


Patient Name : Mrs.R SANDHYA BHAVANI	Collected : 23/Mar/2024 09:45AM
Age/Gender : 42 Y 6 M 0 D/F	Received : 23/Mar/2024 01:14PM
UHID/MR No : CASR.0000186754	Reported : 23/Mar/2024 03:31PM
Visit ID : CASROPV222844	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4086	

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	10.3	g/dL	12-15	Spectrophotometer
PCV	30.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.13	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	74.6	fL	83-101	Calculated
MCH	24.9	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,380	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	1.5	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6228	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3321.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	155.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	664.32	Cells/cu.mm	200-1000	Calculated
BASOPHILS	10.38	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.88		0.78- 3.53	Calculated
PLATELET COUNT	539000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	MODIFIED WESTERGRENS
PERIPHERAL SMEAR				

RBC- MICROCYTIC HYPOCHROMIC.MILD DEGREE OF ANISOPOIKILOCYTOSIS WITH TEAR DROP CELLS,ELLIPTOCYTES AND OVALOCYTES SEEN.


Dr. B Pavani
M.B.B.S, M.D(pathalogy)
Consultant Pathologist

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SIN No:BED240079711

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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A S Rao Nagar, Hyderabad, Telangana, India - 500062


1860 500 7788
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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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

WBC MILD LEUCOCYTOSIS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA
KINDLY CORRELATE WITH IRON STUDIES.


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Consultant Pathologist

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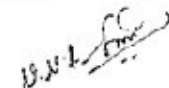
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DEPARTMENT OF HAEMATOLOGY

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



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CONSULTANT PATHOLOGY

SIN No:BED240079711

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UHID/MR No : CASR.0000186754	Reported : 23/Mar/2024 02:28PM
Visit ID : CASROPV222844	Status : Final Report
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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	87	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

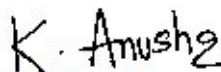
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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



Dr.E.Maruthi Prasad
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Patient Name	: Mrs.R SANDHYA BHAVANI	Collected	: 23/Mar/2024 01:35PM
Age/Gender	: 42 Y 6 M 0 D/F	Received	: 23/Mar/2024 08:15PM
UHID/MR No	: CASR.0000186754	Reported	: 23/Mar/2024 08:34PM
Visit ID	: CASROPV222844	Status	: Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	93	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.

K. Anusha
Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist



SIN No:PLP1436496

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

Comment:

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

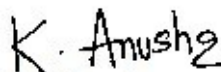
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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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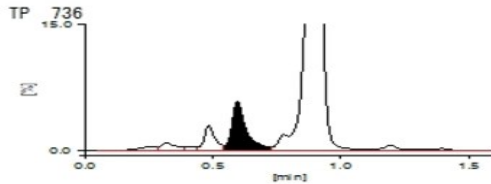
Chromatogram Report

V5.28 1 2024-03-23 17:08:19
 ID EDT240036566
 Sample No. 03230240 SL 0021 - 10
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.5	0.25	6.91
A1B	0.8	0.32	11.54
F	0.3	0.41	4.30
LA1C+	1.8	0.48	25.77
SA1C	5.9	0.60	67.61
AO	92.4	0.90	1358.19
H-V0			
H-V1			
H-V2			

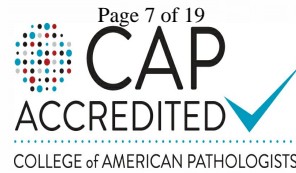
Total Area 1474.32

HbA1c 5.9 % **IFCC 41 mmol/mol**
 HbA1 7.1 % HbF 0.3 %



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	207	mg/dL	<200	CHO-POD
TRIGLYCERIDES	153	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	170	mg/dL	<130	Calculated
LDL CHOLESTEROL	139.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.59		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.26		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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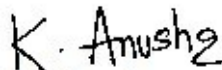
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- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.75	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.62	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	107.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.93	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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's diseases, Cirrhosis, but the increase is usually not >2.

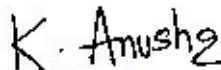
2. Cholestatic Pattern:

- 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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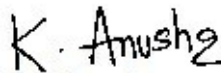
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.74	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	18.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.48	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.39	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.41	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.93	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist

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Patient Name	: Mrs.R SANDHYA BHAVANI	Collected	: 23/Mar/2024 09:45AM
Age/Gender	: 42 Y 6 M 0 D/F	Received	: 23/Mar/2024 01:29PM
UHID/MR No	: CASR.0000186754	Reported	: 23/Mar/2024 06:15PM
Visit ID	: CASROPV222844	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4086		

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	17.00	U/L	<38	IFCC

K. Anusha

Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

SIN No:SE04672834

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



Patient Name : Mrs.R SANDHYA BHAVANI	Collected : 23/Mar/2024 09:45AM
Age/Gender : 42 Y 6 M 0 D/F	Received : 23/Mar/2024 01:29PM
UHID/MR No : CASR.0000186754	Reported : 23/Mar/2024 03:04PM
Visit ID : CASROPV222844	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4086	

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)	0.99	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.84	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.715	µIU/mL	0.38-5.33	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

Maruthi
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist


K. Anusha
Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist

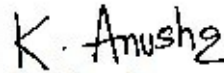


Patient Name	: Mrs.R SANDHYA BHAVANI	Collected	: 23/Mar/2024 09:45AM
Age/Gender	: 42 Y 6 M 0 D/F	Received	: 23/Mar/2024 01:29PM
UHID/MR No	: CASR.0000186754	Reported	: 23/Mar/2024 03:04PM
Visit ID	: CASROPV222844	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4086		

DEPARTMENT OF IMMUNOLOGY

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


Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist


Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist

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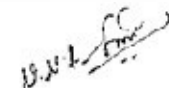


Patient Name : Mrs.R SANDHYA BHAVANI	Collected : 23/Mar/2024 09:45AM
Age/Gender : 42 Y 6 M 0 D/F	Received : 23/Mar/2024 03:48PM
UHID/MR No : CASR.0000186754	Reported : 23/Mar/2024 06:51PM
Visit ID : CASROPV222844	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4086	

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	HAZY		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
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	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/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. SRINIVAS N.S. NORI
M.B.B.S, M.D (Pathology)
CONSULTANT PATHOLOGY

SIN No:UR2314065

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

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Patient Name : Mrs.R SANDHYA BHAVANI	Collected : 23/Mar/2024 01:35PM
Age/Gender : 42 Y 6 M 0 D/F	Received : 23/Mar/2024 09:30PM
UHID/MR No : CASR.0000186754	Reported : 24/Mar/2024 10:08AM
Visit ID : CASROPV222844	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4086	

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(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Siddhartha K.
Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

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SIN No:UPP017320

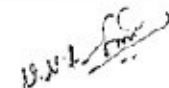
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mrs.R SANDHYA BHAVANI	Collected : 23/Mar/2024 09:45AM
Age/Gender : 42 Y 6 M 0 D/F	Received : 23/Mar/2024 03:50PM
UHID/MR No : CASR.0000186754	Reported : 23/Mar/2024 07:17PM
Visit ID : CASROPV222844	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4086	

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



Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UF011341

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

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Patient Name	: Mrs.R SANDHYA BHAVANI	Collected	: 23/Mar/2024 08:37PM
Age/Gender	: 42 Y 6 M 0 D/F	Received	: 24/Mar/2024 05:09PM
UHID/MR No	: CASR.0000186754	Reported	: 27/Mar/2024 11:39AM
Visit ID	: CASROPV222844	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4086		

DEPARTMENT OF CYTOLOGY

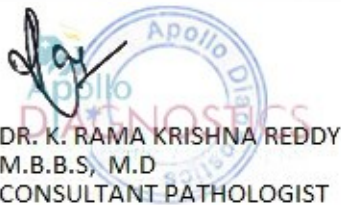
LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	7064/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy
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. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST

SIN No:CS077562

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

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Patient Name	: Mrs. R SANDHYA BHAVANI	Age	: 42 Y/F
UHID	: CASR.0000186754	OP Visit No	: CASROPV222844
Reported By:	: Dr. MRINAL .	Conducted Date	: 25-03-2024 17:45
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 71 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

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

Dr. MRINAL .

Patient Name : Mrs. R SANDHYA BHAVANI

Age/Gender : 42 Y/F

UHID/MR No. : CASR.0000186754

OP Visit No : CASROPV222844

Sample Collected on :

Reported on : 24-03-2024 14:41

LRN# : RAD2278587

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : UBOIE4086

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

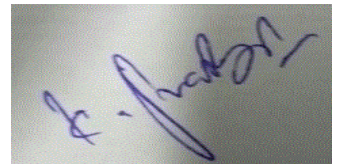
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name	: Mrs. R SANDHYA BHAVANI	Age/Gender	: 42 Y/F
UHID/MR No.	: CASR.0000186754	OP Visit No	: CASROPV222844
Sample Collected on	:	Reported on	: 24-03-2024 08:41
LRN#	: RAD2278587	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: UBOIE4086		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size with increased echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney : 95x41mm **Left kidney : 100x42mm**

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

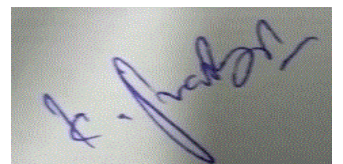
Uterus 46x38x32mm appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures **6mm**.

Right ovary : 19x21mm **Left ovary : 18x20mm**

Both ovaries appear normal in size, shape and echotexture. No evidence of any adnexal pathology noted.

IMPRESSION:-Mild Fatty Liver

Suggested clinical correlation and further evaluation if necessary .



Dr. PRAVEEN BABU KAJA
Radiology



Apollo Clinic

PHYSICAL EXAMINATION FORM

Apollo Clinic
Experience. Open to you!

Date 23/3/24

UHID

186754

Name

Mrs. R. Sandhya

Bl Age 42/12
Blood group

Height

152 Cms

Weight

66.9 kgs

Chest Measurement

(in)cm

(out)cm

Waist

cm

HIP

Pulse

68. Bt/Min

BMI

28. kgs/cm²

BP

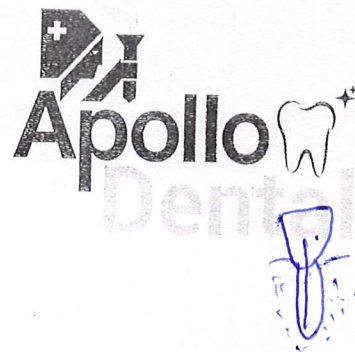
110/90. mm/Hg

SPO2

98 %

Apollo Clinic, A.S. Rao Nagar.

ORAL EXAMINATION FORM



Date: 23/3/2024

Patient ID: _____ MHC

Patient Name: Sandhya Age: 42 Sex: Male Female

Chief Complaint: General checkup

Medical History: - NAD -

Drug Allergy: -

Medication currently taken by the Guest: -

Initial Screenign Findings: -

Dental Caries: discoloured + Missing Teeth: -

Impacted Teeth: - Attrition / Abrasion: -

Bleeding: +ve Pockets / Recession: -

Calculus / Stains: ++ Mobility: -

Restored Teeth: - Non - restorable Teeth for extraction / Root Stumps: -

Malocclusion: -

Others: Sluc

Advice :- ① Advised oral prophylaxis

Doctor Name & Signature: ① Advised follow up
A. Mounik

POWER PRESCRIPTION

NAME: *R. Sandhya Bhavani*

GENDER: M/F *F*

DATE: *23/3/2024*

AGE: *42y*

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	<i>6/6</i>
NEAR	<i>+1.25</i>	-	-	<i>6/6</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	<i>6/6</i>
NEAR	<i>+1.25</i>	-	-	<i>6/6</i>

COLOUR VISION :

DIAGNOSIS : *normal*

OTHER FINDINGS :

INSTRUCTIONS :



SIGNATURE

Patient Name : Mrs. R SANDHYA BHAVANI Age : 42 Y/F
UHID : CASR.0000186754 OP Visit No : CASROPV222844
Conducted By: : Dr. SHILPI MOHAN Conducted Date : 24-03-2024 10:59
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 1.9 CM
LA (es) 3.5 CM
LVID (ed) 4.2 CM
LVID (es) 2.7 CM
IVS (Ed) 1.0 CM
LVPW (Ed) 0.8 CM
EF 63 %
%FD 34 %

MITRAL VALVE : NORMAL
AML NORMAL
PML NORMAL
AORTIC VALVE NORMAL
TRICUSPID VALVE NORMAL
RIGHT VENTRICLE NORMAL
INTER ATRIAL SEPTUM INTACT
INTER VENTRICULAR SEPTUM INTACT
AORTA NORMAL
RIGHT ATRIUM NORMAL
LEFT ATRIUM NORMAL
Pulmonary Valve NORMAL
PERICARDIUM NORMAL

MITRAL: E: 0.8 m/sec A: 0.5 m/sec
AJV:1.3 m/sec
PJV:1.0 m/sec

Patient Name : Mrs. R SANDHYA BHAVANI
UHID : CASR.0000186754
Conducted By: : Dr. SHILPI MOHAN
Referred By : SELF

Age : 42 Y/F
OP Visit No : CASROPV222844
Conducted Date : 24-03-2024 10:59

IMPRESSION:

NORMAL CHAMBER DIMENSION.

NORMAL VALVES.

NO RWMA.


LVEF:63%.

NO MR/AR.

NO TR/PAH.

NO CLOTS/VEGETATION.

NO PERICARDIAL EFFUSION.



Dr. SHILPI
MOHAN

Patient Name	: Mrs. R SANDHYA BHAVANI	Age/Gender	: 42 Y/F
UHID/MR No.	: CASR.0000186754	OP Visit No	: CASROPV222844
Sample Collected on	:	Reported on	: 23-03-2024 21:06
LRN#	: RAD2278587	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: UBOIE4086		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

USG OF BOTH BREASTS

Real time B–Mode USG of both breasts:

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

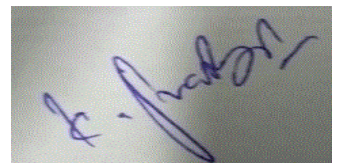
No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

CONCLUSION:

No significant abnormality is seen in this study.



Dr. PRAVEEN BABU KAJA
Radiology

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of
Mrs R. Sandhya Bhavani on 27/3/2024

After reviewing the medical history and on clinical examination it has been found that
he/ she is:

<ul style="list-style-type: none"> Medically Fit 	<p>Tick</p>
<ul style="list-style-type: none"> Fit with Restrictions/ Recommendations <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job.</p> <p>1. <u>Mild Anemia</u></p> <p>2.</p> <p>3.</p> <p>However the candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after</p>	<p><input checked="" type="checkbox"/></p>
<ul style="list-style-type: none"> Currently Unfit. <p>Review after.....recommended.</p>	<p><input type="checkbox"/></p>
<ul style="list-style-type: none"> Unfit 	<p><input type="checkbox"/></p>


Dr. K. VAISHNAVI
MBBS

Regd. No. TSMC/12106

K. Vaishnavi



Dr. Vaishnavi
Reg No :12106
Consultant physician
Apollo Clinic
A S Rao Nagar

यूनियन बैंक ऑफ इंडिया  Union Bank of India

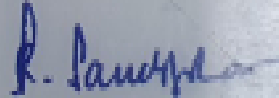
भारत सरकार का उद्योग A Government of India Undertaking



नाम : आर. संध्या भवानी
Name : R. Sandhya Bhavani
कर्मचारी क्र : 670606

जन्म तिथि : 16-08-1981

रक्त समूह : O⁺



हस्ताक्षर Signature

जारी करने की तारीख : 05-02-2020

जारी करने का स्थान : क्षेत्रीय कार्यालय, हैदराबाद

Regional Office, Hyderabad



जारी कर्ता प्राधिकारी Issuing Authority

From: noreply@apolloclinics.info
Sent: 19 March 2024 17:05
To: sandhya.bhavani18@gmail.com
Cc: Asraonagar Apolloclinic; Jyothsna Thaluka; Syamsunder M
Subject: Your appointment is confirmed



Dear R SANDHYA ,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **A.S. RAO NAGAR clinic** on **2024-03-23** at **08:30-08:45**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: A-12, # 1-9-71/A/12/B, RISHAB HEIGHTS, RUKMINIPURI HOUSING COLONY, A.S.RAO NAGAR.

Contact No: (040) 48522317.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic