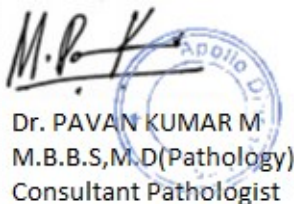


Patient Name : Mrs.KRITHIKA RAGHUNANDAN	Collected : 16/Feb/2024 08:41AM
Age/Gender : 36 Y 11 M 6 D/F	Received : 16/Feb/2024 10:14AM
UHID/MR No : CMYS.0000059633	Reported : 16/Feb/2024 12:39PM
Visit ID : CMYSOPV122389	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 501554182748	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

-



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240039334



Patient Name	: Mrs.KRITHIKA RAGHUNANDAN	Collected	: 16/Feb/2024 08:41AM
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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	12.4	g/dL	12-15	Spectrophotometer
PCV	37.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.18	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	11.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.9	%	40-80	Electrical Impedance
LYMPHOCYTES	32.3	%	20-40	Electrical Impedance
EOSINOPHILS	4.6	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3243.3	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1841.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	262.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	324.9	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.76		0.78- 3.53	Calculated
PLATELET COUNT	349000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.



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W.B.C: normal in number with normal morphology and distribution.

Platelets: normal in number and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.


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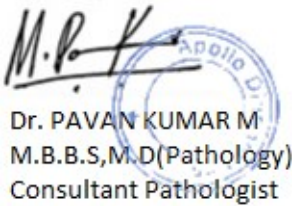


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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

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Patient Name : Mrs.KRITHIKA RAGHUNANDAN	Collected : 16/Feb/2024 08:41AM
Age/Gender : 36 Y 11 M 6 D/F	Received : 16/Feb/2024 11:06AM
UHID/MR No : CMYS.0000059633	Reported : 16/Feb/2024 11:39AM
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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
GLUCOSE, FASTING , NAF PLASMA	92	mg/dl	74-106	GOD, POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	102	mg/dl	70-140	GOD, POD

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	4.2	%		HPLC



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

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ESTIMATED AVERAGE GLUCOSE (eAG)	74	mg/dL	Calculated
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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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	190	mg/dl	0-200	CHOD
TRIGLYCERIDES	74	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	50	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	124.83	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.76	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.77		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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

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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	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	78.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	6.60	g/dl	6.4-8.3	Biuret
ALBUMIN	4.06	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.54	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		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:

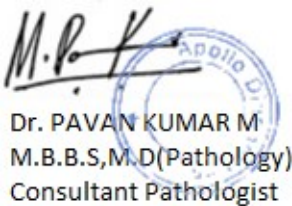
1. Hepatocellular Injury:

- 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 > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson'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.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SE04630730

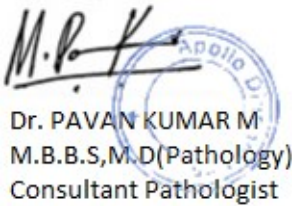


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.54	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	13.74	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	6.4	mg/dl	6-20	Urease, UV
URIC ACID	4.30	mg/dL	2.6-6	Uricase
CALCIUM	9.01	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.55	mg/dl	2.7-4.5	Molybdate
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE



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Consultant Pathologist

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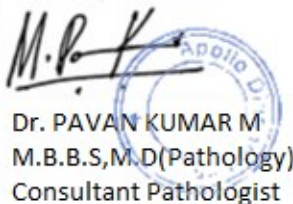


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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/l	0-38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

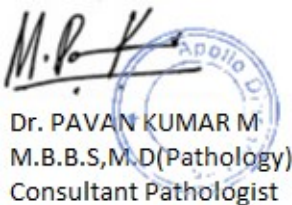
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.97	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.52	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	3.520	µIU/mL	0.35-4.94	CMIA

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	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
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



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist


SIN No:SPL24025668



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DEPARTMENT OF IMMUNOLOGY

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


Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
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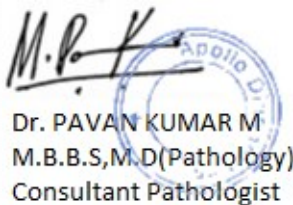


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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4 - 5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UR2283724



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Emp/Auth/TPA ID : 501554182748	

DEPARTMENT OF CLINICAL PATHOLOGY

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

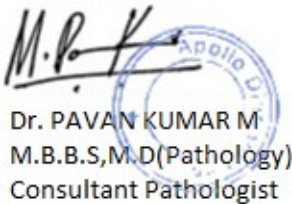
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

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

Result/s to Follow:
LBC PAP TEST (PAPSURE)

Page 14 of 14



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UF010591



Date : 16-02-2024
MR NO : CMYS.0000059633

Department : GENERAL
Doctor : *D. Umesh AB*

Name : Mrs. KRITHIKA RAGHUNANDAN
Age/ Gender : 36 Y / Female

Registration No : 67084
Qualification : MBBS MD

Consultation Timing: 08:32

Height : 154	Weight : 56	BMI :	Waist Circum :
Temp :	Pulse : 74/mt	Resp : 20/mt	B.P : 90/60

General Examination /
Allergies History

CVS /
RS /
SA /
NAH

Clinical Diagnosis & Management Plan

Go Hypothyroidism. on Rx

Regular Encorasi

Ant TPO antibody
USG Neck & Thyroid gland
FNAC of Thyroid gland
T3
T4
B4

Follow up date :

D. Umesh
Doctor Signature
Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 16-02-2024

Department : GENERAL

MR NO : CMYS.0000059633

Doctor :

Name : Mrs. KRITHIKA RAGHUNANDAN

Registration No :

H. HOUSSAL KUMAR
MS (ENT)

Age/ Gender : 36 Y / Female

Qualification :

Consultation Timing: 08:32

Height : 154	Weight : 56	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 94/60

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Come for regular health checkup

Ear - Bilateral TM - normal

Nose - nasal mucosa - normal

oral cavity & oropharynx - normal

throat - normal

Dr

- Kumar

Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 16-02-2024
MR NO : CMYS.0000059633

Department : GENERAL Diabetics
Doctor : *Aradhana B.P*

Name : Mrs. KRITHIKA RAGHUNANDAN
Age/ Gender : 36 Y / Female

Registration No :
Qualification : M.Sc Nutrition & Dietetics
PhD*

Consultation Timing: 08:32

IBU: 50 kg

Height : 154	Weight : 56	BMI : 22.9	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 90/60

General Examination /
Allergies History

Non HDL - 140
LDL - 124.83

Clinical Diagnosis & Management Plan

- Advise Balanced diet with protein rich foods.
- seed cycle - 1 teaspoon each, dry roasted.
 - * 1st day to 13th day - Flaxseeds & Pumpkin seeds
 - * 14th day to 26th day - Sesame & Sunflower seeds.
- Cooling oil - 1/2 liter/person/month. Use combination of oil like Rice Bran oil, Groundnut oil, coconut oil, Gingelly oil, Mustard oil & Ghee. But do not use the oil & oil it.
- Use skimmed / toned milk instead of whole fat milk.
- Increase the intake of water upto 13-14 big glasses / day.
- Avoid Salty products, chats, junk foods, deep fried foods, packed & processed food.

Follow up date :

Aradhana B.P
Doctor Signature 16/2/2024

Date : 16-02-2024
 MR NO : CMYS.0000059633

Department : GENERAL
 Doctor :

Name : Mrs. KRITHIKA RAGHUNANDAN

Registration No :

Age/ Gender : 36 Y / Female

Qualification :

Consultation Timing: 08:32

Height : 154	Weight : 56	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 90/60

General Examination /
 Allergies History
 PA - ds
 AH - normal
 ca.

Clinical Diagnosis & Management Plan

MH → regular cycles.
 Imp → still 24.

M1 → 17yrs.

PH - ds
 sigal
 AVH
 17yr.

Som - normal study.

OIE → bilateral NAD.

adv : - regular walk 1yoga, avoid junk food

- TAB. WOLROSE 1-0-0 (30) 3-4M

(R)
 TAB. A to Z women 0-1-0 (30)

- TAB. SHELICAL XT x 6M
 0-0-1. (30) 3-4M

Follow up date :

Dr
 Doctor Signature

Apollo Clinic
 # 23, 1st Floor,
 Kallidasa Road, Mysore - 02
 Ph : 0821-4008010/41

Date : 16-02-2024
MR NO : CMYS.0000059633

Department : GENERAL
Doctor :

Name : Mrs. KRITHIKA RAGHUNANDAN
Age/ Gender : 36 Y / Female

Registration No :
Qualification :

Consultation Timing: 08:32

Height : 154	Weight : 56	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 90/60

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Near
vision

Distant
vision

Color
vision

Rt eye

N6

6/6

(N)

Lf eye

N6

6/6

(N)

Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Patient Name: Mrs. Korthika Raghunandan	Date : 16.02.2024	Referring Doctor: Dr .Self
Age / Sex: 36 Yrs/Female	UHID NO: 5633	Location : OP
ULTRASONOGRAPHY- ABDOMEN & PELVIS		

LIVER: It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is well distended and normal. No calculi seen.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal.

RIGHT KIDNEY: It measures 93x45 mm with parenchymal thickness of 16 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 98x44 mm with parenchymal thickness of 12 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No calculi seen.

UTERUS: It is anteverted and measures 34x35x18 mm with ET= 08mm. It is normal in size, outline and echotexture. No mass lesion.

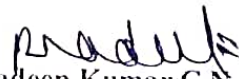
Rt. OVARY: It measures 27x31 mm. It is normal. No mass lesion seen.

Lt. OVARY: It measures 30x24 mm. It is normal. No mass lesion seen.

RIF: No evidence of focal collection or mass lesion seen. Appendix is not visualized.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION: NORMAL STUDY


Dr. Pradeep Kumar C N, DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

ICPN: URS110TG2000PLC115819

Regd. Office: 1, D-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph. No: (040) 4964 7777 Fax No: 4964 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi) | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |

Kowtharigala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mrs. Krithika Raghavendra	Age & Sex;36Yrs /Female
Date : 16.02.2024	UHID No:059633

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 68 %
- No clots. No pericardial effusion

Findings

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal

Apollo Health and Lifestyle Limited

ICIN - U65110TG2000PLC115819
Regd. Office: 1-10-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
Ph. No. (91) 4304 7777 | Fax No. 4304 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Koramangala | Sarjapur Road | Mysore: JV Mahalla

Online appointments: www.apollohl.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mrs. Krithika Raghavendra	Age & Sex;36Yrs /Female
Date : 16.02.2024	UHID No:059633

Measurements

AO : 2.5 cm
LA : 2.5 cm

RV : 2.1 cm
LVIDd 4.00 cm
LVIDs : 2.50 cm
IVSd : 0.69 cm
IVSs : 1.03 cm
PWd : 0.75 cm
PWs : 1.06 cm
EF : 68.0 %
FS : 38.0 %

Doppler

MV	TV	AV	PV
E 0.85 m/s	E --- m/s	V max 1.10 m/s	V max 1.10 m/s
A: 0.44 m/s	A --- m/s		
MR Nil	TR Nil	AR Nil	PR Nil

Dr. GURU PRASAD. B. V, MBBS, PGDCC
CONSULTANT – NON-INVASIVE CARDIOLOGY

Apollo Health and Lifestyle Limited

REGD OFFICE: 1, 10, 60, 62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
Ph: No. 080 4904 7777 Fax: No. 4904 7744 | E-mail: enquiry@apollohl.com | www.apollohl.com

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Koramangala | Sarjapur Road | Mysore: UV Mahallali

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

MRS KRITHIKA RAJUNANDAN

Female 36 Years

154cm 56kg 90/60 mmHg

Diagnosis Information:

Unconfirmed Report.

Apollo Clinic
23, 1st Floor,
Kallidasa Road, Mysore - 02
Ph : Call-4006040/41

