



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

NAME	OF HEALTH CHECK UP BENEFICIARY PADMAVATHI C
DATE OF BIRTH	00.00
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	
BOOKING REFERENCE NO.	23M160833100084428S
EMPLOYEE NAME	SPOUSE DETAILS
EMPLOYEE EC NO.	MR. M RAJESH O
EMPLOYEE BEOLO	160833
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	BANGALORE, SANKEY ROAD
EMPLOYEE BIRTHDATE	17-09-1985

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 17-01-2024 till 31-03-2024. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse 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 mentloned 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))



SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE		
CBC	CBC		
ESR	ESR		
Blood Group & RH Factor	Blood Group & RH Factor		
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting		
Blood and Urine Sugar PP	Blood and Urine Sugar PP		
Stool Routine	Stool Routine		
Lipid Profile	Lipid Profile		
Total Cholesterol	Total Cholesterol		
HDL	HDL		
l.DL	LDL		
VLDL	VLDL		
Triglycerides	Triglycerides		
HDL / LDL ratio	HDL / LDL ratio		
Liver Profile	Liver Profile		
AST	AST		
ALT	ALT		
GGT	GGT		
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)		
ALP	ALP		
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)		
Kidney Profile	Kidney Profile		
Serum creatinine	Serum creatinine		
Blood Urea Nitrogen	Blood Urea Nitrogen		
Uric Acid	Uric Acid		
HBA1C	HBA1C		
Routine urine analysis	Routine urine analysis		
USG Whole Abdomen	USG Whole Abdomen		
General Tests	General Tests		
X Ray Chest	X Ray Chest		
ECG	ECG		
2D/3D ECHO / TMT	2D/3D ECHO / TMT		
Stress Test	Thyroid Profile (T3, T4, TSH)		
PSA Male (above 40 years)	Mammography (above 40 years)		
The state of the s	and Pap Smear (above 30 years)		
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation		
Dental Check-up consultation	Physician Consultation		
Physician Consultation	Eye Check-up consultation		
Eye Check-up consultation	Skin/ENT consultation		
Skin/ENT consultation	Gynaec Consultation		



: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN



Mrs. Padmavathi C Name

INDIA OP AGREEMENT

Address: kmg

Plan

Age: 33 Y

Sex: F

UHID:CKOR.0000250461

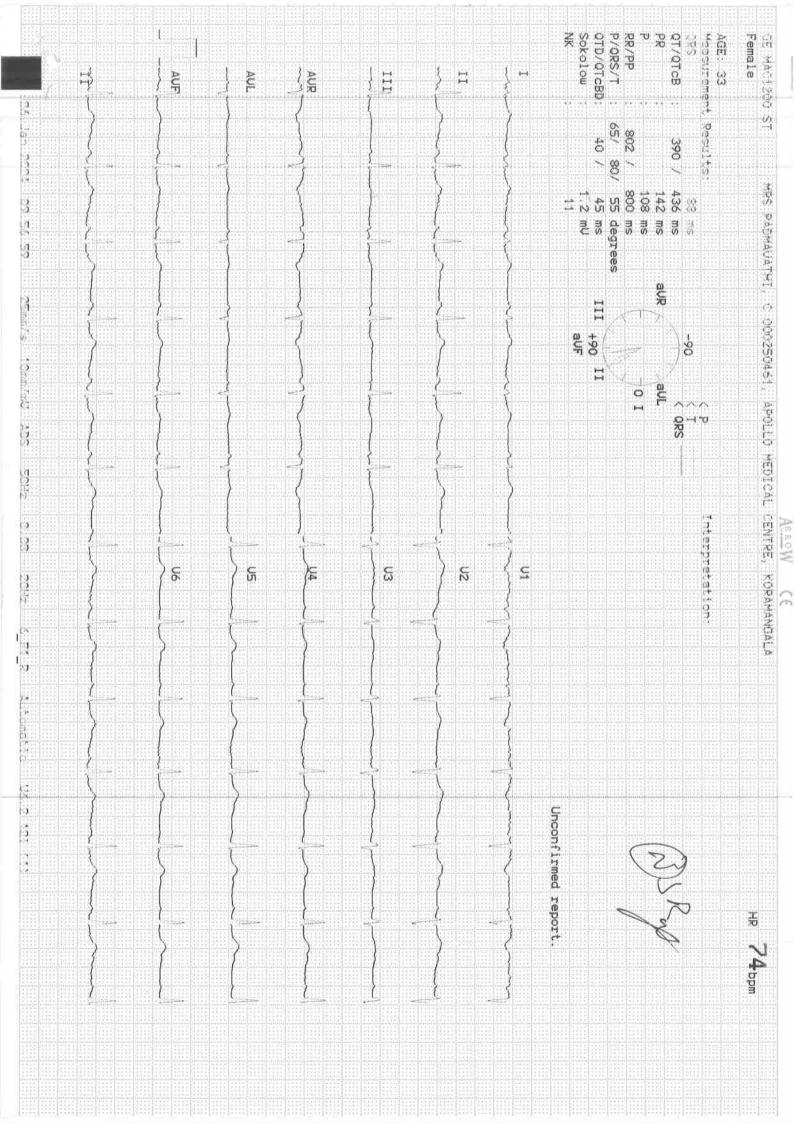
OP Number: CKOROPV397079

Bill No: CKOR-OCR-80487

Date : 26.01,2024 08:32

		pate : 20.01,2024 08.32		
Sno	Serive Type/ServiceName	Department		
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK	= FEMALE = 2D ECHO = PAN INDIA = FY2324		
_	GAMMA GLUTAMYL TRANFERASE (GGT)			
	2 D ECHO			
	BLIVER FUNCTION TEST (LFT)			
	4GLUCOSE, FASTING			
	HEMOGRAM + PERIPHERAL SMEAR			
	6 GYNAECOLOGY CONSULTATION			
	7 DIET CONSULTATION			
	8 COMPLETE URINE EXAMINATION			
	9 URINE GLUCOSE(POST PRANDIAL)			
	0 PERIPHERAL SMEAR			
	LECG D			
	2 L BC PAP TEST- PAPSURE			
	3 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	1		
	4 DENTAL CONSULTATION			
	S GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)			
	L6 URINE GLUCOSE(FASTING)			
	17 HbAIc, GLYCATED HEMOGLOBIN			
	RAY CHEST PA			
1	9 ENT CONSULTATION			
1	20 FITNESS BY GENERAL PHYSICIAN			
-	21 BLOOD GROUP ABO AND RH FACTOR			
~	22 LIPID PROFILE			
	23 BODY MASS INDEX (BMI)			
	24 OPTHAL BY GENERAL PHYSICIAN			
	25 ULTRASOUND - WHOLE ABDOMEN			
	26 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	1.56 A.		
0	Charles 17.	Height - 158 cm		

Height - 120 m weight - 52.9 pulse - bishts Bp - mmofts









Expertise. Closer to you.

Patient Name UHID Mrs. Padmavathi C CKOR.0000250461 Dr. MOHAN MURALI Age OP Visit No Conducted Date 33 Y/F CKOROPV397079 26-01-2024 11:06

Reported By: Referred By

SELF

ECG REPORT

Observation:-

1. Normal Sinus Rhythm.

2. Heart rate is 74beats per minutes.

3. No pathological Q wave or S-T,T changes seen.

4. Normal P,Q,R,S,T waves and axis.

5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

Dr MOHAN MÜRALI CARDIOLOGIST

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH FOR FUTURE REFERENCE IF NEEDED.

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









Apollo Clinic

Consent Form

	UHID Number: CKOROU1025 Company Name: Bank y Bana Na
X	(Company) want to inform you that I am not getting the USG / Consulty
,	Test which is a part of health check package.
	Reason If any: be comby Up day. And I claim the above statement in my full consciousness.
	Patient Signature:



OPTHAL REPORT

NAME: podmayati C AGE: 38...GENDER: MALE/FEMALE

RIGHT EYE

	SPH	CYL	AXIS	VA
ĎV		Pla	na	6/6
NV	-		-	in e

LEFT EYE

	SPH	CYL	AXIS	VA
DV		-0.25	90'	6
NV	-			140

REMARK: Use some goss

DATE 26/01/24









Mrs. Padmavathi C

UHID

: CKOR.0000250461

Reported on

126-01-2024 19:41

Adm/Consult Doctor

Age

: 33 Y F

OP Visit No

: CKOROPV397079

Printed on

: 26-01-2024 19:46

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION: NORMAL STUDY.

Printed on:26-01-2024 19:41

--- End of the Report---

Dr. VINOD P JOSEPH

MBBS, DNB, DMRD

Radiology







Expertise. Closer to you.

NAME: MRS PADMAVATHI C

AGE: 33Y

SEX: FEMALE

DATE: 26/01/24

ECHOCARDIOGRAPHY REPORT

MEASUREMENT

AO - 22 (20 – 35)mm	LIVD d – 35 (36-52)mm	IVS - 10 (06 - 11)mm
LA -24 (19- 40)mm	LVID s - 22	PWD - 11 (06-11)mn
EN 21(II	(23- 39)mm	
EF - 60 (>50%)	RVID-24	

VALVES

Mitral Valve

Normal.

Aortic Valve

Normal,,

Tricuspid Valve

: Normal, Trivial TR, RVSP - 20 mm

Pulmonary Valve

Normal,

CHAMBERS

Left Atrium

: Normal

Right Atrium

: Normal

Left Ventricle

: Normal,

Right Ventricle

: Normal

SEPTAE

IVS

: Intact









IAS

Intact

GREAT ARTERIES

Aorta

: Normal

Pulmonary Artery

: Normal

DOPPLER DATA

Mitral

: E > A, 0.76/0.6

m/s

Aortic

: Normal, 1.0 m/s

Tricuspid

: Normal , 0.4 / 0.6

Pulmonary

: Normal, 1.10

WALL MOTION ABNORMALITIES

: No RWMA

Pericardium

: Normal

FINAL DIAGNOSIS

NORMAL LV SYSTOLIC FUNCTION NO RWMA AT REST, LV EF - 60 % NORMAL DIASTOLIC FUNCTION NO OBVIOUS CLOTS/ EFFUSION/ VEGETATION

DR. MOHAX MURALI DNB(MED), DrNB(CARDIOLOGY) CONSULTANT CARDIOLOGIST

Name: Mrs. Padmavathi C

Age/Gender: 33 Y/F Address: kmg

Location: BANGALORE, KARNATAKA

Doctor:

Department: GENERAL

Rate Plan: KORAMANGALA_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. VIJAYA LAKSHMI M

Doctor's Signature

 MR No:
 CKOR.0000250461

 Visit ID:
 CKOROPV397079

 Visit Date:
 26-01-2024 08:31

Discharge Date:

Referred By: SELF

 Name:
 Mrs. Padmavathi C
 MR No:
 CKOR.0000250461

 Age/Gender:
 33 Y/F
 Visit ID:
 CKOROPV397079

 Address:
 kmg
 Visit Date:
 26-01-2024 08:31

Location: BANGALORE, KARNATAKA Discharge Date:

Doctor: Referred By: SELF

Department: GENERAL

Rate Plan: KORAMANGALA_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. GAZALA ANJUM

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

**Weight

--->: Stable,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer: no,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature

Name: Mrs. Padmavathi C

Age/Gender: 33 Y/F Address: kmg

Location: BANGALORE, KARNATAKA

Doctor:

Department: GENERAL

Rate Plan: KORAMANGALA_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. MAHABALESWAR

Doctor's Signature

MR No: CKOR.0000250461 Visit ID: CKOROPV397079 Visit Date: 26-01-2024 08:31

Discharge Date:

Referred By: SELF

Patient Name : Mrs. Padmavathi C Age : 33 Y/F

UHID : CKOR.0000250461 OP Visit No : CKOROPV397079
Reported By: : Dr. MOHAN MURALI Conducted Date : 26-01-2024 11:06

Referred By : SELF

ECG REPORT

Observation:-

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 74beats per minutes.
- 3. No pathological Q wave or S-T,T changes seen.
- 4. Normal P,Q,R,S,T waves and axis.
- 5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

Dr MOHAN MURALI CARDIOLOGIST

NOTE: KINDLY TAKE A PHOTOCOPY OF THE GRAPH FOR FUTURE REFERENCE IF NEEDED.

Patient Name : Mrs. Padmavathi C Age : 33 Y/F

UHID : CKOR.0000250461 OP Visit No : CKOROPV397079
Reported By: : Dr. MOHAN MURALI Conducted Date : 26-01-2024 11:06

Referred By : SELF

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

Name: Mrs. Padmavathi C

Age/Gender: 33 Y/F Address: kmg

Location: BANGALORE, KARNATAKA

Doctor:

Department: GENERAL

Rate Plan: KORAMANGALA_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. JYOTHI RAJESH

Doctor's Signature

MR No: CKOR.0000250461 Visit ID: CKOROPV397079 Visit Date: 26-01-2024 08:31

Discharge Date:

Referred By: SELF

Name: Mrs. Padmavathi C MR No: CKOR.0000250461 33 Y/F Visit ID: CKOROPV397079 Age/Gender: Visit Date: 26-01-2024 08:31 Address: kmg

SELF

Location: BANGALORE, KARNATAKA Discharge Date:

Referred By: Doctor:

Department: **GENERAL**

Rate Plan: ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. RIDHIMA G

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

KORAMANGALA_06042023

SYSTEMIC REVIEW

**Weight

--->: Stable,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer: no,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature



Patient Name : Mrs. Padmavathi C Age/Gender : 33 Y/F

UHID/MR No.

: CKOR.0000250461

OP Visit No Reported on : CKOROPV397079

Sample Collected on :

: RAD2216991

keportea on

: 26-01-2024 19:41

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF

: 9663725756

Specimen

:

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION: NORMAL STUDY.

Dr. VINOD P JOSEPH

MBBS, DNB, DMRD

Radiology



Patient Name: Mrs. Padmavathi CAge/Gender: 33 Y/F

UHID/MR No. : CKOR.0000250461 **OP Visit No** : CKOROPV397079

Sample Collected on : Reported on : 13-02-2024 15:23

Ref Doctor : SELF Emp/Auth/TPA ID : 9663725756

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

SCAN NOT DONE







Age/Gender : 33 Y 8 M 6 D/F

UHID/MR No : CKOR.0000250461

Visit ID : CKOROPV397079

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9663725756 Collected : 26/Jan/2024 08:36AM Received : 26/Jan/2024 11:38AM

Received : 26/Jan/2024 11:38AM Reported : 26/Jan/2024 01:35PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM, WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.3	g/dL	12-15	Spectrophotometer
PCV	35.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.74	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	75	fL	83-101	Calculated
MCH	23.8	pg	27-32	Calculated
MCHC	31.6	g/dL	31.5-34.5	Calculated
R.D.W	17.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	43.7	%	40-80	Electrical Impedance
LYMPHOCYTES	45.2	%	20-40	Electrical Impedance
EOSINOPHILS	6.7	%	1-6	Electrical Impedance
MONOCYTES	4.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3539.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3661.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	542.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	348.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	8.1	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	293000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	36	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC: Microcytic hypochromic

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

Page 1 of 15



SIN No:BED240018605

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK









: Mrs.PADMAVATHI C

Age/Gender

: 33 Y 8 M 6 D/F

UHID/MR No

: CKOR.0000250461

Visit ID

: CKOROPV397079

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 9663725756

Collected

: 26/Jan/2024 08:36AM

Received

: 26/Jan/2024 11:38AM

Reported

: 26/Jan/2024 01:35PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

WBC: Normal in number with increase in lymphocytes and eosinophils. No anormal cells seen.

Platelets: Adequate in number.

No haemoparasites seen.

Impression: Microcytic hypochromic blood picture with lymphocytosis and eosinophilia.

Dr.Nisha M.B.B.S,MD(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 2 of 15



SIN No:BED240018605

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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE









: Mrs.PADMAVATHI C

Age/Gender

: 33 Y 8 M 6 D/F

UHID/MR No

: CKOR.0000250461

Visit ID

: CKOROPV397079

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

: 9663725756

Collected

: 26/Jan/2024 08:36AM

Received

: 26/Jan/2024 11:38AM

Reported

: 26/Jan/2024 02:21PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACT	OR , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	0			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Dr.Nisha M.B.B.S,MD(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 3 of 15



SIN No:BED240018605

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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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









: Mrs.PADMAVATHI C

Age/Gender

: 33 Y 8 M 6 D/F

UHID/MR No

: CKOR.0000250461

Visit ID Ref Doctor : CKOROPV397079

Emp/Auth/TPA ID

: Dr.SELF : 9663725756 Collected

: 26/Jan/2024 08:36AM

Received

: 26/Jan/2024 11:36AM

Reported

: 26/Jan/2024 12:59PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	94	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	98	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method			
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA							
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC			

Page 4 of 15



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240007812

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK









Age/Gender : 33 Y 8 M 6 D/F

UHID/MR No : CKOR.0000250461

Visit ID : CKOROPV397079

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9663725756 Collected : 26/Jan/2024 08:36AM

Received : 26/Jan/2024 11:36AM

Reported : 26/Jan/2024 12:59PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE	117	mg/dL	8	Calculated
(eAG)				

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 - 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 4. 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.
- 5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Page 5 of 15



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240007812

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK









Age/Gender : 33 Y 8 M 6 D/F

UHID/MR No : CKOR.0000250461

Visit ID : CKOROPV397079

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9663725756 Collected : 26/Jan/2024 08:36AM

Received : 26/Jan/2024 12:06PM Reported : 26/Jan/2024 01:42PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
L IPID PROFILE , SERUM				
TOTAL CHOLESTEROL	HOLESTEROL 154 r		<200	CHO-POD
TRIGLYCERIDES	61	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	112	mg/dL	<130	Calculated
LDL CHOLESTEROL	100.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.68		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
< 200	200 - 239	≥ 240	
<150	150 - 199	200 - 499	≥ 500
Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
≥ 60			
Optimal <130; Above Optimal 130-159	160-189	190-219	>220
	< 200 <150 Optimal < 100 Near Optimal 100-129 ≥ 60 Optimal <130;	< 200 < 200 - 239 < 150 Optimal < 100 Near Optimal 100-129 ≥ 60 Optimal <130; 160-189	 < 200 < 200 - 239 < 240 < 250 < 150 - 199 < 200 - 499 Optimal < 100 Near Optimal 100-129 ≥ 60 Optimal < 130; 160 - 189 160 - 189 190 - 219

- 1. Measurements in the same patient on different days can show physiological and analytical variations.
- 2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- **4.** Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- **5.** As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- **6.** VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Page 6 of 15



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04609628

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method				
LIVER FUNCTION TEST (LFT), SERUM								
BILIRUBIN, TOTAL	0.57	mg/dL	0.3–1.2	DPD				
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD				
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	Dual Wavelength				
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<35	IFCC				
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC				
ALKALINE PHOSPHATASE	79.00	U/L	30-120	IFCC				
PROTEIN, TOTAL	7.16	g/dL	6.6-8.3	Biuret				
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN				
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated				
A/G RATIO	1.51		0.9-2.0	Calculated				

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

- ALP Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.
- ${\bf 3. \ Synthetic \ function \ impairment:}$
- Albumin- Liver disease reduces albumin levels. Correlation with PT (Prothrombin Time) helps.

Page 7 of 15



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APOLLO CLINICS NETWORK









: Mrs.PADMAVATHI C

Age/Gender

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DEPARTMENT OF BIOCHEMISTRY

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

Page 8 of 15



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
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Test Name	Result	Unit	Bio. Ref. Range	Method				
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM								
CREATININE	0.47	mg/dL	0.51-0.95	Jaffe's, Method				
UREA	7.20	mg/dL	17-43	GLDH, Kinetic Assay				
BLOOD UREA NITROGEN	3.4	mg/dL	8.0 - 23.0	Calculated				
URIC ACID	3.26	mg/dL	2.6-6.0	Uricase PAP				
CALCIUM	8.30	mg/dL	8.8-10.6	Arsenazo III				
PHOSPHORUS, INORGANIC	2.43	mg/dL	2.5-4.5	Phosphomolybdate Complex				
SODIUM	140	mmol/L	136–146	ISE (Indirect)				
POTASSIUM	3.7	mmol/L	3.5–5.1	ISE (Indirect)				
CHLORIDE	108	mmol/L	101–109	ISE (Indirect)				

Page 9 of 15



DR.SHIVARAJA SHETTY M.B.B.S, M.D(Biochemistry) CONSULTANT BIOCHEMIST

SIN No:SE04609628

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	18.00	U/L	<38	IFCC

Page 10 of 15



DR.SHIVARAJA SHETTY
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CONSULTANT BIOCHEMIST

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH), SERUM	·		
TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	10.73	μg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.190	μIU/mL	0.35-4.94	CMIA

Comment:

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

- 1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- **2.** TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- 3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	Т3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

Page 11 of 15

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24012150

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

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APOLLO CLINICS NETWORK









: Mrs.PADMAVATHI C

Age/Gender

: 33 Y 8 M 6 D/F

UHID/MR No

: CKOR.0000250461

Visit ID

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Reported Status : 26/Jan/2024 02:01PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Page 12 of 15



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24012150

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Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9663725756 Collected : 26/Jan/2024 08:35AM Received : 26/Jan/2024 12:35PM

Reported : 26/Jan/2024 02:33PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Result Unit		Method	
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW		PALE YELLOW	Visual	
TRANSPARENCY	CLEAR		CLEAR	Visual	
рН	5.5		5-7.5	DOUBLE INDICATOR	
SP. GRAVITY	1.015		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 M	OUNT AND MICROSCOPY	•			
PUS CELLS	1-2	/hpf	0-5	Microscopy	
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY	
RBC	NIL	/hpf	0-2	MICROSCOPY	
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY	
CRYSTALS	ABSENT		ABSENT	MICROSCOPY	

Dr.Nisha M.B.B.S,MD(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 13 of 15



SIN No:UR2268402

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

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: Mrs.PADMAVATHI C

Age/Gender

: 33 Y 8 M 6 D/F

UHID/MR No

: CKOR.0000250461

Visit ID

: CKOROPV397079

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

: 9663725756

Collected

: 26/Jan/2024 08:35AM

Received

: 26/Jan/2024 12:35PM

Reported

: 26/Jan/2024 02:27PM

Status

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

Dr.Nisha M.B.B.S, MD(Pathology) Consultant Pathologist

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

Page 14 of 15



SIN No:UF010288

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

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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: Mrs.PADMAVATHI C

Age/Gender

: 33 Y 8 M 21 D/F

UHID/MR No

: CKOR.0000250461

Visit ID

: CKOROPV397079

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9663725756 Collected

: 10/Feb/2024 03:09PM

Received

: 11/Feb/2024 03:23PM

Reported

: 14/Feb/2024 11:35AM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

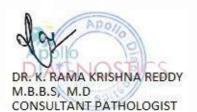
DEPARTMENT OF CYTOLOGY

LBC PA	P TEST (PAPSURE) , CERVICAL BRUSH SAI	MPLE	
	CYTOLOGY NO.	2798/24	
I	SPECIMEN		
a	SPECIMEN ADEQUACY	ADEQUATE	
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)	
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR	
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS	
d	COMMENTS	SATISFACTORY FOR EVALUATION	
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.	
Ш	RESULT		
a	EPITHEIAL CELL		
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN	
	GLANDULAR CELL ABNORMALITIES	NOT SEEN	
b	ORGANISM	NIL	
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY	

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

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR



Page 15 of 15

CAP

ACCREDITED

COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS074292

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