





Patient Name

: Mrs.RAMANI G

Age/Gender

: 48 Y 6 M 11 D/F

UHID/MR No Visit ID

: CKOT.0000084891

Ref Doctor

: CANNOPV349662

Emp/Auth/TPA ID

: Dr.SELF

: 157335

Collected : 07/Apr/2023 08:27AM

Received : 07/Apr/2023 12:43PM

Reported : 07/Apr/2023 03:56PM

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

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.

Page 1 of 14











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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	11.6	g/dL	12-15	Spectrophotometer
PCV	36.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.24	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	86.7	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	31.6	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	63.2	%	40-80	Electrical Impedance
LYMPHOCYTES	27.0	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6004	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2565	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	209	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	684	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	38	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	439000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	67	mm at the end of 1 hour	0-20	Modified Westergrer

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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PLATELETS : Adequate in number.

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**DEPARTMENT OF HAEMATOLOGY** 

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

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

**IMPRESSION** 

: Normocytic Normochromic blood picture

NOTE/ COMMENT

: Please correlate clinically.

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Age/Gender : 48 Y 6 M 11 D/F UHID/MR No : CKOT.0000084891

Visit ID : CANNOPV349662

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 157335

Collected : 07/Apr/2023 08:27AM

Received : 07/Apr/2023 12:43PM Reported : 07/Apr/2023 08:09PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

## **DEPARTMENT OF HAEMATOLOGY**

					1	1
ARCOF	FEMI - MEDIWHEEL -	FULL BODY A	NNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO -	PAN INDIA - FY2324

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

BLOOD GROUP ABO AND RH FACTO	<b>DR</b> , WHOLE BLOOD-EDTA	
BLOOD GROUP TYPE	0	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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Visit ID

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Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 157335 Collected

: 07/Apr/2023 08:27AM

Received

: 07/Apr/2023 12:44PM : 07/Apr/2023 02:33PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEI	L - 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 106 mg/dL 70-100 HEXOKINASE

#### **Comment:**

#### As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

GLUCOSE, POST PRANDIAL (PP), 2	95	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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## **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,	6.5	%	-	HPLC
WHOLE BLOOD-EDTA				
ESTIMATED AVERAGE GLUCOSE (eAG),	140	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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#### **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	190	mg/dL	<200	CHO-POD
TRIGLYCERIDES	118	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	145	mg/dL	<130	Calculated
LDL CHOLESTEROL	121.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.22		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
1   1   1	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
INON-HOL 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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#### **DEPARTMENT OF BIOCHEMISTRY**

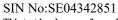
ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO	- PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.65	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	84.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	3.70	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.12		0.9-2.0	Calculated

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This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Address:







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# **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL	FULL BODY ANNUA	AL PLUS CHECK ADVANCED	) - FEMALE - 2D ECHO	- PAN INDIA - FY2324

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

	(					
RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT), SERUM						
CREATININE	0.52	mg/dL	0.72 – 1.18	JAFFE METHOD		
UREA	19.00	mg/dL	17-43	GLDH, Kinetic Assay		
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated		
URIC ACID	5.40	mg/dL	2.6-6.0	Uricase PAP		
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III		
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	Phosphomolybdate Complex		
SODIUM	138	mmol/L	136–146	ISE (Indirect)		
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)		
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)		

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SIN No:SE04342851

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Address:







Age/Gender

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: 157335

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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

GAMMA GLUTAMYL TRANSPEPTIDASE 12.00 U/L <38 **IFCC** (GGT), SERUM

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SIN No:SE04342851







Age/Gender : 48 Y 6 M 11 D/F

UHID/MR No : CKOT.0000084891

Visit ID : CANNOPV349662 Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 157335 Collected : 07/Apr/2023 08:27AM

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: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

#### **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, TOTAL T4, TSH) , SERUM						
TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.7-2.04	CLIA		
THYROXINE (T4, TOTAL)	10.89	μg/dL	6.09-12.23	CLIA		
THYROID STIMULATING HORMONE (TSH)	3.695	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:

IFOr pregnant temales	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 : 48 Y 6 M 11 D/F

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## **DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

COMPLETE URINE EXAMINATION, URI	NE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUI	NT AND MICROSCOPY			
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Address:







Age/Gender

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UHID/MR No

: CKOT.0000084891

Visit ID

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

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

URINE GLUCOSE(POST PRANDIAL) **NEGATIVE NEGATIVE** Dipstick

URINE GLUCOSE(FASTING) **NEGATIVE NEGATIVE** Dipstick

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SIN No:UPP014536,UF008270

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Address:







Patient Name

: Mrs.RAMANI G

Age/Gender

: 48 Y 6 M 11 D/F

UHID/MR No Visit ID

: CKOT.0000084891

Ref Doctor

: CANNOPV349662

Emp/Auth/TPA ID

: Dr.SELF

: 157335

Collected

: 07/Apr/2023 08:27AM

Received

: 09/Apr/2023 12:47PM : 10/Apr/2023 05:07PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CYTOLOGY**

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

	CYTOLOGY NO.	6717/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy.
П	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

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) Consultant Pathologist

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

Dr.A. Kalyan Rao M.B.B.S,MD(Pathology) Consultant Pathologist

Page 14 of 14

SIN No:CS062299

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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







 Patient Name
 : Mrs. RAMANI G
 Age/Gender
 : 48 Y/F

 UHID/MR No.
 : CKOT.0000084891
 OP Visit No
 : CANNOPV349662

 Sample Collected on
 : 08-04-2023 16:37

 LRN#
 : RAD1970419
 Specimen
 :

Ref Doctor : SELF
Emp/Auth/TPA ID : 157335

#### DEPARTMENT OF RADIOLOGY

#### **ULTRASOUND - WHOLE ABDOMEN**

Liver is normal in size and show moderate fatty changes. Intra and extra hepatic biliary passages are not dilated.

Gall bladder - Partially distended (Postprandial)

Pancreas and spleen appear normal.

Spleen measures 8.2cms.

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 10.0 x 4.1cms.

Left kidney measures 10.0 x 5.8cms.

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

Uterus measures 8.9 x 5.1 x 3.6cms and shows normal endometrial and myometrial echoes.

The endometrial thickness 7.2mm.

Right ovary measures 1.9 x 1.1cms.

Left ovary measures 2.3 x 1.2cms.



Both ovaries are normal in size and echotexture.

No mass lesion seen in the pelvis.

Bladder is normal in contour.

IMPRESSION:

\*GRADE - II FATTY LIVER.

Dr. M SWAPNA
MBBS ,DNB(RD)
Radiology



UHID/MR No.

: CKOT.0000084891

OP Visit No Reported on : CANNOPV349662

Sample Collected on :

: RAD1970419

Specimen

: 08-04-2023 08:07

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF : 157335

#### DEPARTMENT OF RADIOLOGY

#### SONO MAMOGRAPHY - SCREENING

CH :No complaints, Annual check up

Family H/O Breast cancer :No History of breast surgery :No

Previous Mammogram :2years (Normal)

# **REPORT:**

MAMMOGRAM Both sides Views: Cranio caudal /oblique mediolateral

Special views (if any):No

Type of Breast Parenchyma- Entirely fatty tissue

ACR category: A

**Asymmetry: No** 

# **MASS/OPACITY:**

No suspicious mass/opacity noted in both breasts.

## **CALCIFICATION:**

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

# **ASSOCIATED FEATURES (Both Breast):**

Architectural distortion :Absent
Intramammary lymph node : Absent
solitary dilated ducts : Absent



Skin lesion : Absent

Skin and nipple retraction : Absent Skin/Subcutaneous/trabecular thickening : Absent

Axilla : No significant abnormality

**IMPRESSION:** 

NO SUSPICIOUS ABNORMALITY IN BOTH BREASTS

-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.
- 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 profesional opinion. It has to be correlated clinically and interpreted along with other investigations for comprehensive Health care management.



Dr. M SWAPNA MBBS ,DNB(RD) Radiology



UHID/MR No.

: CKOT.0000084891

Sample Collected on

LRN#

: RAD1970419

**Ref Doctor** : SELF **Emp/Auth/TPA ID** : 157335

 OP Visit No
 : CANNOPV349662

 Reported on
 : 07-04-2023 11:53

Specimen :

#### 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. M SWAPNA

MBBS ,DNB(RD)

Radiology





# ENI check up

Mrs. Ramani

7/4/23

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

General Examination / Allergies History

No complaints

The: ? os As

Adv: Sleep study 90032 29909 Vijay

Follow up date:

**Doctor Signature & Stamp** 

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



# **OPHTHALMOLOGY**



Name: Ramani Occupation:  Age: US Sex: Male Fen  Address: Ph:	Ref. Physician:  Copies to::	104 23 84891 Reg. No.: 84891
REPO	RT ON OPHTHALMIC EXAM	INATION
History:	unig gh a 11 pax 2 ryn	ah 91 x proedul suh
Present Complaint:	NU	
ON EXAMINATION:	RE	LE
Ocular Movements :	tull N	fine
Anterior Segment :	N	N
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		
Without Glass :	6/6	46
With Glass:		N6 tull
N.V. :	N6 tur	full
Visual Fields :	Tur	
Fundus:		
Impression:		
Advice :		1 forth



**Colour Vision:** 

OU. Normal





OPHTHALMOLOGY / OPTOMETRIST





Mrs. Ramani G

07/04/23

Height:	Weight:	вмі:	Waist Circum:	
Temp:	Pulse:	Resp:	B,P;	

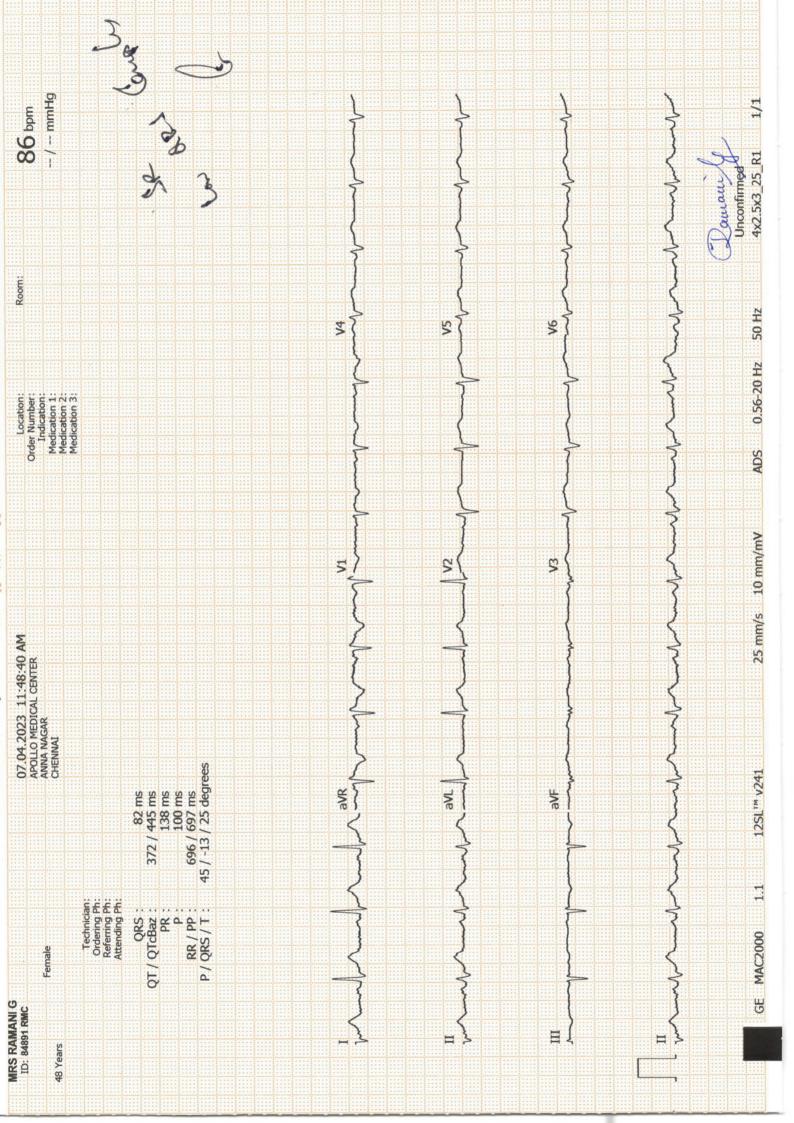
General Examination / Allergies History

Adv. Prophylaris Restoration

Follow up date:

Doctor Signature & Stamp

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





Damanily

CKOT. 84891



#### 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	MS. G RAMANI	
EC NO.	157335	
DESIGNATION	CREDIT ANALYST	
PLACE OF WORK	MID CORPORATE CLUSTER OFFICE S	
BIRTHDATE	26-09-1974	
PROPOSED DATE OF HEALTH CHECKUP	31-03-2023	
BOOKING REFERENCE NO.	22M157335100055380E	

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 30-03-2023 till 31-03-2023 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))

UHID : CKOT.0000084891 OP Visit No : CANNOPV349662 Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 07-04-2023 15:44

Referred By : SELF

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

**Dimensions:** 

Ao (ed) 2.6 CM

LA (es) 2.9 CM

RVID(ed) 1.7 CM

**LVID (ed)** 4.1 CM

LVID (es) 2.2 CM

IVS (Ed) 0.6/0.9 CM

LVPW (Ed) 0.7/0.9 CM

EF 62.00%

%FS 32.00%

MITRAL VALVE: NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

UHID : CKOT.0000084891 OP Visit No : CANNOPV349662 Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 07-04-2023 15:44

Referred By : SELF

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

**LEFT VENTRICLE:** 

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

**COLOUR AND DOPPLER STUDIES** 

E/A-E: 0.7m/sec A: 0.4m/sec

**VELOCITY ACROSS THE PULMONIC VALVE 0.9m/sec** 

**VELOCITY ACROSS THE AV 1.2m/sec** 

TR VELOCITY 0.8m/sec

**IMPRESSION** 

UHID : CKOT.0000084891 OP Visit No : CANNOPV349662 Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 07-04-2023 15:44

Referred By : SELF

NORMAL CHAMBER DIMENSION
NO REGIONAL WALL MOTION ABNORMALITY
NORMAL LV SYSTOLIC FUNCTION ( EF 62 %)
STRUCTURALLY VALVES ARE NORMAL
TRIVIAL MITRAL REGURGITATION
TRIVIAL TRICUSPID REGURGITATION
NO PAH/ CLOT / PE

Dr. RAKESH P GOPAL

UHID : CKOT.0000084891 OP Visit No : CANNOPV349662
Reported By: : DR ARULNIDHI Conducted Date : 07-04-2023 16:33

Referred By : SELF

# **ECG REPORT**

# **Observation:-**

- 1. Sinus Rhythm.
- 2. Heart rate is 86 beats per minutes.

# **Impression:**

LOW QRS COMPLEX

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

DR ARULNIDHI

UHID : CKOT.0000084891 OP Visit No : CANNOPV349662

Conducted By: : Conducted Date

Referred By : SELF

Patient Name : Mrs. RAMANI G Age : 48 Y/F

UHID : CKOT.0000084891 OP Visit No : CANNOPV349662

Conducted By : Conducted Date :

Referred By : SELF

UHID : CKOT.0000084891 OP Visit No : CANNOPV349662

Conducted By: : Conducted Date

Referred By : SELF

Patient Name : Mrs. RAMANI G Age : 48 Y/F

UHID : CKOT.0000084891 OP Visit No : CANNOPV349662

Conducted By : Conducted Date :

Referred By : SELF