





Patient Name	: Mrs.INDIRA G	Collected	: 17/Jun/2023 09:05AM
Age/Gender	: 60 Y 0 M 11 D/F	Received	: 17/Jun/2023 12:19PM
UHID/MR No	: CANN.0000113083	Reported	: 17/Jun/2023 02:37PM
Visit ID	: CANNOPV358169	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 5341		

#### DEPARTMENT OF HAEMATOLOGY

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

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.		
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.	PERIPHERAL SMEAR , W	/HOLE BLOOD-EDTA
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NOTE/ COMMENT : Please correlate clinically.	IMPRESSION	: Normocytic normochromic blood picture.
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SIN No:BED230139313

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APOLLO CLINICS NETWORK







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#### DEPARTMENT OF HAEMATOLOGY

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

HAEMOGLOBIN	12.6	g/dL	12-15	Spectrophotometer
PCV	39.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.73	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	83.8	fL	83-101	Calculated
MCH	26.7	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	63.6	%	40-80	Electrical Impedance
LYMPHOCYTES	25.4	%	20-40	Electrical Impedance
EOSINOPHILS	3.9	%	1-6	Electrical Impedance
MONOCYTES	6.0	%	2-10	Electrical Impedanc
BASOPHILS	1.1	%	<1-2	Electrical Impedanc
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5660.4	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2260.6	Cells/cu.mm	1000-3000	Electrical Impedanc
EOSINOPHILS	347.1	Cells/cu.mm	20-500	Electrical Impedanc
MONOCYTES	534	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	97.9	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	301000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	50	mm at the end of 1 hour	0-20	Modified Westergre
PERIPHERAL SMEAR				
METHODOLOGY : Microscopi	с.			
RBC MORPHOLOGY : Predominantl	y normocytic norr	nochromic RBC's no	ted.	
VBC MORPHOLOGY : Normal in nu	umber, morpholog	gy and distribution. N	o abnormal cells seer	1.

: No haemoparasites seen.

PARASITES

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Address: D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102, Phone - 044-26224504 / 05









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Emp/Auth/TPA ID	: 5341				
		DEPARTMENT O	F HAEMATOLOG	Υ	
ARCOFEMI - ME	DIWHEEL - FULL BODY	ANNUAL PLUS CH	ECK ADVANCED	- FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Т	est Name	Result	Unit	Bio. Ref. Range	Method
IMPRESSION	·Normocytic	normochromic bloo	d picture		
	. I tornioe y de l	normoenronne bioo	a picture.		
NOTE/ COMMENT : Please correlate clinically.					
NOTE/ COMME					

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Emp/Auth/TPA ID	: 5341		
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Visit ID	: CANNOPV358169	Status	: Final Report
UHID/MR No	: CANN.0000113083	Reported	: 17/Jun/2023 04:07PM
Age/Gender	: 60 Y 0 M 11 D/F	Received	: 17/Jun/2023 12:19PM
Patient Name	: Mrs.INDIRA G	Collected	: 17/Jun/2023 09:05AM

#### OF HAEMATOLOG AK I WEN I

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

#### BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	В	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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UHID/MR No	: CANN.0000113083		Reported	: 17/Jun/2023 01:55PM	
Visit ID	: CANNOPV358169		Status	: Final Report	
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Emp/Auth/TPA ID	: 5341				
		DEPARTMENT	OF BIOCHEMISTR	Y	
ARCOFEMI - ME	DIWHEEL - FULL BODY	ANNUAL PLUS CH	HECK ADVANCED	- FEMALE - 2D ECHO	- PAN INDIA - FY2324
Т	est Name	Result	Unit	Bio. Ref. Range	Method
			ł		
GLUCOSE, FAST	<b>FING ,</b> NAF PLASMA	128	mg/dL	70-100	HEXOKINASE
GLUCOSE, FAST	<b>FING</b> , NAF PLASMA	128	mg/dL	70-100	HEXOKINASE
1.83	<b>FING</b> , NAF PLASMA	128	mg/dL	70-100	HEXOKINASE
Comment:	TING , <i>NAF PLASMA</i> an Diabetes Guidelines	128	mg/dL	70-100	HEXOKINASE
Comment: As per America		128 Interpretati		70-100	HEXOKINASE
Comment: As per America	an Diabetes Guidelines			70-100	HEXOKINASE
Comment: As per Americ: Fasting Glucos	an Diabetes Guidelines e Values in mg/d L	Interpretati	on	70-100	HEXOKINASE

GLUCOSE, POST PRANDIAL (PP), 2	156	mg/dL	70-140	HEXOKINASE
HOURS , NAF PLASMA				

#### **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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Emp/Auth/TPA ID : 5341				
[	DEPARTMENT	OF BIOCHEMISTR	Y	
ARCOFEMI - MEDIWHEEL - FULL BODY AN	INUAL PLUS CI	HECK ADVANCED	- FEMALE - 2D ECHO	- PAN INDIA - FY232
Test Name	Result	Unit	Bio. Ref. Range	Method
			ł T	
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	8.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) ,	189	mg/dL		Calculated
WHOLE BLOOD-EDTA			4	
NHOLE BLOOD-EDTA				
Comment:	sociation (ADA	):		
	ssociation (ADA	): HBA1C IN	J %	
<b>Comment:</b> Reference Range as per American Diabetes As	ssociation (ADA		V %	
Comment: Reference Range as per American Diabetes As REFERENCE GROUP	ssociation (ADA	HBA1C IN		
Comment: Reference Range as per American Diabetes As REFERENCE GROUP NON DIABETIC ADULTS >18 YEARS	ssociation (ADA	HBA1C IN <5.7		
Comment: Reference Range as per American Diabetes As REFERENCE GROUP NON DIABETIC ADULTS >18 YEARS AT RISK (PREDIABETES)	ssociation (ADA	HBA1C IN <5.7 5.7 - 6.4		
Comment: Reference Range as per American Diabetes As REFERENCE GROUP NON DIABETIC ADULTS >18 YEARS AT RISK (PREDIABETES) DIAGNOSING DIABETES	ssociation (ADA	HBA1C IN <5.7 5.7 - 6.4		
Comment: Reference Range as per American Diabetes As <b>REFERENCE GROUP</b> NON DIABETIC ADULTS >18 YEARS AT RISK (PREDIABETES) DIAGNOSING DIABETES DIABETICS	ssociation (ADA	HBA1C IN           <5.7		
Comment: Reference Range as per American Diabetes As <b>REFERENCE GROUP</b> NON DIABETIC ADULTS >18 YEARS AT RISK (PREDIABETES) DIAGNOSING DIABETES DIABETICS • EXCELLENT CONTROL	ssociation (ADA	HBA1C IN           <5.7		

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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SIN No:PLF01986474,PLP1339760,EDT230055751

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Visit ID	: CANNOPV358169	Status	: Final Report
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Emp/Auth/TPA ID	: 5341		

#### 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	223	mg/dL	<200	CHO-POD
TRIGLYCERIDES	193	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	174	mg/dL	<130	Calculated
LDL CHOLESTEROL	135.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.55		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	$\geq$ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	$\geq$ 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.



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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 (W 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)

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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

LIVER FUNCTION TEST (LFT), SERUM					
BILIRUBIN, TOTAL	0.42	mg/dL	0.3–1.2	DPD	
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD	
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	Dual Wavelength	
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC	
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC	
ALKALINE PHOSPHATASE	116.00	U/L	30-120	IFCC	
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret	
ALBUMIN	3.60	g/dL	3.5-5.2	BROMO CRESOL GREEN	
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated	
A/G RATIO	0.95		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** Unit Result Bio. Ref. Range Method

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM					
CREATININE	0.56	mg/dL	0.72 – 1.18	JAFFE METHOD	
UREA	10.00	mg/dL	17-43	GLDH, Kinetic Assay	
BLOOD UREA NITROGEN	4.7	mg/dL	8.0 - 23.0	Calculated	
URIC ACID	3.70	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	3.9	mmol/L	3.5–5.1	ISE (Indirect)	
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)	

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APOLLO CLINICS NETWORK





Τe	est Name	Result	Unit	Bio. Ref. Range	Method	
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324						
		DEPARTMENT OF	BIOCHEMISTR	Y		
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GAMMA GLUTAMYL TRANSPEPTIDASE	25.00	U/L	<38	IFCC
(GGT), SERUM				

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<u></u>			

#### 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)	0.94	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.86	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.687	µIU/mL	0.34-5.60	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





SIN No:SPL23088104

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory. Address: D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102, Phone - 044-26224504 / 05

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APOLLO CLINICS NETWORK







Patient Name	: Mrs.INDIRA G	Collected	: 17/Jun/2023 09:05AM
Age/Gender	: 60 Y 0 M 11 D/F	Received	: 17/Jun/2023 05:35PM
UHID/MR No	: CANN.0000113083	Reported	: 17/Jun/2023 06:38PM
Visit ID	: CANNOPV358169	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 5341		

## DEPARTMENT OF CLINICAL PATHOLOGY

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

COMPLETE URINE EXAMINATION (CU	<b>JE)</b> , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	POSITIVE ++		NEGATIVE	PROTEIN ERROR OF
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	UNT 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:UR2130088

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK







Dipstick

Patient Name	: Mrs.INDIRA G	Collected	: 17/Jun/2023 11:33AM
Age/Gender	: 60 Y 0 M 11 D/F	Received	: 17/Jun/2023 04:58PM
UHID/MR No	: CANN.0000113083	Reported	: 17/Jun/2023 06:28PM
Visit ID	: CANNOPV358169	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 5341		
DEPARTMENT OF CLINICAL PATHOLOGY			

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

URINE GLUCOSE(POST PRANDIAL)

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

Result/s to Follow:

GLUCOSE (FASTING) - URINE, LBC PAP TEST (PAPSURE)

DR. MARQUESS RAJ M.D (PATH), D.N.B (PATH) **Consultant Pathologist** 

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

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

NEGATIVE

**Consultant Pathologist** 



NEGATIVE



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SIN No:UPP014891

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory. Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819) Address: D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennal.600 102, Phone - 044-26224504 / 05

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APOLLO CLINICS NETWORK



Patient Name	: Mrs. INDIRA G	Age/Gender	: 60 Y/F
UHID/MR No.	: CANN.0000113083	<b>OP</b> Visit No	: CANNOPV358169
Sample Collected on	:	Reported on	: 19-06-2023 12:59
LRN#	: RAD2024471	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: 5341		

# DEPARTMENT OF RADIOLOGY

## ULTRASOUND - WHOLE ABDOMEN

Liver is enlarged in size (17.2cm) and shows mild fatty changes. Intra and extra hepatic biliary passages are not dilated.

Gall bladder - Few tiny calculi noted in gall bladder measuring~

Pancreas and spleen appear normal. Spleen measures 8.2 cms.

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 10.7 x 3.9 cms.

Left kidney measures 11.3 x 5.2 cms.

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

Uterus measures  $5.5 \ge 2.9$  cms and shows normal endometrial and myometrial echoes. The endometrial thickness 2.8 mm.



Patient Name

: Mrs. INDIRA G

Age/Gender

: 60 Y/F

Both ovaries are atrophic No mass lesion seen in the pelvis. Bladder is normal in contour. **IMPRESSION:** 

\* HEPATOMEGALY.

- \* FATTY LIVER GRADE I
- \* CHOLELITHIASIS.

Dr. PRAVEENA SHEKAR T MBBS, DMRD, FAGE Radiology



Patient Name	: Mrs. INDIRA G	Age/Gender	: 60 Y/F
UHID/MR No.	: CANN.0000113083	<b>OP</b> Visit No	: CANNOPV358169
Sample Collected on	:	<b>Reported on</b>	: 17-06-2023 20:14
LRN#	: RAD2024471	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: 5341		

# DEPARTMENT OF RADIOLOGY

### SONO MAMOGRAPHY - SCREENING

CH: No complaints. Routine check up.Family H/O Breast cancer : NoHistory of breast surgery : NoPrevious Mammogram : No

# Report

**MAMMOGRAM Both sides Views Cranio caudal /oblique mediolateral Special views (if any) -** No

**Type of Breast** Parenchyma - Scattered fibroglandular tissues ACR category :B

Asymmetry: No

# MASS/ OPACITY

No mass / opacity noted in both breasts.

# CALCIFICATION

No Calcification of suspicious Morphology/Distribution noted in both breasts.

# ASSOCIATED FEATURES (BOTH BREAST)

Architectural Distortion	: Absent
IM Lymphnodes	: Absent
Solitary dilated ducts	:Absent
Skin lesions	: Absent



 Patient Name
 : Mrs. INDIRA G
 Age/Gender
 : 60 Y/F

 Skin and nipple retraction
 :Absent
 :
 Skin/subcutaneous/
 :

 Skin/subcutaneous/
 :Absent
 :
 .
 .

 trabecular thickening
 :
 .
 .
 .

AXILLAE : Bilateral axillary Lymph nodes seen ( insignificant )

# ULTRASOUND SCREENING

TISSUE COMPOSITION - heterogenous background echotexture

# MASS/CYST

No solid / cystic lesions noted in both breasts.

# Associated features ( Both breasts )

Architectural Distortion	: Absent
Duct changes	: Absent
Skin changes	: Absent
Edema	: Absent

Both Axillae: No significant axillary Lymph node seen

# **IMPRESSION :** \*NO SIGNIFICANT ABNORMALITY DETECTED. - BIRADS -I

# **SUGGESTION:**

Regular Mammogram screening

Though mammography is the single best method of screening breast cancer, it does not detect all breast cancers. The false negative rate of mammography is approximately 10 % It is important for you to do breast self - examination on a continuing basis .If lump is felt, consult your Doctor. NB:BIRADS Categories.

I. Normal.

II. Benign finding.



Patient Name : Mrs. INDIRA G

Age/Gender

: 60 Y/F

III. Probably benign to be followed up after 6 months.

IV. Indeterminate lesion further evaluation necessary.

V. Highly suggestive of malignancy

VI. Proven malignancy.

BIRADS is an Imaging based classification. This has to be further correlated clinically and with other investigations including histopathological findings where ever warranted.

Disclaimer :Please note that this report is a radiological professional opinion. It has to be correlated clinically and interpreted along with other investigations for comprehensive Health care management.

Dr. PRAVEENA SHEKAR T MBBS, DMRD, FAGE Radiology



Patient Name	: Mrs. INDIRA G	Age/Gender	: 60 Y/F
UHID/MR No.	: CANN.0000113083	<b>OP</b> Visit No	: CANNOPV358169
Sample Collected on	:	Reported on	: 17-06-2023 13:32
LRN#	: RAD2024471	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: 5341		

# 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. PRAVEENA SHEKAR T MBBS, DMRD, FAGE Radiology



#### LETTER OF APPROVAL / RECOMMENDATION

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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS	
NAME	MRS. G INDIRA	
EC NO.	62890	
DESIGNATION	HEAD PEON	
PLACE OF WORK	CHENNAI, SERVICE BRANCH	
BIRTHDATE	06-06-1963	
PROPOSED DATE OF HEALTH CHECKUP	17-06-2023	
BOOKING REFERENCE NO.	23J62890100061868E	

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 **14-06-2023** 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 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))





# 3589 1221 5607

# CANN 113083 OCT-93060

tor agist





ENT Check up

17/6/23 60 F India Height: Weight: BMI: Waist Circum: Temp: Resp: Pulse: B.P:

General Examination / Allergies History

No complaints

FTP III

Nose - @

Ean - wax

Shoring HTN @ DMA

Inp: OSAS AN: Sleep study

ofe

Follow up date:

Doctor Signature & Stamp

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

In case of emergency, Please call 1066 or come directly to emergency room of the hospital Apollo Health and Lifestyle Limited To book an appointment

1860 500 7788

Apollo	ОРНТН	ALMOLOG		Apollo Medic Centro Expertise. Closer to
Name: Ma This Occupation: Age: Sex: M Address: Ph:	ale⊡ Femaie⊟17	Ref. Physicia Copies to:	n:	leg. No.: []
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Present Complaint:				
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# **Apollo Clinic**

# CONSENT FORM

Indra Age: 60 VHID Number: 113.083 Company Name: QY Cof M.I. f. Mdi ubod

IMr/Mrs/Ms Dodwa, 61. Employee of BOB Tests done which is a part of my routine health check package. And I claim the above statement in my full consciousness.

an Shipton

Patient Signature:



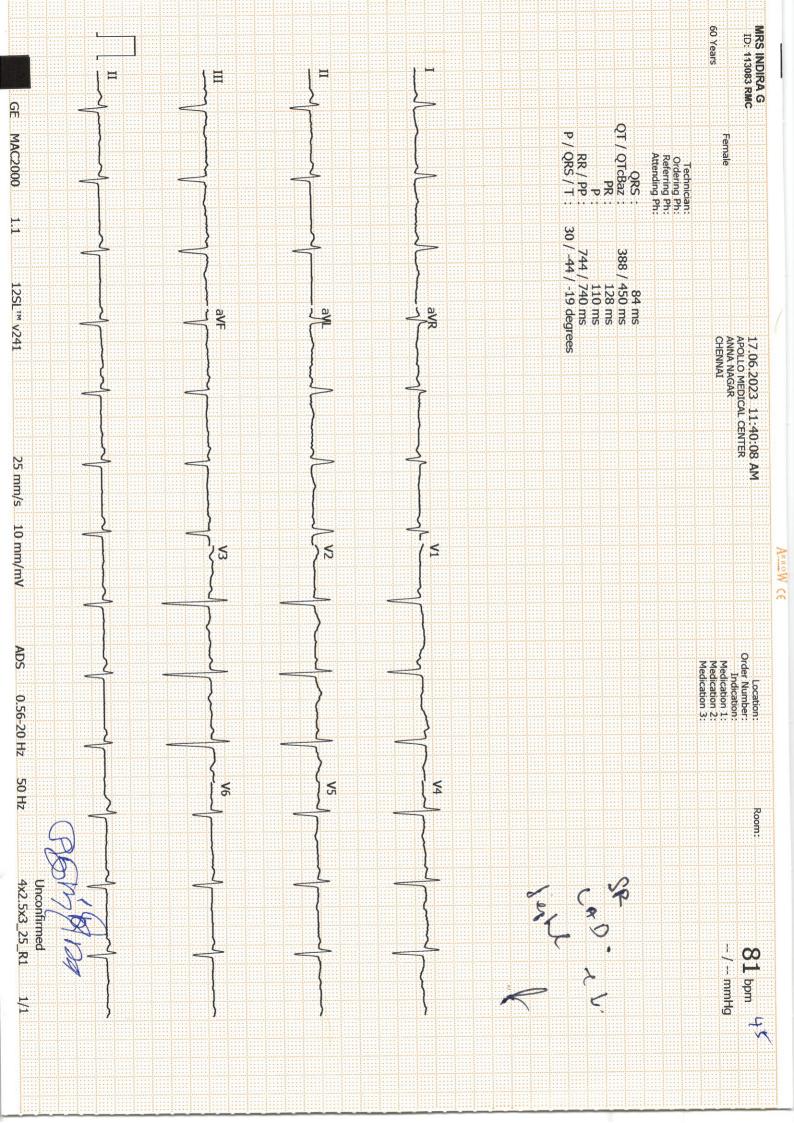
Apollo Health and Lifestyle Limited (CIN U851101G2000PLC115819) ning and stream of a treamy of antiticed (UN US1101G2000PUC115819) Regd Office: 1-10-80/62 Ashaka Raphupathi Chambers, Shi Feor, Beyinget, Hyderahada www.apellahi.com (Email ID: engury#apellohi.com, Ph Ne: 040-4564 7777, Fai No: 4804 7744 - 500 0 16 i

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2004LO CURICS NETWORK Information Production Regar (Chanda Nagar (Kondapur (Nelakunta | Nezemper | Mankonda | Uppar ) Anshira Pradeshi Visag (Seethamma Petal Karnet elec Bengelere Banemater Information Production (Networks) (Komsenger (Strippe Road) Nepero (VV Noticela) Taminado (Deepar) (Anshira Pradeshi Visag (Seethamma Petal Karnet elec Bangelere) Banemater Information (Networks) (Komsenger (Strippe Road) Nepero (VV Noticela) Taminado (Deepar) (Anshira Pradeshi Visag Utar Predishi Ghariabadi Indorporani) Gujarat: Akwadubad (Sateller) Ponjaiz Aweitzar (Coun Road) Hamana Faridabadi (Rodesy Staton Road)



Patient Name	: Mrs. INDIRA G	Age	: 60 Y/F
UHID	: CANN.0000113083	OP Visit No	: CANNOPV358169
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 17-06-2023 16:45
Referred By	: SELF		

# ECG REPORT

# **Observation :-**

1. Heart rate is 81 beats per minutes.

# Impression:

SEPTAL T WAVE INVERSION ,

LAD.

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

Dr. ARULNITHI AYYANATHAN

Patient Name	: Mrs. INDIRA G	Age	: 60 Y/F
UHID	: CANN.0000113083	OP Visit No	: CANNOPV358169
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 17-06-2023 15:31
Referred By	: SELF		

# **2D-ECHO WITH COLOUR DOPPLER**

Dimensions:	
Ao (ed)	2.5 CM
LA (es)	2.8 CM
RVID ( ed )	1.5 CM
LVID (ed)	4.0 CM
LVID (es)	3.5 CM
IVS (Ed)	0.7 / 1.1 CM
LVPW (Ed)	0.6 / 1.3 CM
EF	68 %
%FD	38 %
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

Patient Name	: Mrs. INDIRA G	Age	: 60 Y/F
UHID	: CANN.0000113083	OP Visit No	: CANNOPV358169
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 17-06-2023 15:31
Referred By	: SELF		
PERICARDIUM	NORMAL		

# **DOPPLER STUDIES MITRAL INFLOW** : E : 0.7 m/sc A:0.8 m/sc

Velocity / Gradient Across Pulmonic Valve : 0.8 m/sc

Velocity / Gradient Across Aortic Valve : 1.2 m/sc

Velocity / Gradient Across Tricuspid Valve :0.7 m/sc

# **IMPRESSION :**

NORMAL CHAMBER DIMENSION

STRUCTURALLY VALVES ARE NORMAL

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

GRADE I LEFT VENTRICULAR DIASTOLIC DYSFUNCTION .

NO PAH / CLOT / PE.

Rakesh Gopal

Dr. RAKESH P GOPAL

Patient Name	: Mrs. INDIRA G	Age	: 60 Y/F
UHID	: CANN.0000113083	OP Visit No	: CANNOPV358169
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 17-06-2023 15:31
Referred By	: SELF		