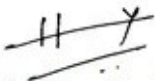


Patient Name : Mrs.SANKETA GADE	Collected : 29/Jul/2024 09:49AM
Age/Gender : 33 Y 2 M 16 D/F	Received : 29/Jul/2024 11:51AM
UHID/MR No : CJPN.000089970	Reported : 29/Jul/2024 01:10PM
Visit ID : CJPNOPV202108	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30122	

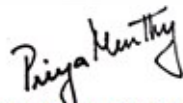
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.5	g/dL	12-15	Spectrophotometer
PCV	39.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.73	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	82.4	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,320	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	59.8	%	40-80	Electrical Impedance
LYMPHOCYTES	32.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	5.1	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3779.36	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2035.04	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	151.68	Cells/cu.mm	20-500	Calculated
MONOCYTES	322.32	Cells/cu.mm	200-1000	Calculated
BASOPHILS	31.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.86		0.78- 3.53	Calculated
PLATELET COUNT	327000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR				



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



Dr. Priya Murthy
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Consultant Pathologist



SIN No: BED240198679

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APOLLO CLINICS NETWORK

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Karnataka- 560034

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Patient Name : Mrs.SANKETA GADE
Age/Gender : 33 Y 2 M 16 D/F
UHID/MR No : CJPN.000089970
Visit ID : CJPNOPV202108
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S30122

Collected : 29/Jul/2024 09:49AM
Received : 29/Jul/2024 11:51AM
Reported : 29/Jul/2024 01:10PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

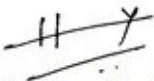
RBCs: are normocytic normochromic

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

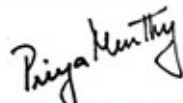
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



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



SIN No: BED240198679

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Patient Name : Mrs.SANKETA GADE	Collected : 29/Jul/2024 09:49AM
Age/Gender : 33 Y 2 M 16 D/F	Received : 29/Jul/2024 11:51AM
UHID/MR No : CJPN.000089970	Reported : 29/Jul/2024 02:26PM
Visit ID : CJPNOPV202108	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30122	

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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Dr. Vidya Aniket Gore
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Consultant Pathologist



Dr Priya Murthy
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Patient Name : Mrs.SANKETA GADE	Collected : 29/Jul/2024 09:49AM
Age/Gender : 33 Y 2 M 16 D/F	Received : 29/Jul/2024 12:06PM
UHID/MR No : CJPN.000089970	Reported : 29/Jul/2024 12:44PM
Visit ID : CJPNOPV202108	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30122	

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	86	mg/dL	70-100	HEXOKINASE

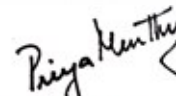
Comment:

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 Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



SIN No:PLF02195564

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Patient Name : Mrs.SANKETA GADE	Collected : 29/Jul/2024 09:49AM
Age/Gender : 33 Y 2 M 16 D/F	Received : 29/Jul/2024 11:57AM
UHID/MR No : CJPN.000089970	Reported : 29/Jul/2024 01:16PM
Visit ID : CJPNOPV202108	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30122	

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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	90	mg/dL	70-140	HEXOKINASE

Comment:

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


Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

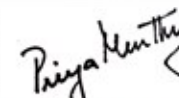
Comment:

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.


Dr. Govinda Raju N L
 MSc, PhD (Biochemistry)
 Consultant Biochemistry


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 Consultant Pathologist



SIN No: EDT240081968

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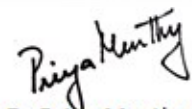
Patient Name : Mrs.SANKETA GADE	Collected : 29/Jul/2024 09:49AM
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DEPARTMENT OF BIOCHEMISTRY

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

- 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. Govinda Raju N L
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 Consultant Biochemistry


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



SIN No: EDT240081968

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Patient Name : Mrs.SANKETA GADE	Collected : 29/Jul/2024 09:49AM
Age/Gender : 33 Y 2 M 16 D/F	Received : 29/Jul/2024 12:01PM
UHID/MR No : CJPN.000089970	Reported : 29/Jul/2024 01:57PM
Visit ID : CJPNOPV202108	Status : Final Report
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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	186	mg/dL	<200	CHO-POD
TRIGLYCERIDES	94	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	142	mg/dL	<130	Calculated
LDL CHOLESTEROL	122.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.14		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


Comment:

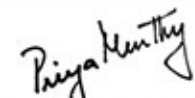
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

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

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

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


Dr. Govinda Raju N L
MSc, PhD (Biochemistry)
Consultant Biochemistry


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Consultant Pathologist



SIN No: SE04795213

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Patient Name : Mrs.SANKETA GADE	Collected : 29/Jul/2024 09:49AM
Age/Gender : 33 Y 2 M 16 D/F	Received : 29/Jul/2024 12:01PM
UHID/MR No : CJPN.000089970	Reported : 29/Jul/2024 01:23PM
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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.33	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	55.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.18	g/dL	6.6-8.3	Biuret
ALBUMIN	4.18	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated

Comment:

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


1. Hepatocellular Injury:

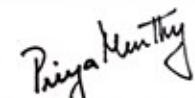
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:


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SIN No:SE04795213

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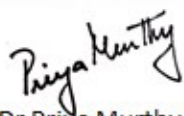
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*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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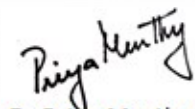
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.67	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	22.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.77	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.56	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.18	g/dL	6.6-8.3	Biuret
ALBUMIN	4.18	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated


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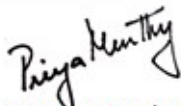
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.00	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.36	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.33	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.885	µIU/mL	0.34-5.60	CLIA


Comment:

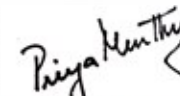
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- 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

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SIN No: SPL24125174

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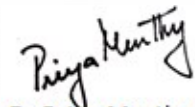
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Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma


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DEPARTMENT OF CLINICAL PATHOLOGY

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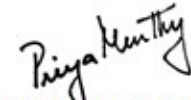
Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	Clear		CLEAR	Physical measurement
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	6	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked



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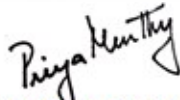
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and verified by manual methods.

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



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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

 **1860 500 7788**
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APOLLO CLINICS NETWORK
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Patient Name : Mrs.SANKETA GADE	Collected : 29/Jul/2024 09:49AM
Age/Gender : 33 Y 2 M 16 D/F	Received : 29/Jul/2024 05:20PM
UHID/MR No : CJPN.000089970	Reported : 29/Jul/2024 06:05PM
Visit ID : CJPNOPV202108	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30122	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

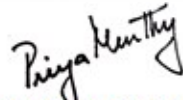
*** End Of Report ***

Result/s to Follow:

PERIPHERAL SMEAR, LBC PAP SMEAR



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:UF011973

This test has been performed at Apollo Health & Lifestyle Ltd, ARCOFEMI BANGALORE Laboratory

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Patient Name : Mrs. Sanketa Gade
UHID : CJPN.0000089970
Conducted By: :
Referred By : SELF

Age : 33 Y/F
OP Visit No : CJPNOPV202108
Conducted Date :

Patient Name : Mrs. Sanketa Gade
UHID : CJPN.0000089970
Conducted By :
Referred By : SELF

Age : 33 Y/F
OP Visit No : CJPNOPV202108
Conducted Date :
