

Patient Name : Mrs.SHILPA S	Collected : 08/Mar/2024 08:47AM
Age/Gender : 39 Y 2 M 10 D/F	Received : 08/Mar/2024 12:00PM
UHID/MR No : CJPN.0000092589	Reported : 08/Mar/2024 02:54PM
Visit ID : CJPNOPV190344	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741787462	

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	12.2	g/dL	12-15	Spectrophotometer
PCV	36.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.24	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	26.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5525	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2227	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	195.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	544	Cells/cu.mm	200-1000	Calculated
BASOPHILS	8.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.48		0.78- 3.53	Calculated
PLATELET COUNT	451000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	58	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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SIN No:BED240061090

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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DEPARTMENT OF HAEMATOLOGY

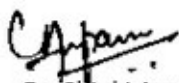
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WBCs: are normal in total number with normal distribution and morphology.

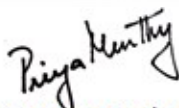
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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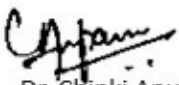
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	104	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:

- 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)	103	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	5.9	%		HPLC


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SIN No:EDT240027550

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ESTIMATED AVERAGE GLUCOSE (eAG)	123	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)



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	195	mg/dL	<200	CHO-POD
TRIGLYCERIDES	92	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	151	mg/dL	<130	Calculated
LDL CHOLESTEROL	132.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.43		0-4.97	Calculated

Comment:

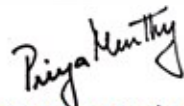
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.



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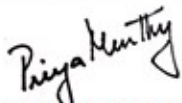
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.78	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.69	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	54.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.28	g/dL	6.6-8.3	Biuret
ALBUMIN	4.06	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.22	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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.

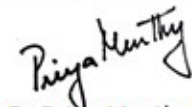
2. Cholestatic Pattern:

- 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.


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



SIN No:SE04653592

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

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

Patient Name : Mrs.SHILPA S	Collected : 08/Mar/2024 08:47AM
Age/Gender : 39 Y 2 M 10 D/F	Received : 08/Mar/2024 12:37PM
UHID/MR No : CJPN.0000092589	Reported : 08/Mar/2024 02:30PM
Visit ID : CJPNOPV190344	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741787462	

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	0.69	mg/dL	0.51-0.95	Jaffe's, Method
UREA	23.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.34	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.66	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.28	g/dL	6.6-8.3	Biuret
ALBUMIN	4.06	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.22	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated



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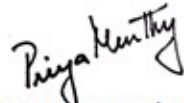
DEPARTMENT OF BIOCHEMISTRY

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	20.00	U/L	<38	IFCC



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Patient Name : Mrs.SHILPA S	Collected : 08/Mar/2024 08:47AM
Age/Gender : 39 Y 2 M 10 D/F	Received : 08/Mar/2024 12:38PM
UHID/MR No : CJPN.0000092589	Reported : 08/Mar/2024 02:37PM
Visit ID : CJPNOPV190344	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741787462	

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	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.07	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.007	µIU/mL	0.34-5.60	CLIA

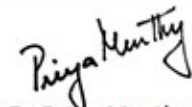
Comment:

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

- 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.
- 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.
- 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.
- 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


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SIN No:SPL24040357

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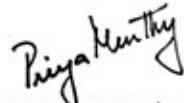
Patient Name : Mrs.SHILPA S	Collected : 08/Mar/2024 08:47AM
Age/Gender : 39 Y 2 M 10 D/F	Received : 08/Mar/2024 12:38PM
UHID/MR No : CJPN.0000092589	Reported : 08/Mar/2024 02:37PM
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Emp/Auth/TPA ID : 9741787462	

DEPARTMENT OF IMMUNOLOGY

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



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Patient Name : Mrs.SHILPA S	Collected : 08/Mar/2024 08:46AM
Age/Gender : 39 Y 2 M 10 D/F	Received : 08/Mar/2024 01:16PM
UHID/MR No : CJPN.0000092589	Reported : 08/Mar/2024 02:44PM
Visit ID : CJPNOPV190344	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741787462	

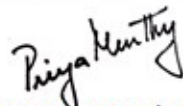
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE +		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	NEGATIVE		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	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2299672

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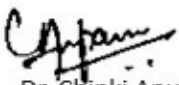
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Patient Name : Mrs.SHILPA S	Collected : 08/Mar/2024 11:48AM
Age/Gender : 39 Y 2 M 10 D/F	Received : 08/Mar/2024 05:46PM
UHID/MR No : CJPN.0000092589	Reported : 08/Mar/2024 06:00PM
Visit ID : CJPNOPV190344	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741787462	

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



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SIN No:UPP016915

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Patient Name : Mrs.SHILPA S	Collected : 08/Mar/2024 08:47AM
Age/Gender : 39 Y 2 M 10 D/F	Received : 08/Mar/2024 01:16PM
UHID/MR No : CJPN.0000092589	Reported : 08/Mar/2024 02:43PM
Visit ID : CJPNOPV190344	Status : Final Report
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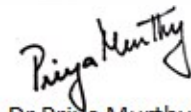
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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SIN No:UF010939

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Patient Name : Mrs.SHILPA S	Collected : 08/Mar/2024 12:16PM
Age/Gender : 39 Y 2 M 10 D/F	Received : 09/Mar/2024 10:08AM
UHID/MR No : CJPN.0000092589	Reported : 11/Mar/2024 05:06PM
Visit ID : CJPNOPV190344	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741787462	

DEPARTMENT OF CYTOLOGY


LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	5214/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy
III	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



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



SIN No:CS075898

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE 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

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034



1860 500 7788
www.apolloclinic.com

Patient Name	: Mrs. Shilpa S	Age/Gender	: 39 Y/F
UHID/MR No.	: CJPN.0000092589	OP Visit No	: CJPNOPV190344
Sample Collected on	:	Reported on	: 09-03-2024 13:19
LRN#	: RAD2259788	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9741787462		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size (12.8cm)and echotexture. No focal lesion seen.
No intra hepatic biliary / venous radicular dilation.
CBD and Main Portal vein appear normal.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size and echotexture. No focal lesion was seen.

PANCREAS :Head and body appeared normal.Tail obscured.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.

Right kidney measures: 9.5 x 1.4 cm.

Left kidney measures : 10.3 x 1.6 cm.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

UTERUS : Normal in size and echotexture. It measures :7.7 x 3.7 x 5.2 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring-7 mm.

No focal lesion was noted.

OVARIES :

Right ovary measures :3.6 x 1.9 cm.

Left ovary :Obscured.

No free fluid is seen in the peritoneum. No lymphadenopathy.

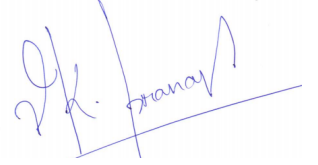
Patient Name : Mrs. Shilpa S

Age/Gender : 39 Y/F

IMPRESSION : NORMAL STUDY.

Please Note :No preparation done before scanning.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mrs. Shilpa S

Age/Gender : 39 Y/F

UHID/MR No. : CJPN.0000092589

OP Visit No : CJPNOPV190344

Sample Collected on :

Reported on : 09-03-2024 12:03

LRN# : RAD2259788

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9741787462

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. V K PRANAV VENKATESH
MBBS,MD
Radiology

Tmt and ophthal,ultrasound is pending

Name : Mrs. Shilpa S	Age : 39 Y	UHD :CJPN.0000092589
Address : blr	Sex : F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :CJPNOPV190344
		Bill No :CJPN-OCR-69816
		Date : 08.03.2024 08:45

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2 D ECHO <i>TMT ✓</i>	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION -	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 11:00	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN - <i>frat</i>	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Dental - 22
Physio - 4
Diet - 16
Audio - 22 *(in)*
TMT done

B.P - 117/80 mmHg
wt - 84.5 kg
Ht - 166 cm
waist - 95 cm
Hip - 108 cm
Double - 976/m

PATIENT CASE SHEET



Name: Shilpa S. Age: 39 Gender: F

Address: _____

UHID / Emp Id: CSPN.0000092589

Ref. by Doctor

CHC

Treating Doctor

Dr. Sijo

Past Dental History: _____

Past Medical History: _____

Chief Complaint(s): Regular dental check up

Investigation:

RVG

OPG

CBCT

Exercise Test / 12-Lead Report

MRS. SHILPA, S

Patient ID: CJP.N.92589

08.03.2024 Female 166 cm 84.5 kg

10:46:02am 39 yrs Asian

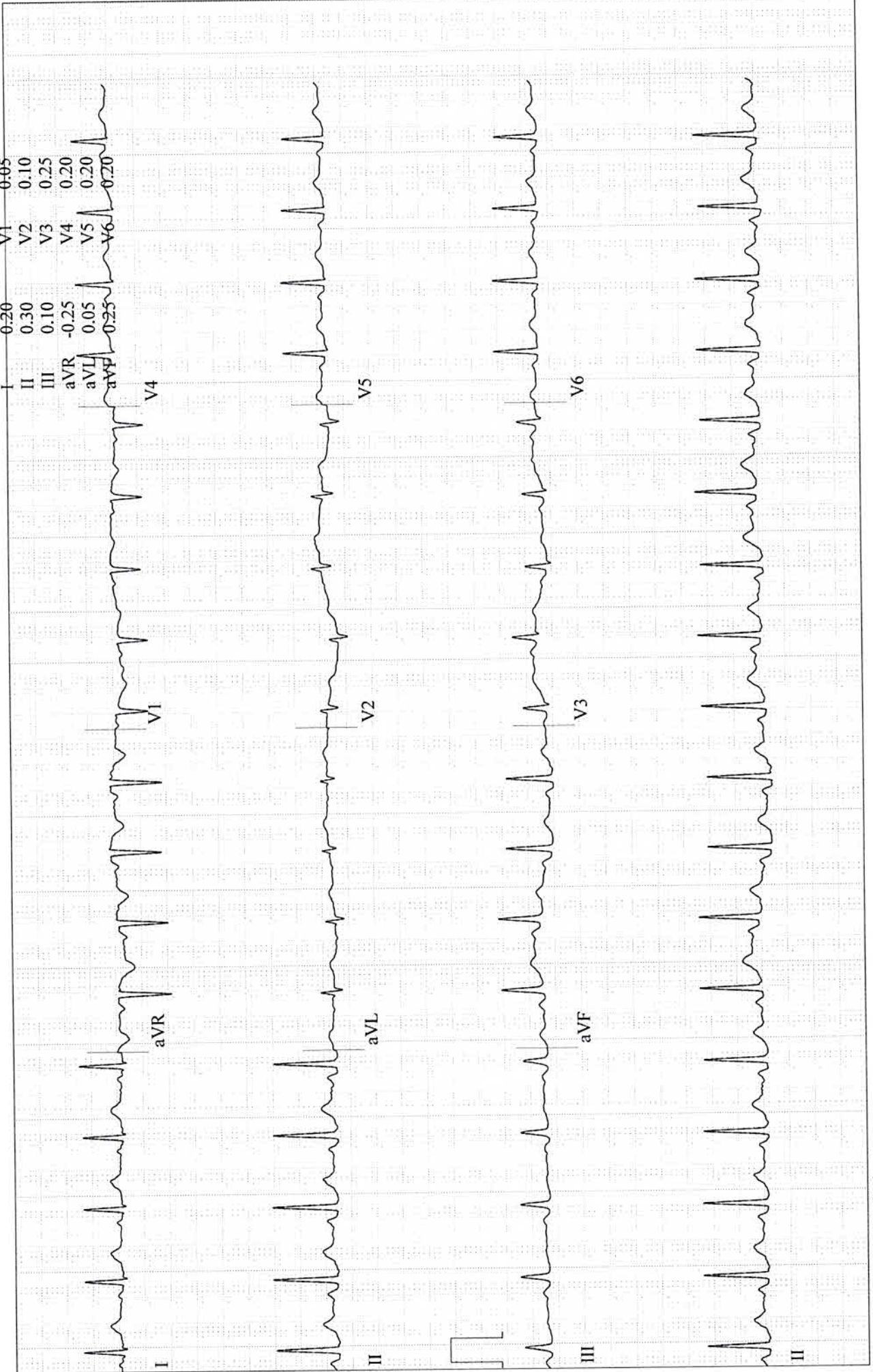
107 bpm

Measured at 60 ms Post J (10mm/mV)

Auto Points

Lead ST(mm) Lead ST(mm)

Lead	ST(mm)	Lead	ST(mm)
V1	0.20	V1	0.05
II	0.30	V2	0.10
III	0.10	V3	0.25
aVR	-0.25	V4	0.20
aVL	0.05	V5	0.20
aVF	0.25	V6	0.20



APOLLO CLINIC
J P NAGAR
BANGALORE

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: MRS.SHILPA, S
Patient ID: CJPN.92589
Height: 166 cm
Weight: 84.5 kg

DOB: 29.12.1984
Age: 39 yrs
Gender: Female
Race: Asian

Study Date: 08.03.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [km/h]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	00:47	0.00	0.00	104	120/80	
EXERCISE	STAGE 1	03:00	2.70	10.00	153	130/80	
	STAGE 2	03:00	4.00	12.00	166	140/80	
	STAGE 3	00:56	5.40	14.00	171	150/80	
RECOVERY		03:04	0.00	0.00	113	120/80	

The patient exercised according to the BRUCE for 6:55 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 105 bpm rose to a maximal heart rate of 171 bpm. This value represents 94 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Fatigue.

Interpretation

--

Conclusions

GOOD EFFORT TOLERANCE
NORMAL HR/BP RESPONSE
NO ANGINA AND ARRHYTHMIA NOTED
NO SIGNIFICANT ST-T CHANGES SEEN

*

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician _____ Technician _____

Exercise Test / 12-Lead Report

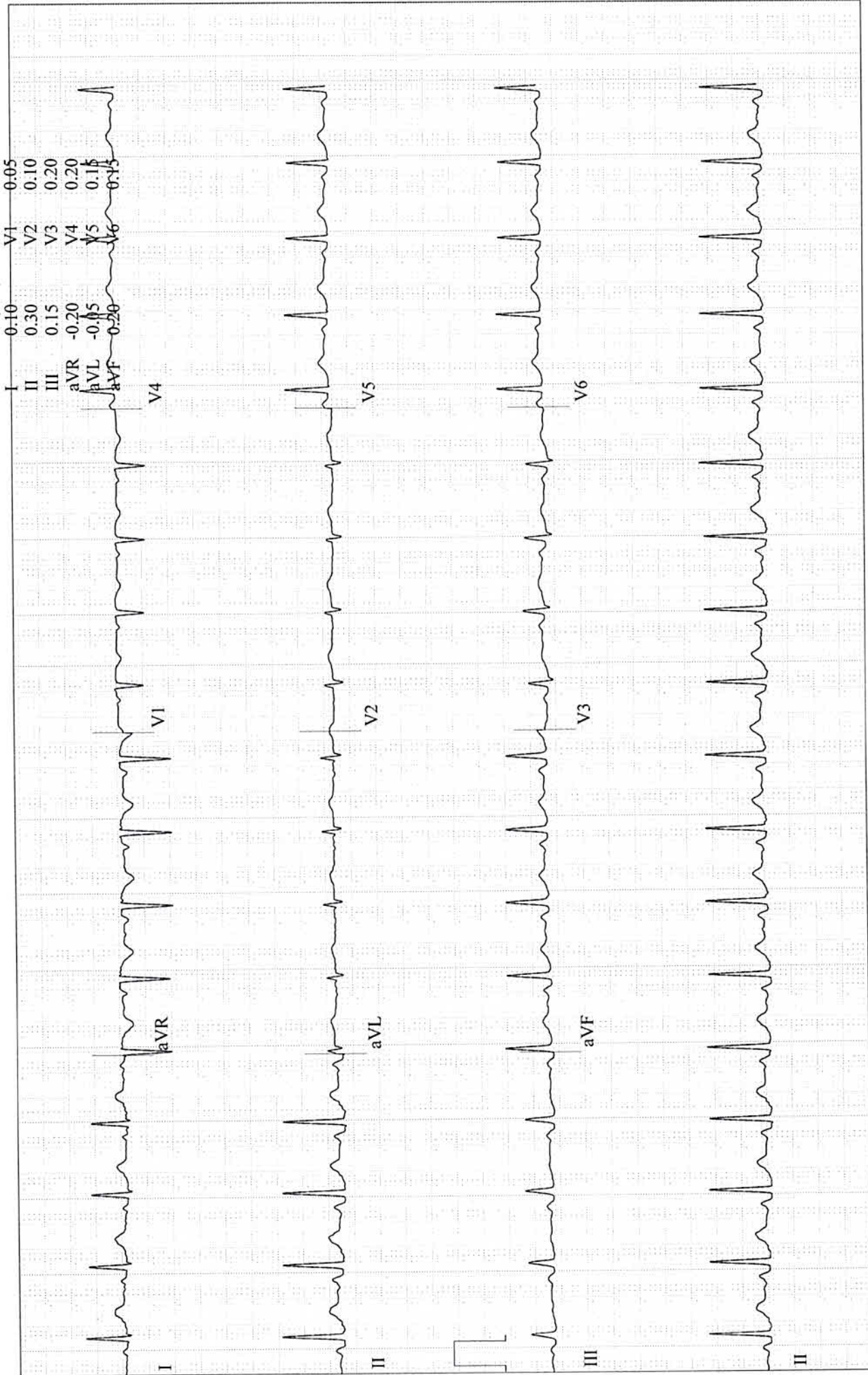
MRS.SHILPA, S
Patient ID: CJPN.92589
08.03.2024 Female 166 cm 84.5 kg
10:46:34am 39 yrs Asian

BRUCE
0.0 km/h
0.0 % Measured at 60 ms Post J (10mm/mV)

PRETEST
SUPINE
00:17

107 bpm

Lead	ST(mm)	Lead	ST(mm)
I	0.10	V1	0.05
II	0.30	V2	0.10
III	0.15	V3	0.20
aVR	-0.20	V4	0.20
aVL	-0.05	V5	0.15
aVF	0.20	V6	0.15



Exercise Test / Linked Medians

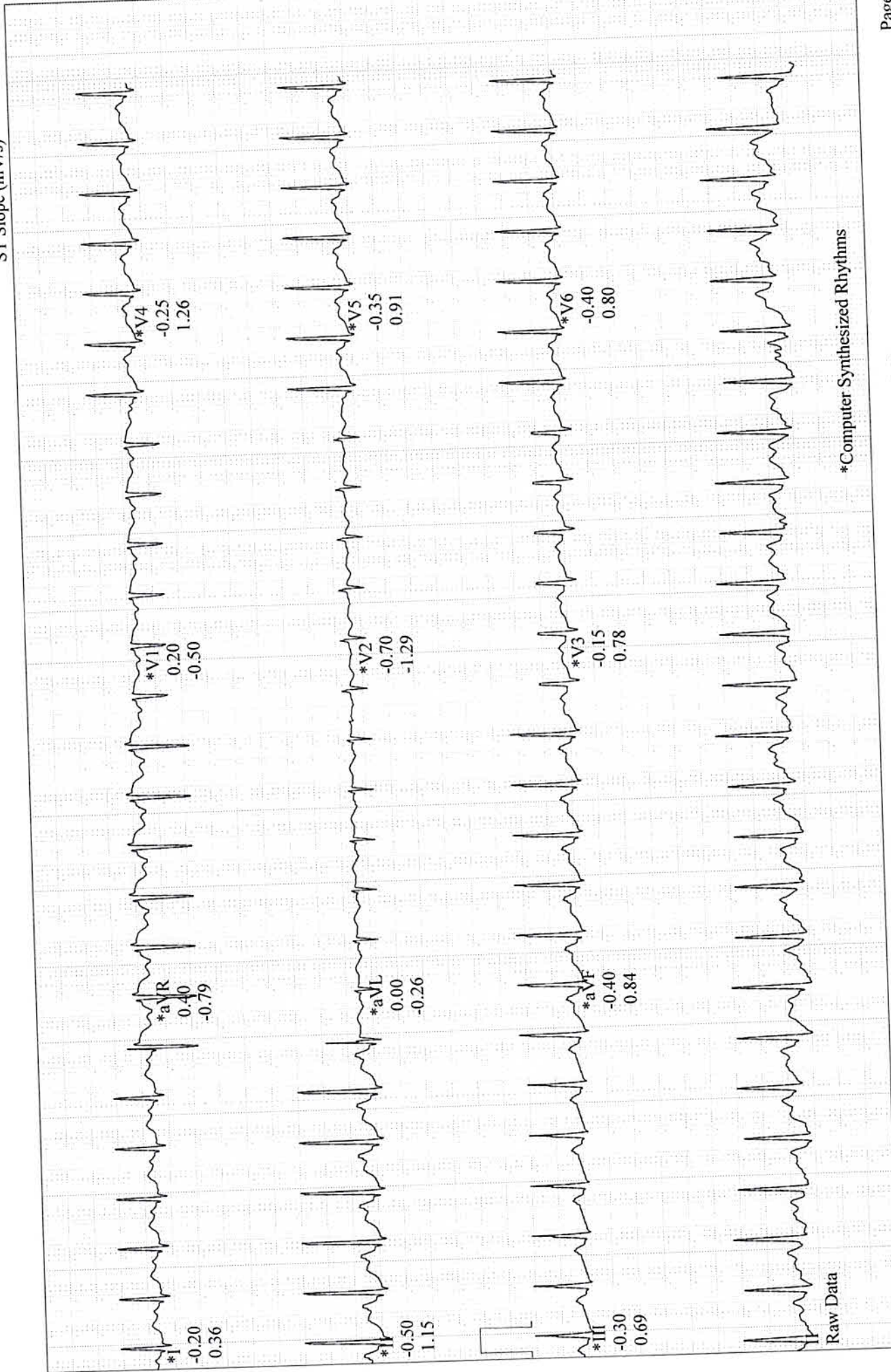
BRUCE
2.7 km/h
10.0 %

EXERCISE
STAGE 1
02:50

153 bpm
130/80 mmHg

MRS. SHILPA, S
Patient ID: CJPN.92589
08.03.2024 Female 166 cm 84.5 kg
10:49:48am 39 yrs Asian

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



Raw Data

*Computer Synthesized Rhythms

MRS. SHILPA, S

Patient ID: CJPN.92589

08.03.2024 Female 166 cm 84.5 kg

10:52:48am 39 yrs Asian

BRUCE

4.0 km/h

12.0 %

EXERCISE

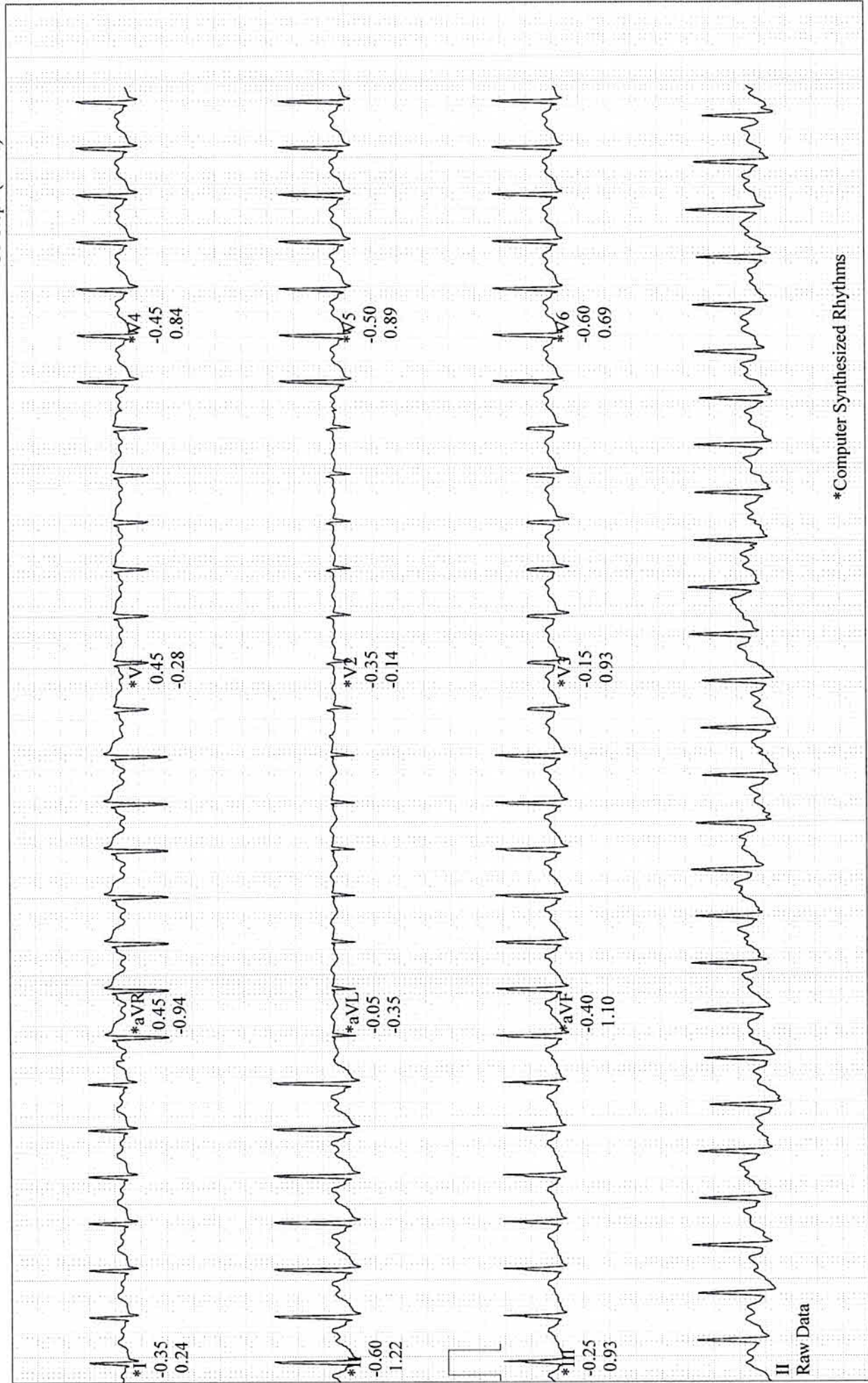
STAGE 2

05:50

166 bpm

140/80 mmHg

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



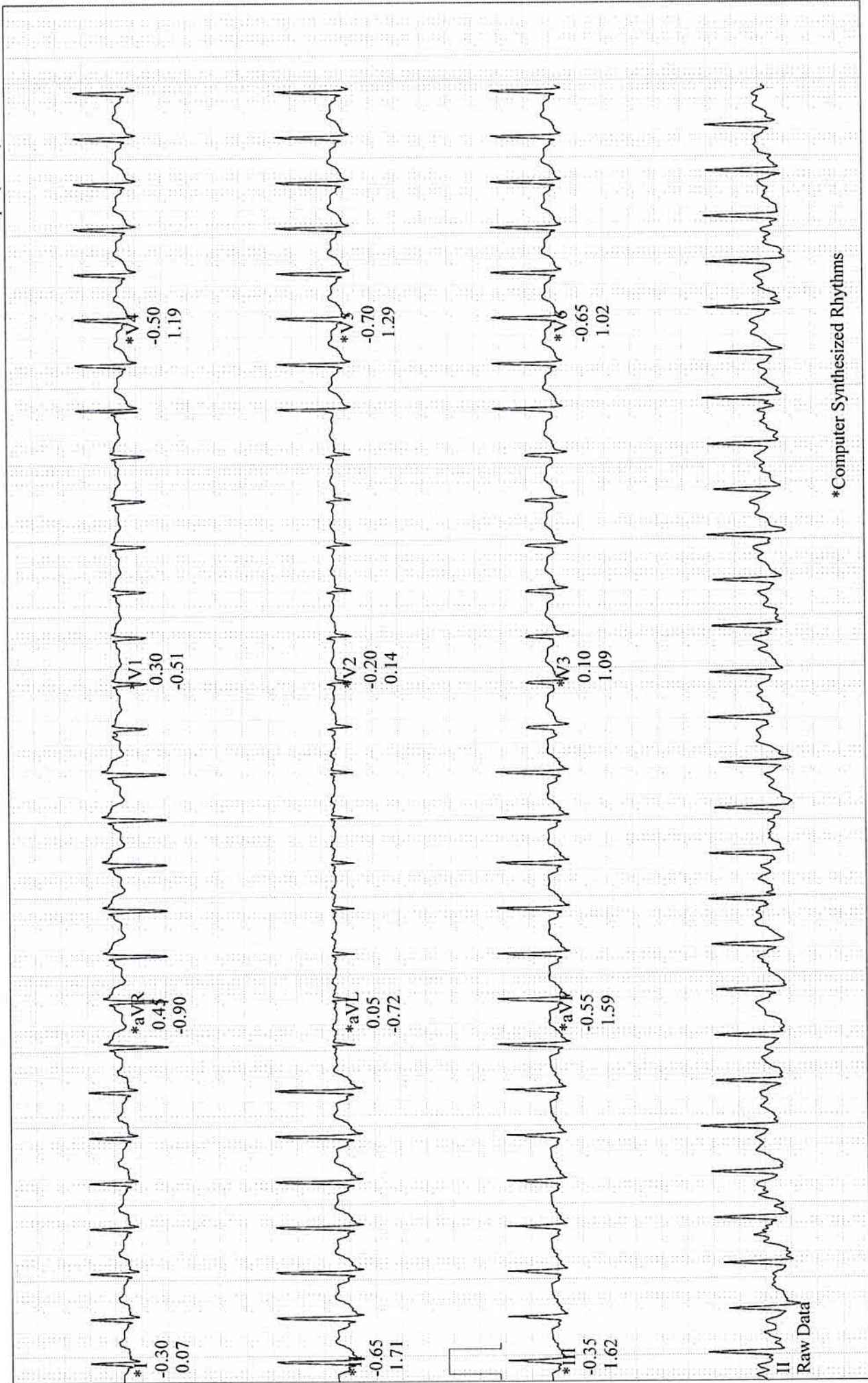
*Computer Synthesized Rhythms

Exercise Test / Linked Medians (PEAK EXERCISE)

MRS.SHILPA, S
Patient ID: CJPN:92589
08.03.2024 Female 166 cm 84.5 kg
10:53:54am 39 yrs Asian

171 bpm
150/80 mmHg
EXERCISE STAGE 3
06:56
BRUCE
5.4 km/h
14.0 %

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



*Computer Synthesized Rhythms

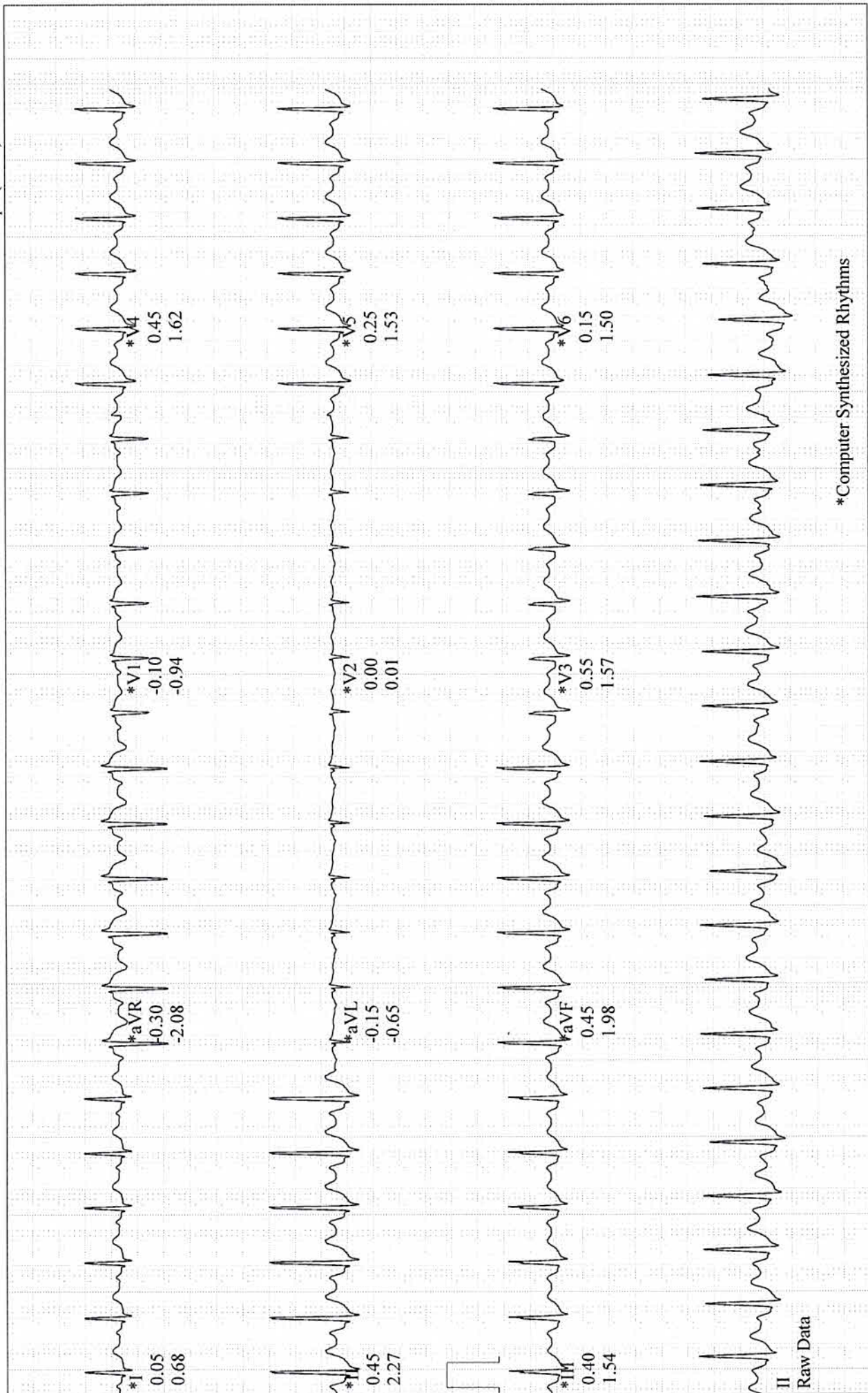
Exercise Test / Linked Medians
RECOVERY #1 01:00

MRS. SHILPA, S
Patient ID: CJPN:92589
08.03.2024 Female 166 cm 84.5 kg
10:54:53am 39 yrs Asian

BRUCE
0.0 km/h
0.0 %

142 bpm
140/80 mmHg

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



*Computer Synthesized Rhythms

II
Raw Data

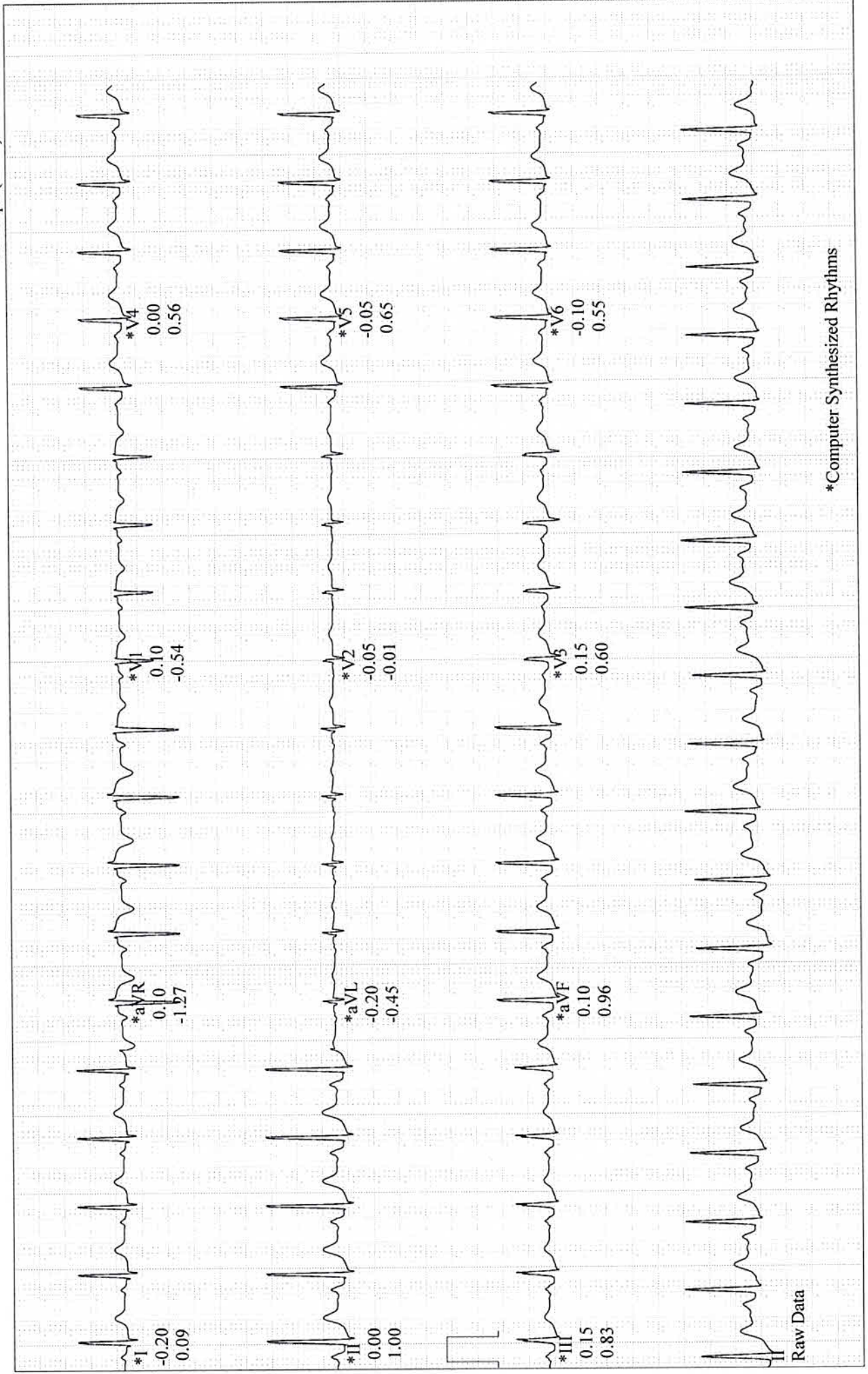
MRS. SHILPA, S
Patient ID: CJPN.92589
08.03.2024 Female 166 cm 84.5 kg
10:56:53am 39 yrs Asian

BRUCE
0.0 km/h
0.0 %

RECOVERY
#1
03:00

114 bpm
120/80 mmHg

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



Raw Data

*Computer Synthesized Rhythms

Exercise Test / Selected Medians Report

MRS.SHILPA, S

Patient ID: CJPN.92589

Female 166 cm 84.5 kg

39 yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Exercise Time 06:55

Max HR: 171 bpm 94 % of max predicted 181 bpm HR at rest: 105

Max BP: 150/80 mmHg BP at rest: 120/80 Max RPP: 25650 mmHg*bpm

Maximum Workload: 10.00 METS

Max. ST: -1.05 mm, 0.04 mV/s in V2; EXERCISE STAGE 2 4:30

Arrhythmia: A:26, PVC:1, PSVC:3

ST/HR index: 0.89 μ V/bpm

ST/HR slope: 1.04 μ V/bpm (II)

HR reserve used: 87 %

HR recovery: 29 bpm

VE recovery: 0 VE/min

BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY
0:01 104 bpm 120/80 mmHg	4:30 164 bpm	6:56 171 bpm 150/80 mmHg	2:50 114 bpm 120/80 mmHg	0:01 104 bpm 120/80 mmHg	4:30 164 bpm	6:56 171 bpm 150/80 mmHg	2:50 114 bpm 120/80 mmHg
I 0.05 mm 0.26 mV/s	I -0.05 0.36	I -0.25 0.33	I -0.15 0.29	V1 0.00 -0.41	V1 -0.10 -0.10	V1 0.30 -0.51	V1 0.05 -0.56
II 0.30 0.68	II -0.60 1.14	II -0.60 1.93	II 0.05 1.11	V2 0.10 0.06	V2 -1.05 0.04	V2 0.00 0.14	V2 -0.10 0.00
III 0.20 0.33	III -0.55 0.77	III -0.35 1.58	III 0.20 0.80	V3 0.20 0.38	V3 -0.55 0.82	V3 0.10 1.10	V3 0.20 0.71
aVR -0.15 -0.93	aVR 0.35 -0.80	aVR 0.45 -1.11	aVR 0.05 -1.24	V4 0.20 0.47	V4 -0.45 1.04	V4 -0.50 1.29	V4 0.15 0.79
aVL -0.05 -0.14	aVL 0.20 -0.23	aVL 0.05 -0.60	aVL -0.20 -0.28	V5 0.15 0.44	V5 -0.65 1.02	V5 -0.60 1.49	V5 0.00 0.70
aVF 0.25 0.59	aVF -0.55 0.96	aVF -0.50 1.75	aVF 0.15 0.86	V6 0.15 0.43	V6 -0.75 0.89	V6 -0.60 1.25	V6 -0.05 0.69

MRS.SHILPA, S

Patient ID: CJPN.92589
08.03.2024 Female 166 cm 84.5 kg
10:46:12am 39 yrs Asian
Meds:

Test Reason:
Medical History:

Ref. MD: Ordering MD:
Technician: Test Type:
Comment:

Exercise Test / Selected Medians Report

APOLLO CLINIC

BRUCE: Exercise Time 06:55
Max HR: 171 bpm 94 % of max predicted 181 bpm HR at rest: 105
Max BP: 150/80 mmHg BP at rest: 120/80 Max RPP: 25650 mmHg*bpm
Maximum Workload: 10.00 METS
Max. ST: -1.05 mm, 0.04 mV/s in V2; EXERCISE STAGE 2 4:30
Arrhythmia: A:26, PVC:1, PSVC:3
ST/HR index: 0.89 μ V/bpm
ST/HR slope: 1.04 μ V/bpm (II)
HR reserve used: 87 %
HR recovery: 29 bpm
VE recovery: 0 VE/min
ST/HR hysteresis: -0.006 mV (I)
QRS duration: BASELINE: 80 ms, PEAK EX: 88 ms, REC: 88 ms
Reasons for Termination: Fatigue
Conclusion: GOOD EFFORT TOLERANCE
NORMAL HR/BP RESPONSE
NO ANGINA AND ARRHYTHMIA NOTED
NO SIGNIFICANT ST-T CHANGES SEEN
*

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Room:

Location: * 0 *

Home

New mail

Favorites

Folders

Inbox

Drafts

Sent Items

Scheduled

Deleted

Junk Email

Archive

Notes

Clutter

Conversation

ijayalak

N KAM

Sent

Trash

vek

Create

Search

Groups

Your mailbox

Fix this in

FO ITPL <fo.itpl@apolloclinic.com>; Nigdi Apolloclinic <nigdi@apolloclinic.com>; Sarjapur Apolloclinic <sarjapur@apolloclinic.com>; Apollo Clinic Uppal <uppal@apolloclinic.com>; Vimannagar Apolloclinic <vimannagar@apolloclinic.com>; Vizag Apolloclinic <vizag@apolloclinic.com>; Mysore Apolloclinic <mysore@apolloclinic.com>; Annanagar Apolloclinic <annanagar@apolloclinic.com>; Hitechcity Apolloclinic <hitechcity@apolloclinic.com>; Fo Kanpur <fo.kanpur@apollospectra.com>; Cc Kbh <cc.kbh@apollospectra.com>; Fo Karol Bagh <fo.kbh@apollospectra.com>; phc Klc <phc.klc@apollospectra.com>; FO Swargate <fo.swg@apollospectra.com>; so.swg@apollospectra.com; Helpdesk MRC <helpdesk.mrc@apollospectra.com>; Cc Tardeo <cc.tardeo@apollospectra.com>; Dilip Baniya <Dilip.b@apolloclinic.com>; Pritam Padyal <pritam.padyal@apolloclinic.com>; Rahul Rai <rahul.rai@apolloclinic.com>; Sayan Bhattacharya <sayan.b@apollohl.com>; Fathma Shaik <fathma.shaik@apollohl.com>; Rupinder Kaur <rupinder.kaur@apollohl.com>

Subject: RE: Health checkup booking No. 63

Namaste Team,

Greetings from Apollo Clinics,

Please find the attachment for appointments status.

Thanks & Regards,

Anvesh M | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Sent: 06 March 2024 11:19

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>; deepak c <deepak.c@apollohl.com>; Network : Mediwheel : New Delhi <network@mediwheel.in>

Subject: Health checkup booking No. 63

Dear Team

Please find the attached health checkup booking and confirm the same.

Thanks & Regards

Lav Gupta



Mediwheel
...Your wellness partner

Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030
M. 8800465156 Email : wellness@mediwheel.in; | Web: www.mediwheel.in



ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 2017/60303/40820

To
ಶಿಲ್ಪಾ ಎಸ್
Shilpa S
W/O: H T Ganesh
#230 5th Cross
Near Metro Kashinagar Yelachenahalli
Bangalore South
J P Nagar
Bangalore South Bangalore
Karnataka 560078
9964768820
80943977
MN809439771FT

29/11/2013



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
2180 1269 2978

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಶಿಲ್ಪಾ ಎಸ್
Shilpa S
ಜನ್ಮ ದಿನಾಂಕ / DOB : 29/12/1984
ಸ್ತ್ರೀ / Female



2180 1269 2978

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ