

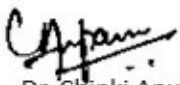
Patient Name : Mrs.A RAJALAKSHMI	Collected : 09/Mar/2024 07:28PM
Age/Gender : 40 Y 1 M 15 D/F	Received : 09/Mar/2024 08:50PM
UHID/MR No : CKOR.0000252112	Reported : 09/Mar/2024 10:22PM
Visit ID : CKOROPV402809	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE3691	

DEPARTMENT OF HAEMATOLOGY

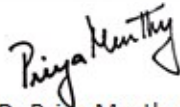
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.8	g/dL	12-15	Spectrophotometer
PCV	38.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.09	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	75.5	fL	83-101	Calculated
MCH	25.2	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,050	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	55.3	%	40-80	Electrical Impedance
LYMPHOCYTES	37.4	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	5.4	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5004.65	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3384.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	153.85	Cells/cu.mm	20-500	Calculated
MONOCYTES	488.7	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.1	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.48		0.78- 3.53	Calculated
PLATELET COUNT	314000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic with few microcytes seen.



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SIN No:BED240064066

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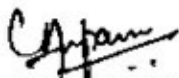
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WBCs: are normal in total number with normal distribution and morphology.

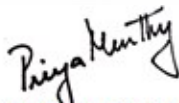
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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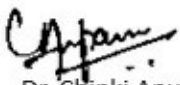
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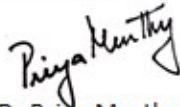
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

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



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Patient Name : Mrs.A RAJALAKSHMI	Collected : 09/Mar/2024 07:28PM
Age/Gender : 40 Y 1 M 15 D/F	Received : 09/Mar/2024 09:40PM
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Visit ID : CKOROPV402809	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	106	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 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	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.



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SIN No:PLP1429602

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Patient Name : Mrs.A RAJALAKSHMI	Collected : 09/Mar/2024 07:28PM
Age/Gender : 40 Y 1 M 15 D/F	Received : 09/Mar/2024 09:38PM
UHID/MR No : CKOR.0000252112	Reported : 10/Mar/2024 12:32AM
Visit ID : CKOROPV402809	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

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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SIN No:EDT240029198

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Patient Name : Mrs.A RAJALAKSHMI	Collected : 09/Mar/2024 07:28PM
Age/Gender : 40 Y 1 M 15 D/F	Received : 09/Mar/2024 09:37PM
UHID/MR No : CKOR.0000252112	Reported : 09/Mar/2024 11:24PM
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	217	mg/dL	<200	CHO-POD
TRIGLYCERIDES	120	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	172	mg/dL	<130	Calculated
LDL CHOLESTEROL	147.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.82		0-4.97	Calculated

Comment:

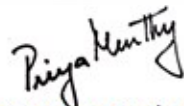
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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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SIN No:SE04656705

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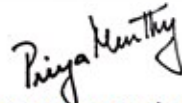
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	9	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	50.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.76	g/dL	6.6-8.3	Biuret
ALBUMIN	4.63	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.13	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		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.SHIVARAJA SHETTY
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CONSULTANT BIOCHEMIST



Dr Priya Murthy
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SIN No:SE04656705

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.A RAJALAKSHMI	Collected : 09/Mar/2024 07:28PM
Age/Gender : 40 Y 1 M 15 D/F	Received : 09/Mar/2024 09:37PM
UHID/MR No : CKOR.0000252112	Reported : 09/Mar/2024 11:24PM
Visit ID : CKOROPV402809	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE3691	

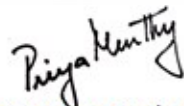
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.67	mg/dL	0.51-0.95	Jaffe's, Method
UREA	16.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.70	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.76	g/dL	6.6-8.3	Biuret
ALBUMIN	4.63	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.13	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated



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Patient Name : Mrs.A RAJALAKSHMI	Collected : 09/Mar/2024 07:28PM
Age/Gender : 40 Y 1 M 15 D/F	Received : 09/Mar/2024 09:37PM
UHID/MR No : CKOR.0000252112	Reported : 09/Mar/2024 10:38PM
Visit ID : CKOROPV402809	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE3691	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	34.00	U/L	<38	IFCC



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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)

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Karnataka- 560034



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Patient Name : Mrs.A RAJALAKSHMI	Collected : 09/Mar/2024 07:28PM
Age/Gender : 40 Y 1 M 15 D/F	Received : 09/Mar/2024 09:37PM
UHID/MR No : CKOR.0000252112	Reported : 09/Mar/2024 11:17PM
Visit ID : CKOROPV402809	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE3691	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	1.51	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.3	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.294	µIU/mL	0.34-5.60	CLIA

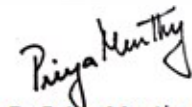
Comment:

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:SPL24042678

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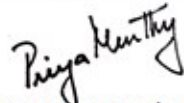
Patient Name : Mrs.A RAJALAKSHMI	Collected : 09/Mar/2024 07:28PM
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DEPARTMENT OF IMMUNOLOGY

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



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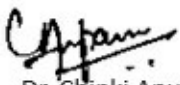
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Patient Name : Mrs.A RAJALAKSHMI	Collected : 09/Mar/2024 07:27PM
Age/Gender : 40 Y 1 M 15 D/F	Received : 09/Mar/2024 10:06PM
UHID/MR No : CKOR.0000252112	Reported : 09/Mar/2024 11:42PM
Visit ID : CKOROPV402809	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE3691	

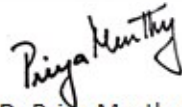
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	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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Consultant Pathologist



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SIN No:UR2302088

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Patient Name : Mrs.A RAJALAKSHMI	Collected : 09/Mar/2024 07:27PM
Age/Gender : 40 Y 1 M 15 D/F	Received : 09/Mar/2024 10:06PM
UHID/MR No : CKOR.0000252112	Reported : 09/Mar/2024 11:41PM
Visit ID : CKOROPV402809	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE3691	

DEPARTMENT OF CLINICAL PATHOLOGY

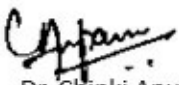
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

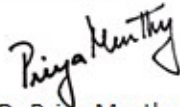
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 14 of 14



Dr. Chinki Anupam
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SIN No:UF011131

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Karnataka - 560034

 **1860 500 7788**
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Patient Name : Mrs. A RAJALAKSHMI

Age/Gender : 40 Y/F

UHID/MR No. : CKOR.0000252112

OP Visit No : CKOROPV402809

Sample Collected on :

Reported on : 12-03-2024 18:56

LRN# : RAD2262705

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : UBOIE3691

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is normal in size and shows normal echo pattern. No biliary dilatation .No focal lesion

Portal vein is normal in size, course and caliber. CBD is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesion.

Right kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left kidney is normal in size, position, shape and echopattern.corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. wall thickness is normal. No internal echoes.

Uterus: is normal in size and there is a **1.5 x 1.5 cms anterior intramural fibroid**. Endometrial echoes are normal

Endometrium: measures 4mm.

The left ovary is normal in size and echopattern

There is a 5.7 x 7.1 cms unilocular anechoic cyst in the right adnexa. The right ovary is not separately visualised

There is no ascites.

Umbilical hernia noted, sac contains fat

IMPRESSION:

RIGHT ADNEXAL CYST /O AN OVARIAN CYST

FIBROID UTERUS

UMBILICAL HERNIA

**DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST**



Patient Name	: Mrs. A RAJALAKSHMI	Age/Gender	: 40 Y/F
UHID/MR No.	: CKOR.0000252112	OP Visit No	: CKOROPV402809
Sample Collected on	:	Reported on	: 14-03-2024 12:01
LRN#	: RAD2262705	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: UBOIE3691		

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Dr. VINOD P JOSEPH
MBBS, DNB, DMRD
Radiology

Patient Name : Mrs. A RAJALAKSHMI

Age/Gender : 40 Y/F

UHID/MR No. : CKOR.0000252112

OP Visit No : CKOROPV402809

Sample Collected on :

Reported on : 09-03-2024 17:44

LRN# : RAD2262705

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : UBOIE3691

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 mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

Dr. VINOD P JOSEPH
MBBS, DNB, DMRD
Radiology

Name : Mrs. A RAJALAKSHMI

Age: 40 Y

UHID:CKOR.0000252112

Address : KORAMANGALA

Sex: F



Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:CKOROPV402809

Bill No :CKOR-OCR-81348

Date : 09.03.2024 17:08

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL. PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
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)	
16	URINE GLUCOSE(FASTING)	
17	SONO MAMOGRAPHY - SCREENING	
18	HbA1c, GLYCATED HEMOGLOBIN	
19	X-RAY CHEST PA	
20	ENT CONSULTATION	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	LIPID PROFILE	
24	BODY MASS INDEX (BMI)	
25	OPHTHAL BY GENERAL PHYSICIAN	
26	ULTRASOUND - WHOLE ABDOMEN	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	



Apollo Clinic

Consent Form

Patient Name: A. Rajalakshmi Age: 60 yrs.
UHID Number: Company Name: Union Bank of India

I Mr/Mrs/Miss: A. Rajalakshmi Employee of Union Bank of India

(Company) want to inform you that I am ~~not~~ getting the Consultation, ENT

Test which is a part of health check package.

Reason If any:

And I claim the above statement in my full consciousness.

Patient Signature: A. Rajalakshmi Date: 9/2/20

OPHTHAL REPORT

NAME: A. Rajalakshmi

AGE: 40 GENDER: MALE/FEMALE

RIGHT EYE

	SPH	CYL	AXIS	VA
DV		plano		6/6
NV	+1.00	—————	—————	NS

LEFT EYE

	SPH	CYL	AXIS	VA
DV		plano		6/6
NV	+1.00	—————	—————	NS

REMARK: prog with blue block lens

DATE: 08/03/24

ohs
OPTOMETRIST

BRING THIS PRESCRIPTION IN YOUR NEXT VISIT

HEALTH CHECK

Date : 9/3/24
MRNO :
Name : *M. Rajalakshmi*
Age/Gender : 40y/f

Department : OBSTERICS & GYNAECOLOGY
Consultant : DR JYOTHI RAJESH
KMC NO-42823
Qualification : DGO (DNB)
Consultation Timings: 9.30am to 12.00pm
Phone No : 9972044580

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

*Uterus Umbilical height
No adnexal cyst
5.7 x 7.1 cm
Abdominal uterus
1.5 x 1.5 cm ant mole*

*No gynae complaints
MM - P.M.C. regular last 12/2
OBN - P2L2 CO-5T2yr WCU
Past Hx - N/A
Family Hx - Mother - HTN, DM
Mole - P/A - salt, @.
P/L - Cx
Vagina @ pap taken
P/L - Uterus bulky
AE adnexa full @*

Follow up date: *2 weeks*

Doctor Signature *[Signature]*

Patient Name : Mrs Rajalakshmi

Age : 40Years

Referring Doctor : H/C

Patient ID : 000000

Sex : Female

Date : 09.03.24

SONOMAMMOGRAPHY

Both breast shows normal parenchymal echotexture. There is no evidence of distortion of parenchymal architecture.

There is no evidence of focal solid, cystic lesions or calcifications seen.

The nipple and areolar region show no abnormality.

The bilateral axillary region shows no abnormality and there is no evidence of enlarge lymph nodes.

IMPRESSION: NORMAL SONOMAMMOGRAPHY STUDY – BIRADS 1

DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

Patient Name : Mrs A Rajalakshmi

Patient ID :

Age : 40Year(s)

Sex : Female

Referring Doctor : H/C

Date : 09.03.2024

ULTRASOUND ABDOMEN AND PELVIS

Liver is normal in size and shows normal echo pattern. No biliary dilatation .No focal lesion

Portal vein is normal in size, course and caliber. CBD is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesion.

Right kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left kidney is normal in size, position, shape and echopattern.corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. wall thickness is normal. No internal echoes.

Uterus: is normal in size and there is a **1.5 x 1.5 cms anterior intramural fibroid**. Endometrial echoes are normal

Endometrium: measures 4mm.

The left ovary is normal in size and echopattern

There is a 5.7 x 7.1 cms unilocular anechoic cyst in the right adnexa. The right ovary is not separately visualised

There is no ascites.

Umbilical hernia noted, sac contains fat

IMPRESSION:

RIGHT ADNEXAL CYST/O AN OVARIAN CYST

FIBROID UTERUS

UMBILICAL HERNIA

DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

NAME: MRS. A RAJALAKSHMI

AGE: 40Y

SEX: FEMALE

DATE: 09/03/2024

ECHOCARDIOGRAPHY REPORT

MEASUREMENT

AO - 23 (20 – 35)mm	LIVD d –32(36-52)mm	IVS – 10(06 - 11)mm
LA -24(19- 40)mm	LVID s –22(23- 39)mm	PWD – 11(06- 11)mm
EF – 60 (>50%)	RVID-24	

VALVES

Mitral Valve : Normal ,
Aortic Valve : Normal ,
Tricuspid Valve : Normal, Trivial TR, RVSP – 22 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 , 0.7 / 0.5
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 CHAMBERS AND VALVES
NO RWMA AT REST, LV EF - 60 %
NORMAL DIASTOLIC FUNCTION
NO OBVIOUS CLOTS/ EFFUSION/ VEGETATION**

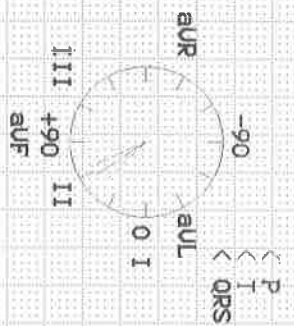
DR. MOHAN MURALI
DNB(MED), DrNB(CARDIOLOGY)
CONSULTANT CARDIOLOGIST

Female

AGE: 40

Measurement Results:

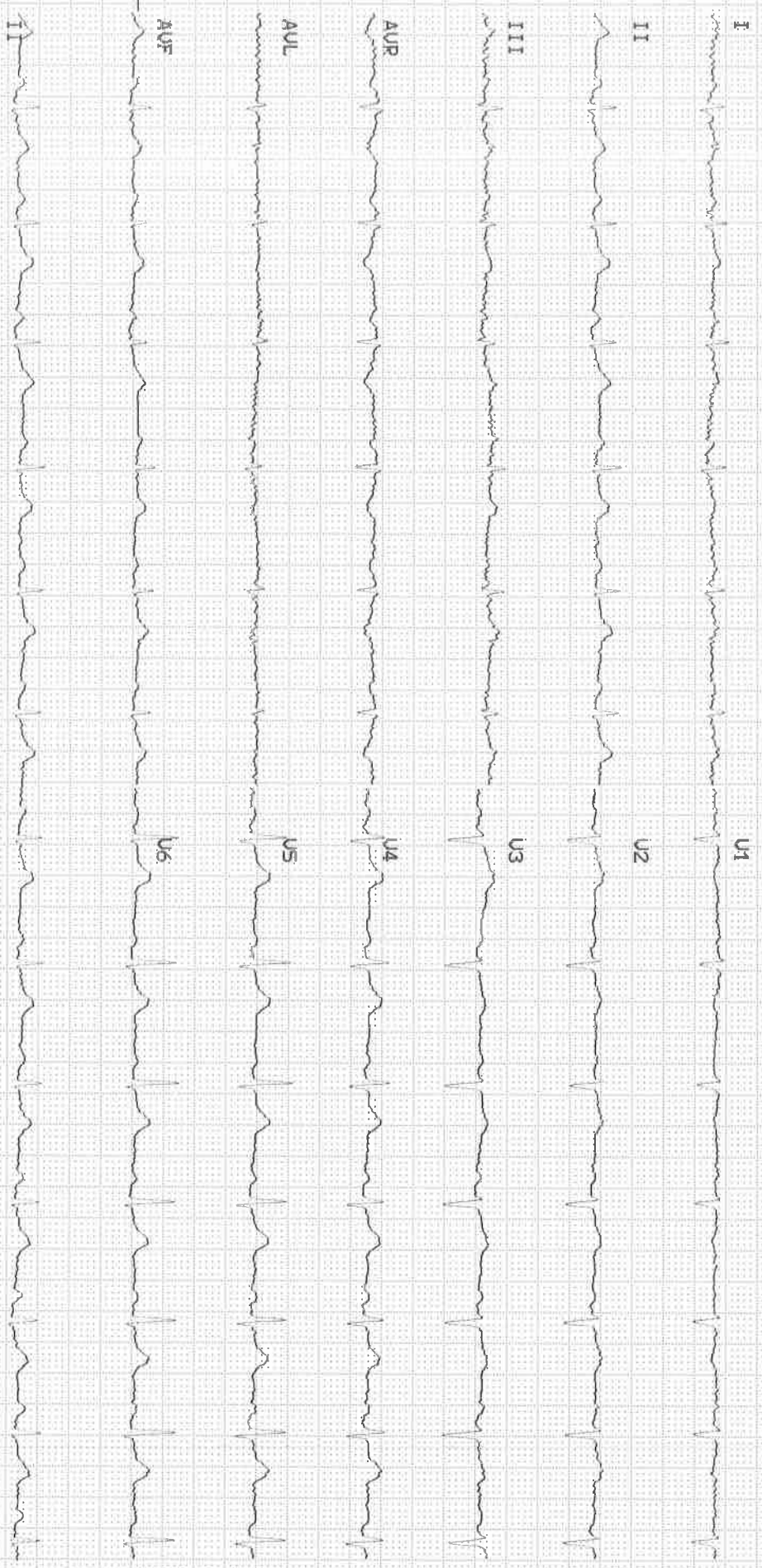
QT/QTcB : 390 / 443 ms
 PR : 156 ms
 RR/PP : 776 / 740 ms
 P/ORS/T : 45 / 55 / 65 degrees
 QTd/QTcBD : 44 / 50 ms
 Sokolow : 1.0 mV
 NK : 11



Interpretation:-

BSR 4

Unconfirmed report.



Patient Name	: Mrs. A RAJALAKSHMI	Age	: 40 Y/F
UHID	: CKOR.0000252112	OP Visit No	: CKOROPV402809
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 10-03-2024 13:29
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 77 beats 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.

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apolohl.com | www.apolohl.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Mrs. A RAJALAKSHMI
UHID : CKOR.0000252112
Reported on : 09-03-2024 17:44
Adm/Consult Doctor :

Age : 40 Y F
OP Visit No : CKOROPV402809
Printed on : 10-03-2024 11:34
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 mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

Printed on:09-03-2024 17:44

---End of the Report---

For Viny

Dr. VINOD P JOSEPH
MBBS, DNB, DMRD
Radiology

Name: Mrs. A RAJALAKSHMI
Age/Gender: 40 Y/F
Address: KORAMANGALA
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GAZALA ANJUM

MR No: CKOR.0000252112
Visit ID: CKOROPV402809
Visit Date: 09-03-2024 17:07
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For General Health Checkup,

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. A RAJALAKSHMI
Age/Gender: 40 Y/F
Address: KORAMANGALA
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. MAHABALESWAR

MR No: CKOR.0000252112
Visit ID: CKOROPV402809
Visit Date: 09-03-2024 17:07
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. A RAJALAKSHMI
Age/Gender: 40 Y/F
Address: KORAMANGALA
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. MV PRASANNA KUMAR

MR No: CKOR.0000252112
Visit ID: CKOROPV402809
Visit Date: 09-03-2024 17:07
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For General Health Checkup,

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. A RAJALAKSHMI
UHID : CKOR.0000252112
Conducted By: :
Referred By : SELF

Age : 40 Y/F
OP Visit No : CKOROPV402809
Conducted Date : 06-04-2024 19:15

Patient Name	: Mrs. A RAJALAKSHMI	Age	: 40 Y/F
UHID	: CKOR.0000252112	OP Visit No	: CKOROPV402809
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 10-03-2024 13:29
Referred By	: SELF		

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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. A RAJALAKSHMI	Age	: 40 Y/F
UHID	: CKOR.0000252112	OP Visit No	: CKOROPV402809
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 10-03-2024 13:29
Referred By	: SELF		

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