI S.	
ASPARTATE AMINOTRANSFERASE	10.0			p-nitrophenyl	
(AST/SGOT)	109.00	U/L	38-126	phosphate	
ALKALINE PHOSPHATASE	103.00			Biuret	
	7.70	g/dL	6.3-8.2		
PROTEIN, TOTAL		g/dL	3.5 - 5	Bromocresol Green	
ALBUMIN	4.10	g/dL	2.0-3.5	Calculated	
GLOBULIN	3.60	gruc	0.9-2.0	Calculated	
A/G RATIO	1.14		0.0		



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

Test Name	Result	Unit	Bio. Ref. Range	Method
1				

CREATININE	0.50	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	25.00	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.60	mg/dL	2.5-6.2	Uricase
CALCIUM	9.20	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.30	mg/dL	2.5-4.5	PMA Phenol
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

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

Method Unit Bio. Ref. Range Result **Test Name**

Glyclyclycine 12-43 UL GAMMA GLUTAMYL TRANSPEPTIDASE 27.00 Nitoranalide (GGT), SERUM



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DEPARTMENT OF IMMUNOLOGY

1	ARCOFEMI - MEDIWHEEL	- FULL BOD	Y ANNUAL	PLUS CHECK	ADVANCED	- FEMALE .	2D ECHO	PAN INDIA - FY2324
- 1	And the second s	The Property of the Control of the C					CONTRACTOR OF THE PARTY OF THE	88-86-44

Test Name	Result	Unit	Bio. Ref. Range	Method	
E. W. S.	(2)(3)(3)(3)(1)	The state of the s			

HYROID PROFILE TOTAL (T3, T4, TSH),		na/ml	0.69-2.15	CLIA
TRI-IODOTHYRONINE (T3, TOTAL)	1.12	ng/ml		-
THYROXINE (T4, TOTAL)	83.30	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	3.250	µIU/mL	0.3-4.5	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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		



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ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Method Bio. Ref. Range Unit Result Test Name

COMPLETE URINE EXAMINATION (C	UE), URINE			
PHYSICAL EXAMINATION				he e
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (++)		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
	NORMAL		NORMAL	EHRLICH
UROBILINOGEN	NEGATIVE		NEGATIVE	Dipstick
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY			1
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
	NIL		0-2 Hyaline Cast	MICROSCOPY
CASTS CRYSTALS	ABSENT		ABSENT	MICROSCOPY











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DEPARTMEN	T OF CLINICAL	L 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(FASTING)

POSITIVE (++)

NEGATIVE

Dipstick

*** End Of Report ***

Result's to Follow:

LBC PAP TEST (PAPSURE), GLUCOSE (POST PRANDIAL) - URINE, GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)

DR. V. SNEHAL M.D (PATH)

Consultant Pathologist



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