

Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:09AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 01:11PM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	37.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.75	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	78.7	fL	83-101	Calculated
MCH	25.8	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,460	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	62.6	%	40-80	Electrical Impedence
LYMPHOCYTES	30.5	%	20-40	Electrical Impedence
EOSINOPHILS	0.9	%	1-6	Electrical Impedence
MONOCYTES	5.9	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4043.96	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1970.3	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	58.14	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	381.14	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	6.46	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	293000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	38	mm at the end of 1 hour	0-20	Modified Westegren method

PERIPHERAL SMEAR

RBCs: are normocytic hypochromic. Few microcytes are seen.

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

PLATELETS: appear adequate in number.

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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC HYPOCHROMIC BLOOD PICTURE.



SIN No:BED230075310

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UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 02:05PM
Visit ID : CMAROPV651040	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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



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Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:08AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 11:25AM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	101	mg/dL	70-100	HEXOKINASE
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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 HOURS , NAF PLASMA	79	mg/dL	70-140	HEXOKINASE
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Result is rechecked. Kindly correlate clinically

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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	123	mg/dL		Calculated

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	164	mg/dL	<200	CHO-POD
TRIGLYCERIDES	56	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.34		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
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.



SIN No:SE04330693

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	0.48	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	78.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.79	g/dL	6.6-8.3	Biuret
ALBUMIN	3.77	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.02	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.49	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	13.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.48	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.07	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)



SIN No:SE04330693

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.39	ng/mL	0.64-1.52	CMIA
Thyroxine (T4, TOTAL)	6.66	µg/dL	4.87-11.72	CMIA
Thyroid Stimulating Hormone (TSH)	1.560	µIU/mL	0.35-4.94	CMIA

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



Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:40AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:51AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 02:49PM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	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	MODIFIED EHRlich REACTION
BLOOD	POSITIVE +++		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	20-25	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2084865

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UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 01:26PM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324


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

*** End Of Report ***

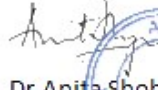
Result/s to Follow:
PERIPHERAL SMEAR



Dr. Prasanna
M.B.B.S, M.D
Consultant Pathologist



DR. PRASHANTH. R
M.B.B.S, MD
Consultant Pathologist



Dr. Anita Shobha Flynn
M.B.B.S MD(Pathology)
Consultant Pathologist



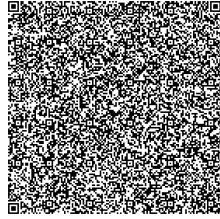


భారత సర్కార్
Government of India

భారతీయ విశిష్ట గురుతు ప్రాధికార
Unique Identification Authority of India

నోలందణి సంఖ్య/ Enrolment No.: 0648/17416/03306

To
ధనుకొండ ప్రసన్న లక్ష్మి
Dhanukonda Prasanna Lakshmi
C/O: Bhimavarapu Pavan Kumar Reddy
3 - 65
Kaza
Guntur Andhra Pradesh - 522503
8143459535



నిమ్మ ఆధార్ సంఖ్య / Your Aadhaar No. :

8640 0699 9407

VID : 9102 8098 5026 1925

నన్న ఆధార్, నన్న గురుతు



భారత సర్కార్
Government of India



ధనుకొండ ప్రసన్న లక్ష్మి
Dhanukonda Prasanna Lakshmi
జన్మ దినాంశ/DOB: 27/10/1996
స్త్రీ/FEMALE

8640 0699 9407

VID : 9102 8098 5026 1925

నన్న ఆధార్, నన్న గురుతు



Government of India



మాహితి

- ఆధార్ గురుతిన పురావేయీ ఊరతు పౌరత్వదల్ల
- సురక్షిత క్యూఆర్ కోడ్/ఆఫ్లైన్ XML/ఆన్లైన్ దృడికరణ బళసి గురుతన్న పరిశీలసి
- ఎలక్ట్రానిక్ ప్రక్రియ మూలక ముద్రితవద విద్యున్నాన దాఖల ఇదాగిదే

INFORMATION

- **Aadhaar** is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- ఆధార్ దేశదాద్యంత మాన్యతయన్న పడేదిదే
- సులభవారి సర్కారి ఊగూ సర్కారేతర సేవేగళన్న పడేయలు ఆధార్ సకాయవారిదే.
- నిమ్మ మోబైల్ సంఖ్య మత్తు ఇ-మేల్ ఐడి అన్న ఆధార్ నల్లి నవీకరిసిడి
- ఆధార్ న్న నిమ్మ స్మార్ట్ ఫోన్ నల్లి కేండాంయిరి-mAadhaar అప్లికేషన్ బళసి

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Unique Identification Authority of India

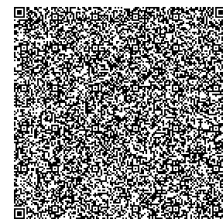


విళాస:

కేర ఆఫ్: భీమవారిపు పవన్ కుమార్ రేడ్డి 3 -
65, కజ, గుంతుర్,
ఆంధ్ర ప్రదేశ - 522503

Address:
C/O: Bhimavarapu Pavan Kumar Reddy, 3 -
65, Kaza, Guntur,
Andhra Pradesh - 522503

Download Date: 06/10/2022



8640 0699 9407

VID : 9102 8098 5026 1925

1947 | help@uidai.gov.in | www.uidai.gov.in

26years
Female
160cm
Asian
67kg

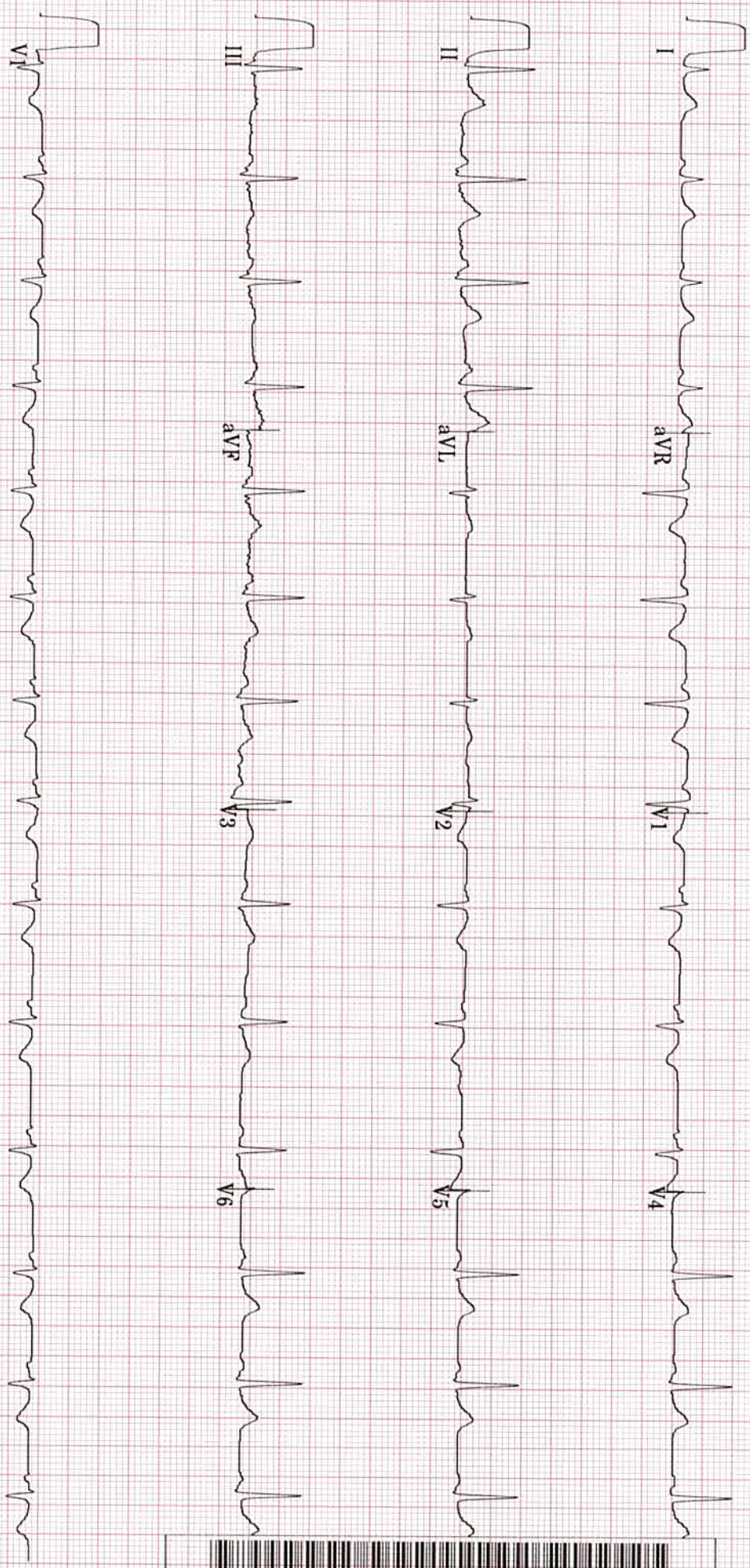
Vent. rate 83 bpm
PR interval 132 ms
QRS duration 84 ms
QT/QTc 364/427 ms
P-R-T axes 60 71 53

Technician:
Test ind: ECG

Normal sinus rhythm with sinus arrhythmia
Septal infarct, age undetermined
Abnormal ECG

Referred by: ARCOFEMI

Unconfirmed



20 Hz
25.0 mm/s
10.0 mm/mV

4 by 2.5s + 1 rhythm 1d

MAC55 009C

12SL™ V239

ARROW CE



26years
Female
160cm
Asian
67kg

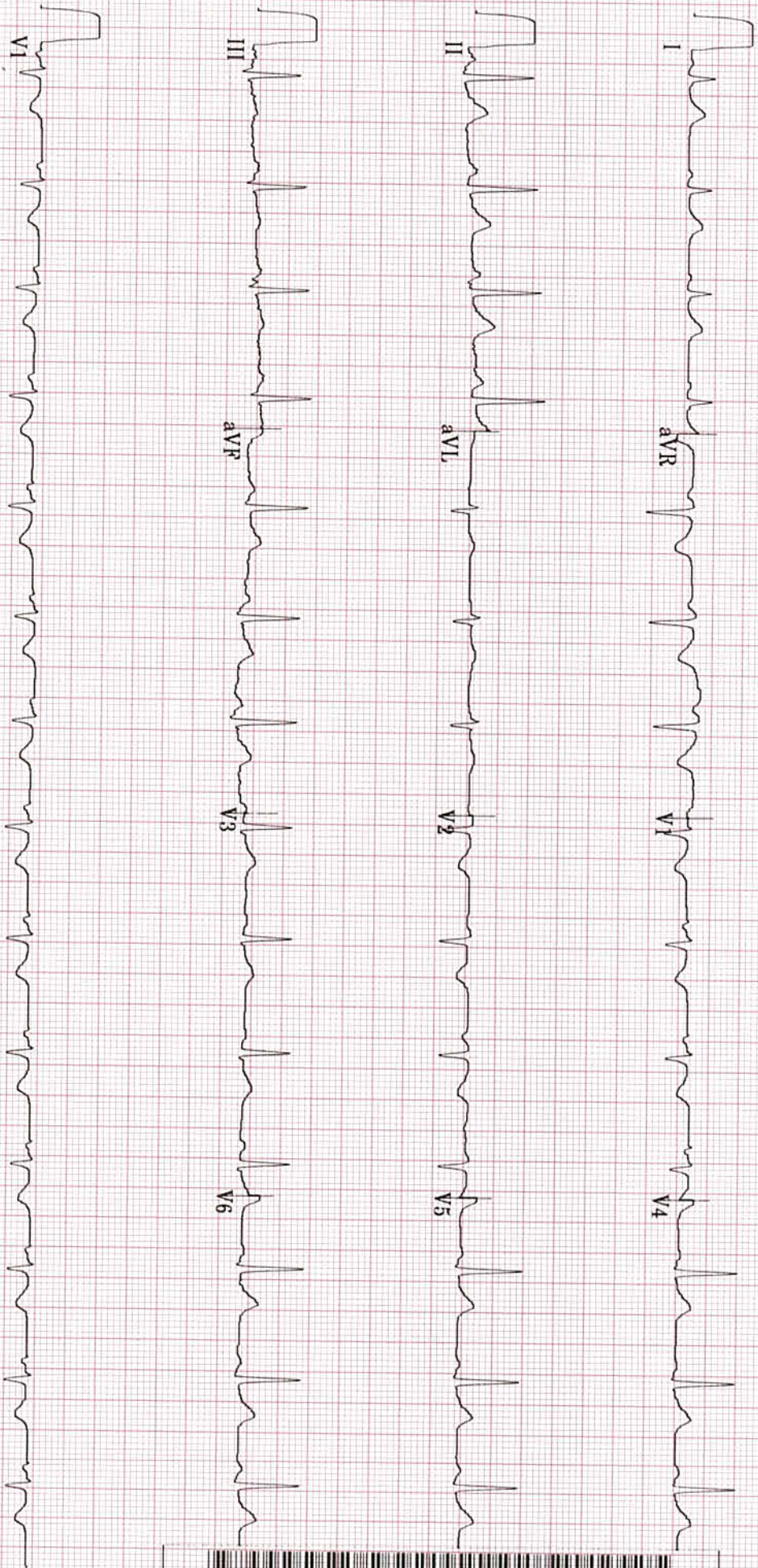
Vent. rate 85 bpm
PR interval 130 ms
QRS duration 86 ms
QT/QTc 364/433 ms
P-R-T axes 63 71 51

Technician:
Test ind: SCREENING FOR IHD

Normal sinus rhythm
Septal infarct, age undetermined
Abnormal ECG

Referred by: ARCOFEMI

Unconfirmed



20 Hz
25.0 mm/s
10.0 mm/mV

ARROW C6

4 by 2.5s + 1 rhythm Id

MAC55 009C

12SL™ V239



DHANUKONDA, PRASANNA
ID: 000307024

25-Mar-2023
13:08:59

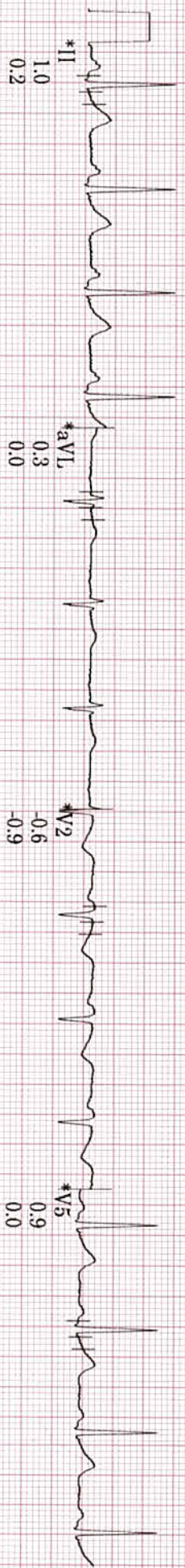
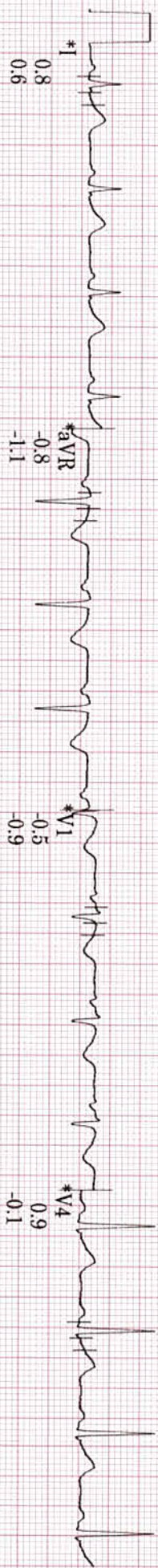
88bpm
BP: 120/70

PRETEST
SUPINE
1:00

BRUCE
**mph
**%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm
20 Hz
25.0 mm/s
10.0 mm/mV
A-H-S-50Hz HR 46

* Computer Synthesized Rhythm
MAG55 009C

DHANUKONDA, PRASANNA
ID: 000307024

25-Mar-2023
13:09:12

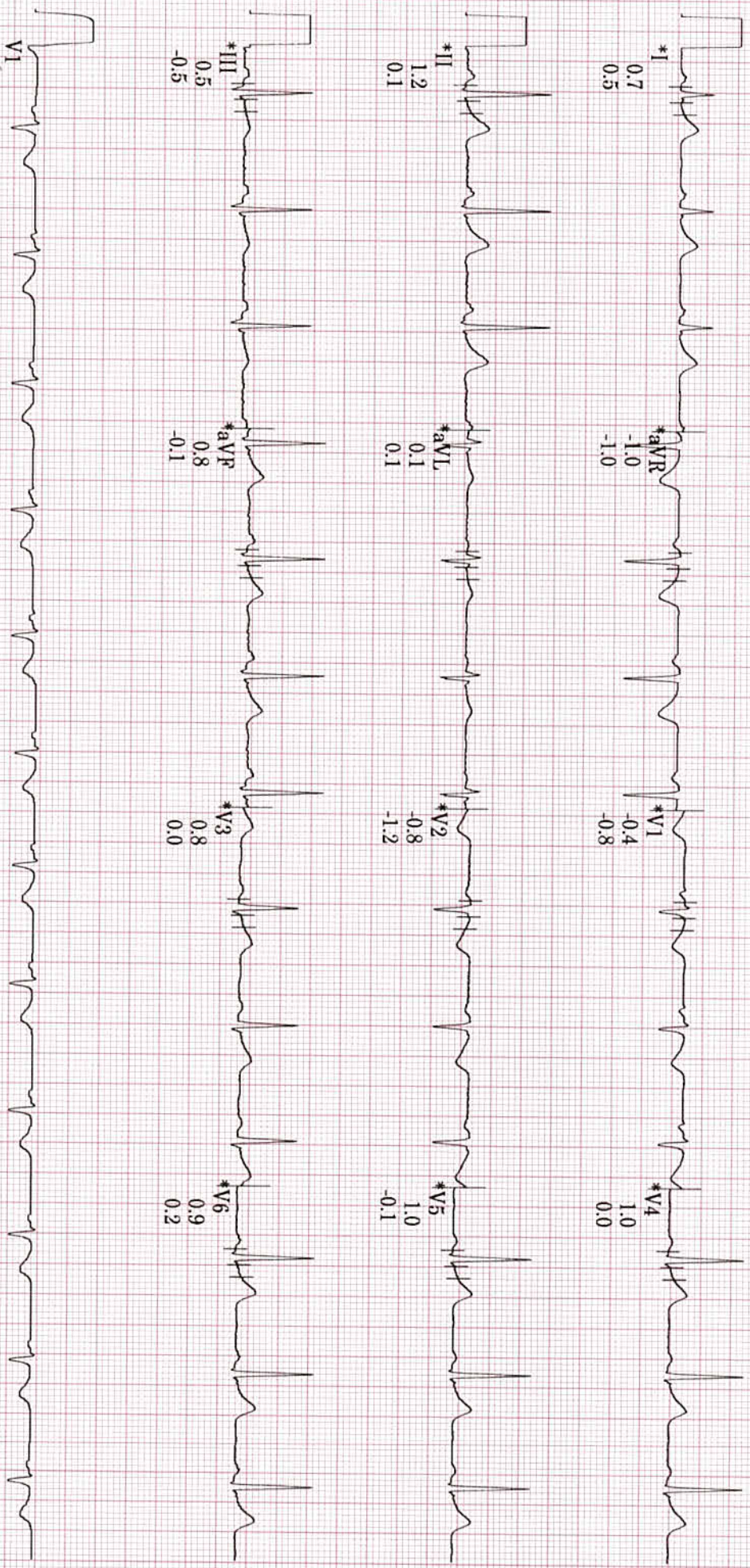
78bpm
BP: 120/70

ST @ 10mm/mV
80ms postJ

PRETEST
HYPEREYENT
1:14

BRUCE
***mph
***%

Lead
ST'(mm)
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 009C

ARROW CC

DHANUKONDA, PRASANNA
ID: 000307024

25-Mar-2023
13:12:11

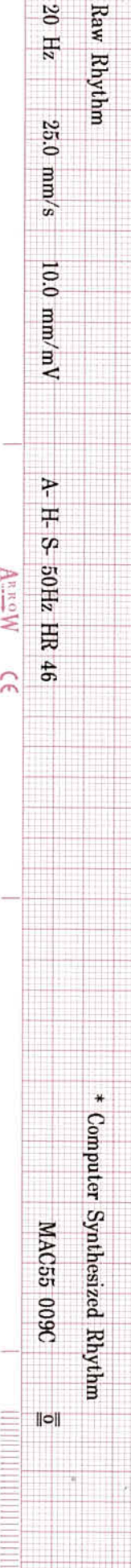
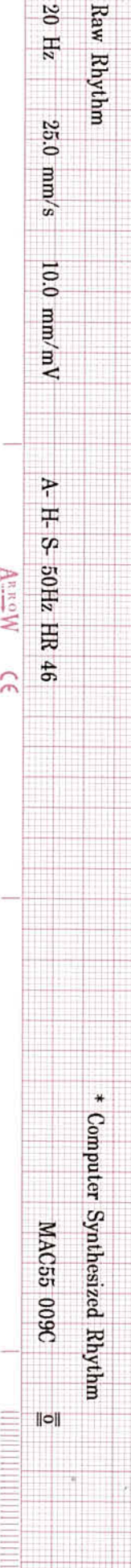
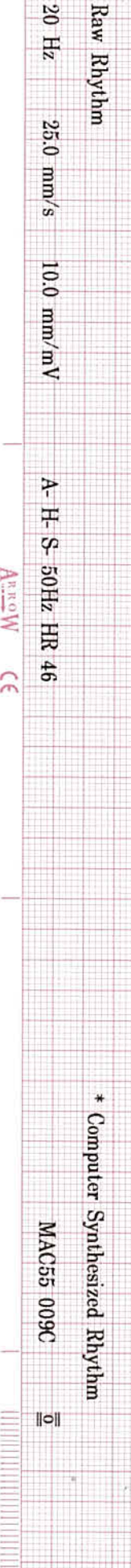
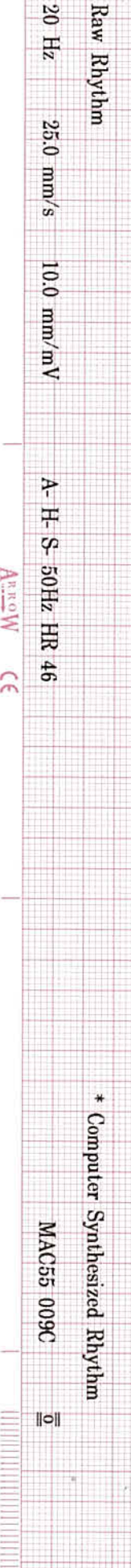
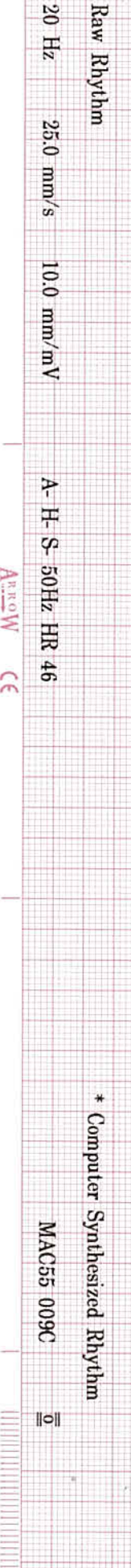
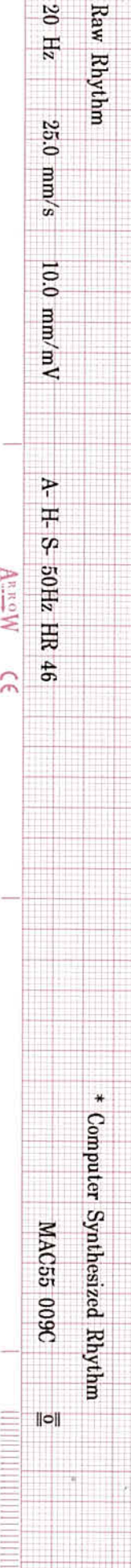
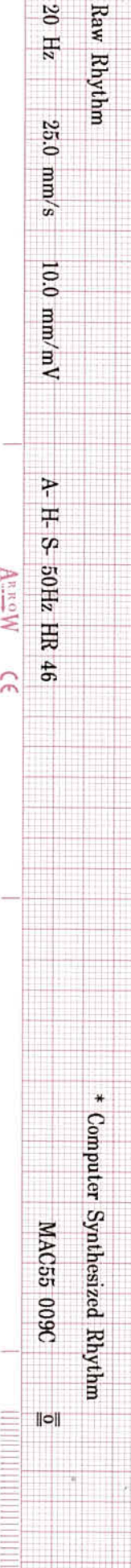
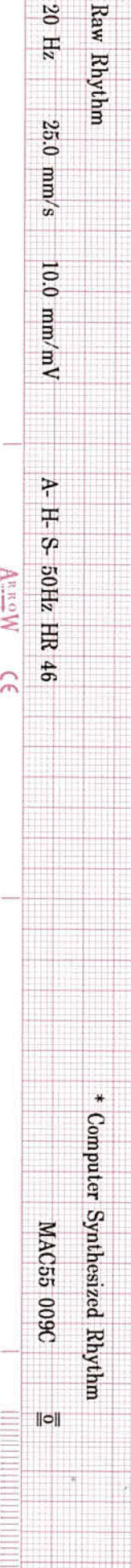
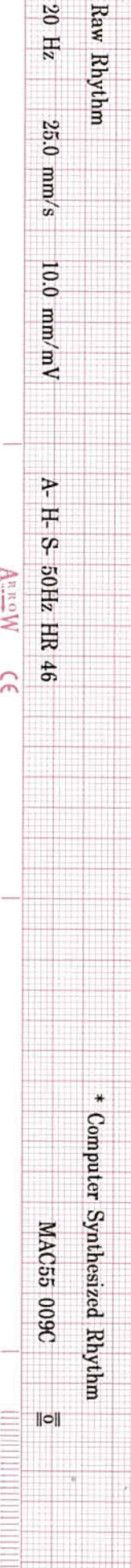
140bpm

EXERCISE
STAGE 1
2:50

BRUCE
1.6mph
10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST'(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55 009C

DHANUKONDA, PRASANNA
ID: 000307024

25-Mar-2023
13:15:11

169bpm

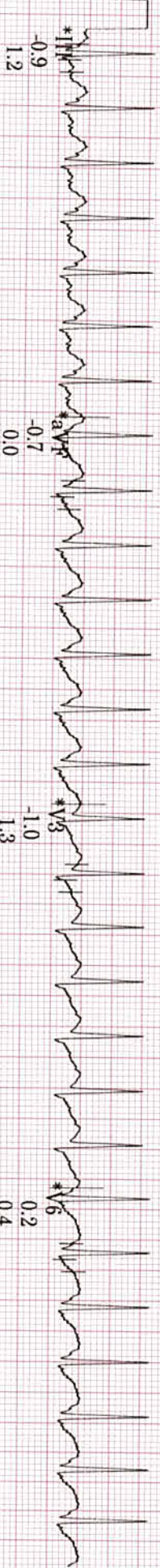
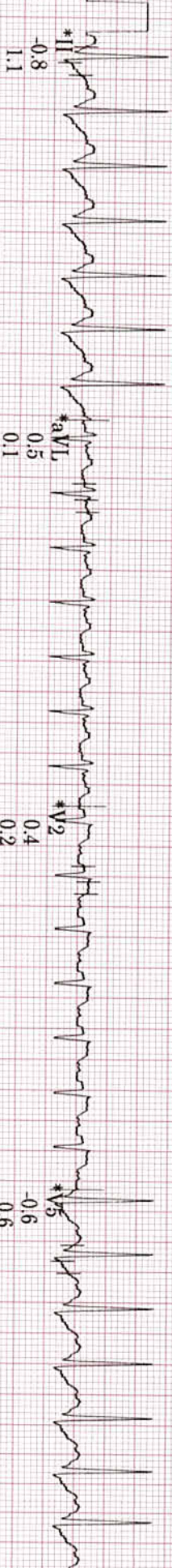
BP: 130/80

EXERCISE
STAGE 2
5:50

BRUCE
2.5mph
12.0%

ST @ 10mm/mV
80ms postJ

Lead
ST'(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

MAC55 009C

II

DHANUKONDA, PRASANNA
ID: 000307024

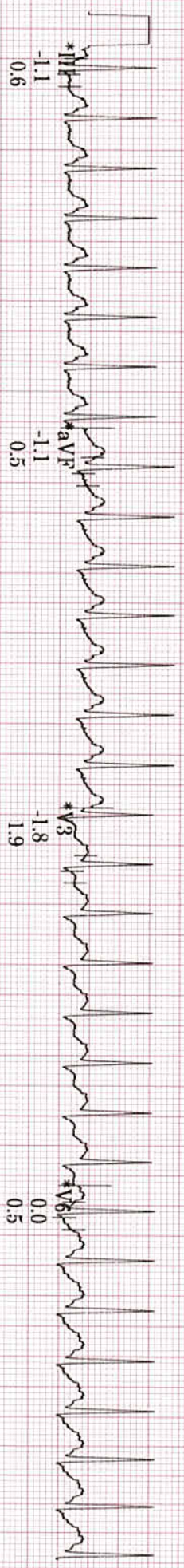
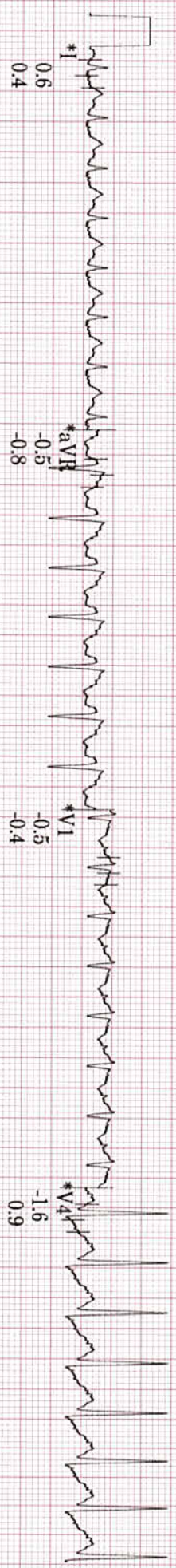
25-Mar-2023
13:16:26

EXERCISE
STAGE 3
182bpm
BP: 130/80
7:05

BRUCE
3.3mph
14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm
 20 Hz 25.0 mm/s 10.0 mm/mV
 A-H-S-50Hz HR 46
 *Computer Synthesized Rhythm
 MAC55 009C

DHANUKONDA, PRASANNA
ID: 000307024

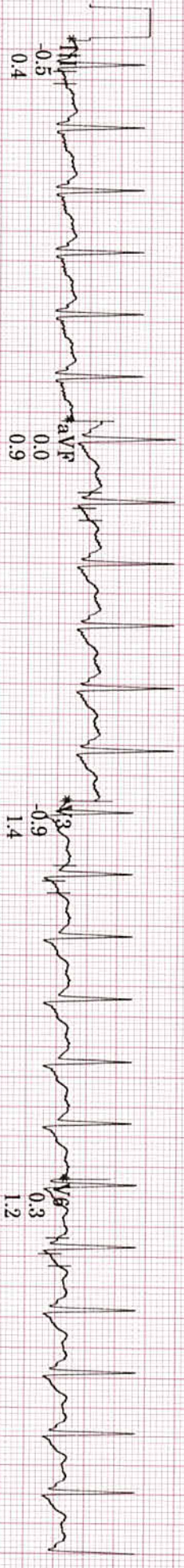
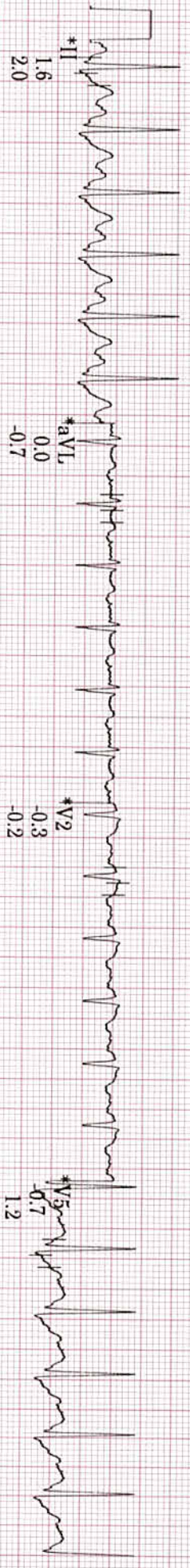
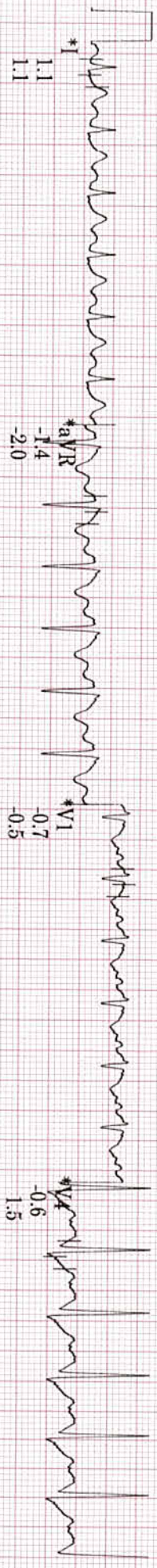
25-Mar-2023
13:17:26

146bpm
RECOVERY
Post
1:00

BRUCE
**mph
**%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm
20 Hz
25.0 mm/s
10.0 mm/mV
A-H-S-50Hz HR 46

* Computer Synthesized Rhythm
MAC55 009C

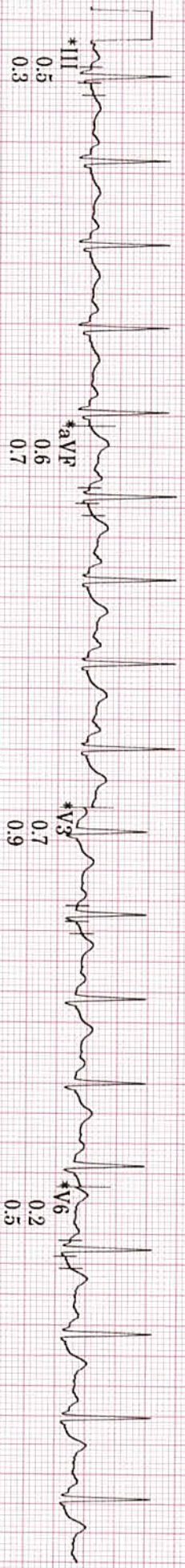
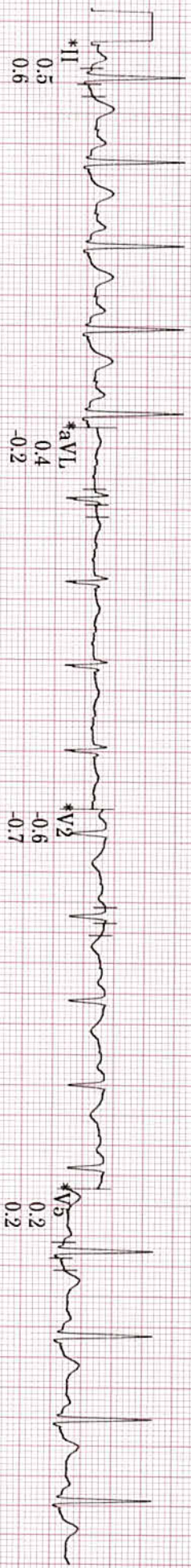
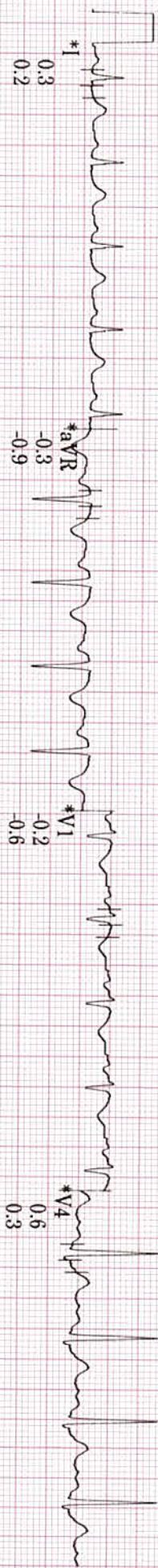


109bpm
RECOVERY Post
3:00

BRUCE
**mph
**%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55 009C

SELECTED MEDIANS REPORT

DHANUKONDA, PRASANNA
ID: 000307024

25-Mar-2023
13:07:59

26years
160cm
67kg
Asian

Female

BRUCE
Total Exercise time: 7:05

Max HR: 182bpm 93% of max predicted 194bpm
Max BP: 130/80
Maximum workload: 8.5METS

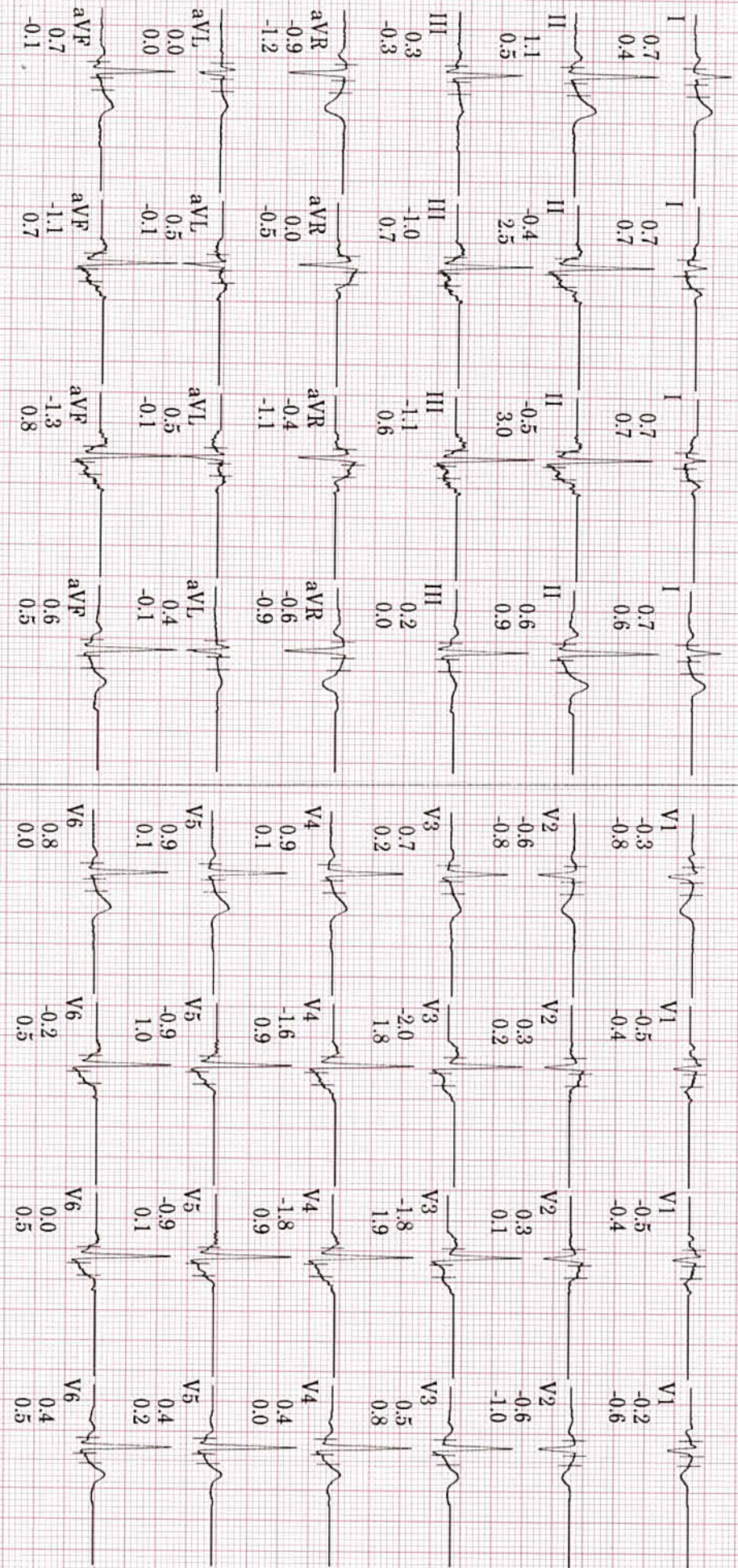
25.0 mm/s
10.0 mm/mV
100hz

Referred by: ARCOFEMI
Test ind: SCREENING FOR IHD

Reason for Termination:
Comments: GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO SIGNIFICANT ST-T CHANGES DURING STUDY
NO ANGINA / ARRHYTHMIA
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE EXERCISE	MAX ST RECOVERY	PEAK EXERCISE	TEST END RECOVERY
0:00 88bpm BP: 120/70	0:04 182bpm BP: 130/80	7:05 182bpm BP: 130/80	3:16 109bpm BP: 130/80

BASELINE EXERCISE	MAX ST RECOVERY	PEAK EXERCISE	TEST END RECOVERY
0:00 88bpm BP: 120/70	0:04 182bpm BP: 130/80	7:05 182bpm BP: 130/80	3:16 109bpm BP: 130/80



Technician:

THE APOLLO CLINIC, WHITEFIELD, BANGALORE

Unconfirmed

MAC55 009C

Lead
ST(mm)
Slope(mV/s)

DHANUKONDA, PRASANNA

ID: 000307024

26years

160cm

25-Mar-2023

13:07:59

Asian

67kg

Female

Referred by: ARCOFEMI
Test ind: SCREENING FOR IHD

BRUCE

Total Exercise time: 7:05

Max HR: 182bpm 93% of max predicted 194bpm

Max BP: 130/80

Reason for Termination: Max HR attained

Comments: GOOD EFFORT TOLERANCE

NORMAL HR AND BP RESPONSE

NO SIGNIFICANT ST-T CHANGES DURING STUDY

NO ANGINA / ARRHYTHMIA

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
10.0 mm/mV
100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:01	***	***	1.0	80	120/70	96
	STANDING	0:02	***	***	1.0	80	120/70	96
	HYPERVENT	0:15	0.8	0.0	1.0	88	120/70	106
EXERCISE	STAGE 1	3:00	1.6	10.0	4.4	140		
	STAGE 2	3:00	2.5	12.0	7.0	168	130/80	218
	STAGE 3	1:05	3.3	14.0	8.5	182	130/80	237
RECOVERY	Post	3:16	***	***	1.0	109	130/80	142

Technician:

THE APOLLO CLINIC, WHITEFIELD, BANGALORE

Unconfirmed

MAC55 009C

ARROW CE

Date : 25-03-2023

Department : GENERAL

MR NO : CMAR.0000307024

Doctor :

Name : Mrs. Dhanukonda Prasanna Lakshmi

Registration No :

Age/ Gender : 26 Y / Female

Qualification :

Consultation Timing: 08:26

Sp2 - 95%

Height : <i>160cm</i>	Weight : <i>67.9kg</i>	BMI : <i>26.2 kg/m</i>	Waist Circum : <i>81.5"</i>
Temp :	Pulse : <i>83b/m</i>	Resp :	B.P : <i>120/70 mmHg</i>

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Patient Name	: Mrs. Dhanukonda Prasanna Lakshmi	Age	: 26 Y F
UHID	: CMAR.0000307024	OP Visit No	: CMAROPV651040
Reported on	: 25-03-2023 12:35	Printed on	: 25-03-2023 12:36
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

Right Breast:

Skin and subcutaneous echoes are normal.
Sub areolar echoes are normal.
Normal glandular echopattern is noted.
No focal/diffuse mass lesion is identified.
No ductal dilatation is seen.
Retro mammary fascia and pectoralis muscle echoes are normal.
There are no enlarged axillary lymph nodes.

Left Breast:

Skin and subcutaneous echoes are normal.
Sub areolar echoes are normal.
Normal glandular echopattern is noted.
Few small well defined oval hypoechoic lesions noted, largest at 3'o clock position measuring 12.8x7.5mm
No ductal dilatation is seen.
Retro mammary fascia and pectoralis muscle echoes are normal.
There are no enlarged axillary lymph nodes.

Impression:

FIBROADENOMAS IN LEFT BREAST - BENIGN - BIRADS II

Suggested clinical correlation and follow up.

Report disclaimer :

Patient Name	: Mrs. Dhanukonda Prasanna Lakshmi	Age	: 26 Y F
UHID	: CMAR.0000307024	OP Visit No	: CMAROPV651040
Reported on	: 25-03-2023 12:35	Printed on	: 25-03-2023 12:36
Adm/Consult Doctor	:	Ref Doctor	: SELF

-
1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
 2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
 3. Printing mistakes should immediately be brought to notice for correction.

Printed on: 25-03-2023 12:35

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mrs. Dhanukonda Prasanna Lakshmi	Age	: 26 Y F
UHID	: CMAR.0000307024	OP Visit No	: CMAROPV651040
Reported on	: 25-03-2023 12:42	Printed on	: 25-03-2023 12:45
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended and shows non mobile echogenic focus measuring 7.8mm. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.1cm and parenchymal thickness measures 1.9cm.

Left kidney measures 10.3cm and parenchymal thickness measures 1.7cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: appears normal in size, measuring 7.9x4.6x3.3cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 9.3mm.

OVARIES: Both ovaries appear normal in size and echopattern.

Right ovary measures 2.7x1.6cm.

Left ovary measures 3.0x1.7cm.

No free fluid is seen.

Visualized bowel loops appears normal.

DEPARTMENT OF OPHTHALMOLOGY

Employee Name: Dhanukonda prasanna Lakshmi Date: 25/03/23
 Employee No: _____ Sex: F
 Age: 26 Systemic illness: _____

Examination	RE	LE
Anterior Segment	<u>Normal/Abnormal</u>	<u>Normal/Abnormal</u>
Vision Distance	<u>6/6</u>	<u>6/6</u>
Near vision	<u>N6</u>	<u>N6</u>
Colour (Ishihara)	<u>Normal/Abnormal</u>	<u>Normal/Abnormal</u>
Refractive Error	<u>Present/Absent</u>	<u>Present/Absent</u>
New Glass power	<u> </u>	<u> </u>
Add Power	<u> </u>	<u> </u>
Glass If any	<u>To Continue / Change</u>	<u>To Continue / Change</u>
IOP (mm of Hg)	<u>Normal/Abnormal</u>	<u>Normal/Abnormal</u>
Posterior Segment	<u>Normal/Abnormal</u>	<u>Normal/Abnormal</u>
Impression	<u>Normal/Refractive Error/Presbyopic BE/Others</u>	

Advice/Comments

Signature of Consultant & Optometrist

[Signature]

34years
Male
178cm

Asian
109kg

Vent. rate 100 bpm
PR interval 132 ms
QRS duration 82 ms
QT/QTc 350/451 ms
P-R-T axes 58 52 62

Technician:
Test ind: ECG

Normal sinus rhythm
Septal infarct, age undetermined
Abnormal ECG

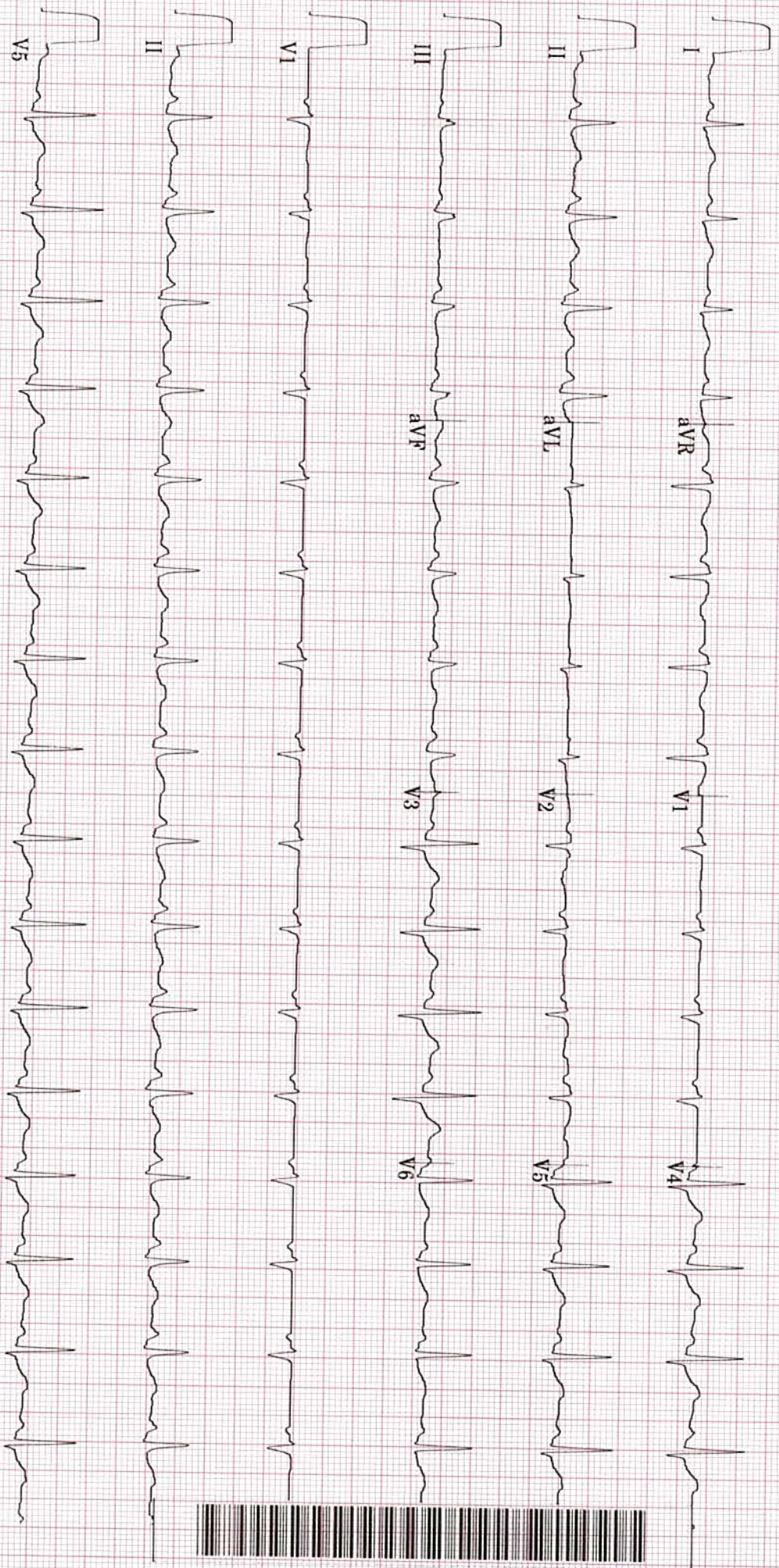
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23-MAR-2023 14:38:35

THE APOLLO CLINIC, WHITEFIELD, BANGALORE

Referred by: AHC

Unconfirmed



20 Hz

25.0 mm/s

10.0 mm/mV

4 by 2.5s + 3 rhythm lds

MAC55 009C

12SL™ V239

Arrow

CC



Patient Name : Mrs. Dhanukonda Prasanna Lakshmi
UHID : CMAR.0000307024
Reported on : 25-03-2023 15:53
Adm/Consult Doctor :

Age : 26 Y F
OP Visit No : CMAROPV651040
Printed on : 25-03-2023 18:13
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:25-03-2023 15:53

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:09AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 01:11PM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	37.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.75	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	78.7	fL	83-101	Calculated
MCH	25.8	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,460	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62.6	%	40-80	Electrical Impedance
LYMPHOCYTES	30.5	%	20-40	Electrical Impedance
EOSINOPHILS	0.9	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4043.96	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1970.3	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	58.14	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	381.14	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	6.46	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	293000	cells/cu.mm	150000-410000	Electrical Impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	38	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic hypochromic. Few microcytes are seen.

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

PLATELETS: appear adequate in number.

Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:09AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 01:11PM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC HYPOCHROMIC BLOOD PICTURE.



SIN No:BED230075310

Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI Age/Gender : 26 Y 4 M 29 D/F UHID/MR No : CMAR.0000307024 Visit ID : CMAROPV651040 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8142661494D	Collected : 25/Mar/2023 08:41AM Received : 25/Mar/2023 11:09AM Reported : 25/Mar/2023 02:05PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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



SIN No:BED230075310

Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:08AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 11:25AM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	101	mg/dL	70-100	HEXOKINASE
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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

Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:08AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 11:25AM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	123	mg/dL		Calculated

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



Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:34AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 12:21PM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL CHOLESTEROL	164	mg/dL	<200	CHO-POD
TRIGLYCERIDES	56	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.34		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
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.



Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:34AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 12:21PM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.48	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	78.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.79	g/dL	6.6-8.3	Biuret
ALBUMIN	3.77	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.02	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated



Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:34AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 12:21PM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.49	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	13.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.48	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.07	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)



Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:34AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 12:21PM
Visit ID : CMAROPV651040	Status : Final Report
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Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	<38	IFCC



Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:34AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 12:39PM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.39	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.66	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.560	µIU/mL	0.35-4.94	CMIA

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



Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:40AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:51AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 02:49PM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION

Test Name	Result	Unit	Bio. Ref. Range	Method
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	POSITIVE +++		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

Test Name	Result	Unit	Bio. Ref. Range	Method
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	20-25	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI Age/Gender : 26 Y 4 M 29 D/F UHID/MR No : CMAR.0000307024 Visit ID : CMAROPV651040 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8142661494D	Collected : 25/Mar/2023 08:40AM Received : 25/Mar/2023 11:51AM Reported : 25/Mar/2023 01:26PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

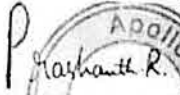
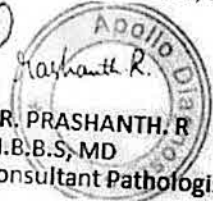
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324


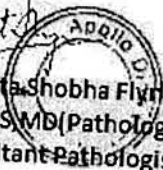
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:

PERIPHERAL SMEAR, URINE GLUCOSE(POST PRANDIAL), GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)



DR. PRASHANTH. R
 M.B.B.S, MD
 Consultant Pathologist



Dr. Anita Shobha Flynn
 M.B.B.S, MD(Pathology)
 Consultant Pathologist



Mrs. Dhanukonda Prasanna Lakshmi
26y/f

25/3/2023.

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

No. of hearing related issues

Ac of left } Normal
Ac of right }

B/L hearing sensitivity within normal limits

C/S / ENT

Eag & Bk Exam - @

T.F.T - @

Non. Throat @

~~✓~~ gene

Follow up date:

Doctor Signature

(Signature)
(ENT)

Date : 25-03-2023

Department : GENERAL

MR NO : CMAR.0000307024

Doctor :

Name : Mrs. Dhanukonda Prasanna Lakshmi

Registration No :

Age/ Gender : 26 Y / Female

Qualification :

Consultation Timing: 08:26

Sp2 - 95%

Height : <i>160cm</i>	Weight : <i>67.9kg</i>	BMI : <i>26.2 kg/m</i>	Waist Circum : <i>Sp2 - 95%</i>
Temp :	Pulse : <i>83b/m</i>	Resp :	B.P : <i>120/70 mmHg</i>

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Patient Name	: Mrs. Dhanukonda Prasanna Lakshmi	Age	: 26 Y F
UHID	: CMAR.0000307024	OP Visit No	: CMAROPV651040
Reported on	: 25-03-2023 12:35	Printed on	: 25-03-2023 12:36
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

Right Breast:

Skin and subcutaneous echoes are normal.
Sub areolar echoes are normal.
Normal glandular echopattern is noted.
No focal/diffuse mass lesion is identified.
No ductal dilatation is seen.
Retro mammary fascia and pectoralis muscle echoes are normal.
There are no enlarged axillary lymph nodes.

Left Breast:

Skin and subcutaneous echoes are normal.
Sub areolar echoes are normal.
Normal glandular echopattern is noted.
Few small well defined oval hypoechoic lesions noted, largest at 3'o clock position measuring 12.8x7.5mm
No ductal dilatation is seen.
Retro mammary fascia and pectoralis muscle echoes are normal.
There are no enlarged axillary lymph nodes.

Impression:

FIBROADENOMAS IN LEFT BREAST - BENIGN - BIRADS II

Suggested clinical correlation and follow up.

Report disclaimer :

Patient Name	: Mrs. Dhanukonda Prasanna Lakshmi	Age	: 26 Y F
UHID	: CMAR.0000307024	OP Visit No	: CMAROPV651040
Reported on	: 25-03-2023 12:35	Printed on	: 25-03-2023 12:36
Adm/Consult Doctor	:	Ref Doctor	: SELF

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.

2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose

3. Printing mistakes should immediately be brought to notice for correction.

Printed on: 25-03-2023 12:35

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name : Mrs. Dhanukonda Prasanna Lakshmi Age : 26 Y F
UHID : CMAR.0000307024 OP Visit No : CMAROPV651040
Reported on : 25-03-2023 12:42 Printed on : 25-03-2023 12:45
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended and shows non mobile echogenic focus measuring 7.8mm. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.1cm and parenchymal thickness measures 1.9cm.

Left kidney measures 10.3cm and parenchymal thickness measures 1.7cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: appears normal in size, measuring 7.9x4.6x3.3cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 9.3mm.

OVARIES: Both ovaries appear normal in size and echopattern.

Right ovary measures 2.7x1.6cm.

Left ovary measures 3.0x1.7cm.

No free fluid is seen.

Visualized bowel loops appears normal.

DEPARTMENT OF OPHTHALMOLOGY

Employee Name: Dhanukonda prasanna Lakshmi Date: 25/03/23
 Employee No: _____ Sex: F
 Age: 26 Systemic illness: _____

Examination	RE	LE
Anterior Segment	<u>Normal/Abnormal</u>	<u>Normal/Abnormal</u>
Vision Distance	<u>6/6</u>	<u>6/6</u>
Near vision	<u>N6</u>	<u>N6</u>
Colour (Ishihara)	<u>Normal/Abnormal</u>	<u>Normal/Abnormal</u>
Refractive Error	<u>Present/Absent</u>	<u>Present/Absent</u>
New Glass power	<u> </u>	<u> </u>
Add Power	<u> </u>	<u> </u>
Glass If any	<u>To Continue / Change</u>	<u>To Continue / Change</u>
IOP (mm of Hg)	<u>Normal/Abnormal</u>	<u>Normal/Abnormal</u>
Posterior Segment	<u>Normal/Abnormal</u>	<u>Normal/Abnormal</u>
Impression	<u>Normal/Refractive Error/Presbyopic BE/Others</u>	

Advice/Comments

Signature of Consultant & Optometrist

[Signature]

34years
Male
178cm

Asian
109kg

Vent. rate 100 bpm
PR interval 132 ms
QRS duration 82 ms
QT/QTc 350/451 ms
P-R-T axes 58 52 62

Technician:
Test ind: ECG

Normal sinus rhythm
Septal infarct, age undetermined
Abnormal ECG

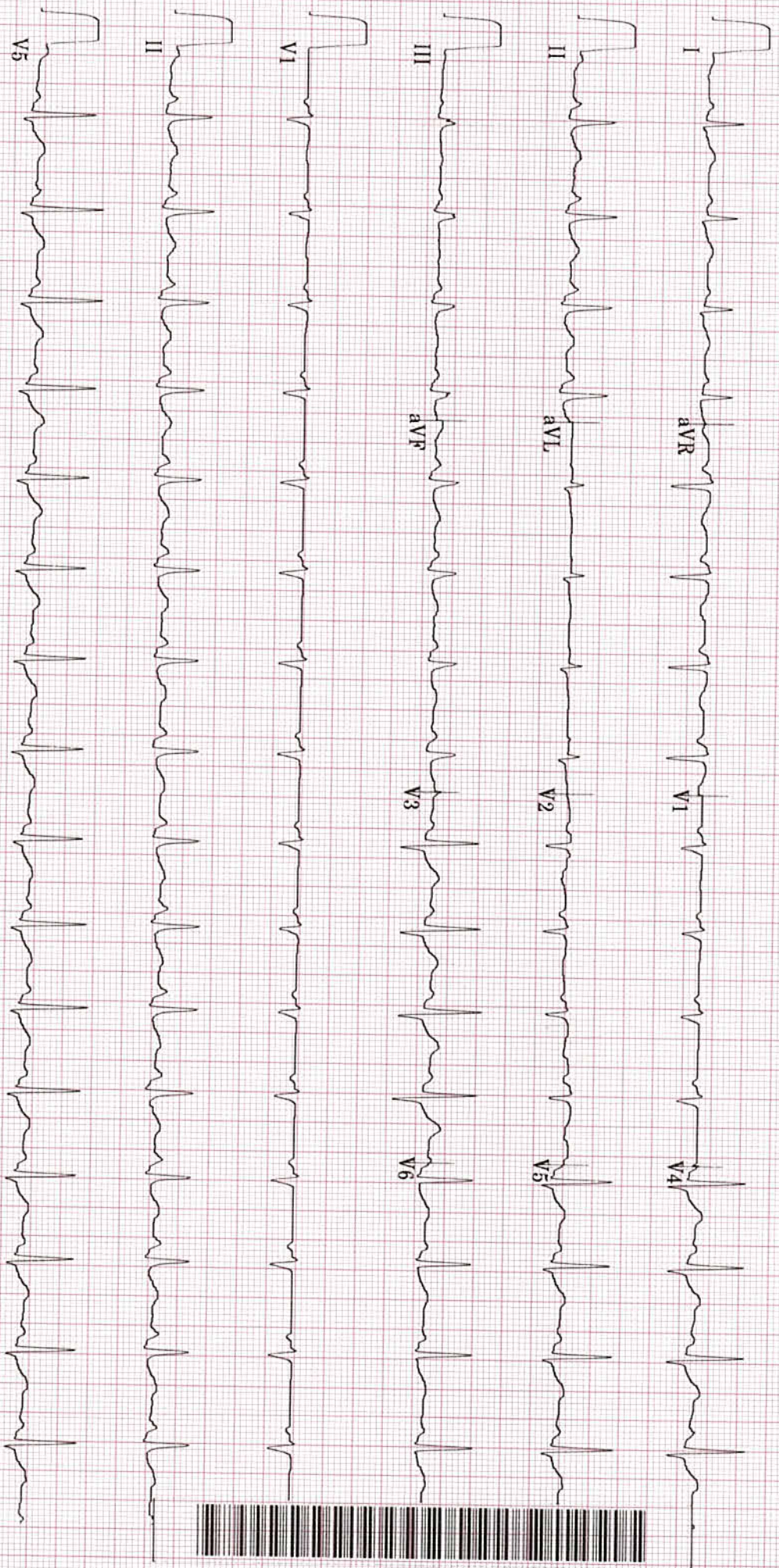
11. 000021113

23-MAR-2023 14:38:35

THE APOLLO CLINIC, WHITEFIELD, BANGALORE

Referred by: AHC

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 3 rhythm lds

MAC55 009C

12SL™ V239

Arrow CC



Patient Name : Mrs. Dhanukonda Prasanna Lakshmi
UHID : CMAR.0000307024
Reported on : 25-03-2023 15:53
Adm/Consult Doctor :

Age : 26 Y F
OP Visit No : CMAROPV651040
Printed on : 25-03-2023 18:13
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:25-03-2023 15:53

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:09AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 01:11PM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	37.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.75	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	78.7	fL	83-101	Calculated
MCH	25.8	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,460	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62.6	%	40-80	Electrical Impedance
LYMPHOCYTES	30.5	%	20-40	Electrical Impedance
EOSINOPHILS	0.9	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4043.96	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1970.3	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	58.14	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	381.14	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	6.46	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	293000	cells/cu.mm	150000-410000	Electrical Impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	38	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic hypochromic. Few microcytes are seen.

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

PLATELETS: appear adequate in number.

Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:09AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 01:11PM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Blo. Ref. Range	Method
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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC HYPOCHROMIC BLOOD PICTURE.



SIN No:BED230075310

Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI Age/Gender : 26 Y 4 M 29 D/F UHID/MR No : CMAR.0000307024 Visit ID : CMAROPV651040 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8142661494D	Collected : 25/Mar/2023 08:41AM Received : 25/Mar/2023 11:09AM Reported : 25/Mar/2023 02:05PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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



SIN No:BED230075310

Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:08AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 11:25AM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	101	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

Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:08AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 11:25AM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	123	mg/dL		Calculated

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



Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:34AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 12:21PM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	164	mg/dL	<200	CHO-POD
TRIGLYCERIDES	56	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.34		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
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.



Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:34AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 12:21PM
Visit ID : CMAROPV651040	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.48	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	78.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.79	g/dL	6.6-8.3	Biuret
ALBUMIN	3.77	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.02	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated



Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:34AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 12:21PM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.49	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	13.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.48	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.07	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)



Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:34AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 12:21PM
Visit ID : CMAROPV651040	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	<38	IFCC



Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:41AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:34AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 12:39PM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.39	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.66	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.560	µIU/mL	0.35-4.94	CMIA

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



Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI	Collected : 25/Mar/2023 08:40AM
Age/Gender : 26 Y 4 M 29 D/F	Received : 25/Mar/2023 11:51AM
UHID/MR No : CMAR.0000307024	Reported : 25/Mar/2023 02:49PM
Visit ID : CMAROPV651040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8142661494D	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION

Test Name	Result	Unit	Bio. Ref. Range	Method
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	POSITIVE +++		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

Test Name	Result	Unit	Bio. Ref. Range	Method
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	20-25	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mrs.DHANUKONDA PRASANNA LAKSHMI Age/Gender : 26 Y 4 M 29 D/F UHID/MR No : CMAR.0000307024 Visit ID : CMAROPV651040 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8142661494D	Collected : 25/Mar/2023 08:40AM Received : 25/Mar/2023 11:51AM Reported : 25/Mar/2023 01:26PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

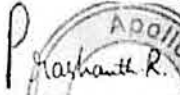
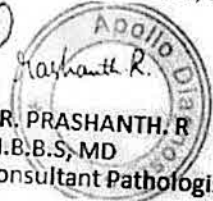
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324


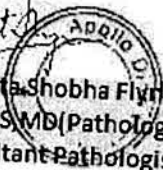
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:

PERIPHERAL SMEAR, URINE GLUCOSE(POST PRANDIAL), GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)



DR. PRASHANTH. R
 M.B.B.S, MD
 Consultant Pathologist



Dr. Anita Shobha Flynn
 M.B.B.S, MD(Pathology)
 Consultant Pathologist



Mrs. Dhanukonda Prasanna Lakshmi
26y/f

25/3/2023

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

No of hearing related issues

Ac of left } Normal
Ac of right }

B/L hearing sensitivity within normal limits

~~✓~~ gene

C/S / ENT

Eag & Bk Exam - @

T.F.T - @

Non. Throat @

(Signature)
(ENT)

Follow up date:

Doctor Signature

Patient Name : Mrs. Dhanukonda Prasanna Lakshmi

Age/Gender : 26 Y/F

UHID/MR No. : CMAR.0000307024

OP Visit No : CMAROPV651040

Sample Collected on :

Reported on : 25-03-2023 16:52

LRN# : RAD1958464

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8142661494D

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

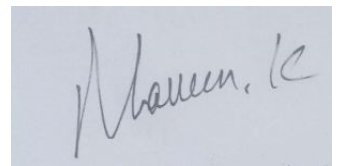
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mrs. Dhanukonda Prasanna Lakshmi	Age/Gender	: 26 Y/F
UHID/MR No.	: CMAR.0000307024	OP Visit No	: CMAROPV651040
Sample Collected on	:	Reported on	: 25-03-2023 12:45
LRN#	: RAD1958464	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8142661494D		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended and shows non mobile echogenic focus measuring 7.8mm. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.1cm and parenchymal thickness measures 1.9cm.

Left kidney measures 10.3cm and parenchymal thickness measures 1.7cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: appears normal in size, measuring 7.9x4.6x3.3cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 9.3mm.

OVARIES: Both ovaries appear normal in size and echopattern.

Right ovary measures 2.7x1.6cm.

Left ovary measures 3.0x1.7cm.

No free fluid is seen.

Visualized bowel loops appears normal.

IMPRESSION:

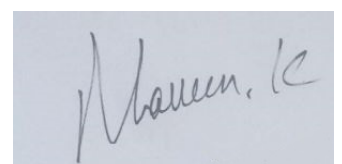
ECHOGENIC FOCUS IN GALLBLADDER - POLYP / CALCULUS.

NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose.
3. Printing mistakes should immediately be brought to notice for correction.





Patient Name : Mrs. Dhanukonda Prasanna Lakshmi

Age/Gender : 26 Y/F

Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mrs. Dhanukonda Prasanna Lakshmi	Age/Gender	: 26 Y/F
UHID/MR No.	: CMAR.0000307024	OP Visit No	: CMAROPV651040
Sample Collected on	:	Reported on	: 25-03-2023 12:36
LRN#	: RAD1958464	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8142661494D		

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Right Breast:

Skin and subcutaneous echoes are normal.
Sub areolar echoes are normal.
Normal glandular echopattern is noted.
No focal/diffuse mass lesion is identified.
No ductal dilatation is seen.
Retro mammary fascia and pectoralis muscle echoes are normal.
There are no enlarged axillary lymph nodes.

Left Breast:

Skin and subcutaneous echoes are normal.
Sub areolar echoes are normal.
Normal glandular echopattern is noted.
Few small well defined oval hypoechoic lesions noted, largest at 3'o clock position measuring 12.8x7.5mm
No ductal dilatation is seen.
Retro mammary fascia and pectoralis muscle echoes are normal.
There are no enlarged axillary lymph nodes.

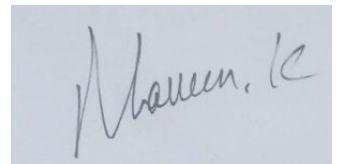
Impression:

FIBROADENOMAS IN LEFT BREAST - BENIGN - BIRADS II

Suggested clinical correlation and follow up.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
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3. Printing mistakes should immediately be brought to notice for correction.



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Radiology