

Patient Name : Mrs.SRIDEVI M	Collected : 23/Mar/2024 10:57AM
Age/Gender : 50 Y 10 M 7 D/F	Received : 23/Mar/2024 04:43PM
UHID/MR No : CJPN.000093117	Reported : 23/Mar/2024 06:05PM
Visit ID : CJPNOPV191713	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4251	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.4	g/dL	12-15	Spectrophotometer
PCV	43.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.04	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.5	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	60.7	%	40-80	Electrical Impedance
LYMPHOCYTES	31.1	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	4.4	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4977.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2550.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	278.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	360.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	32.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.95		0.78- 3.53	Calculated
PLATELET COUNT	157000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	29	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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SIN No:BED240080361

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

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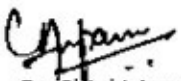
ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

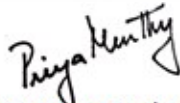
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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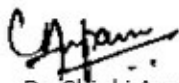
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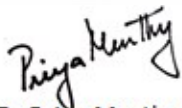
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	258	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)	349	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	11.6	%		HPLC


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SIN No:EDT240036946

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ESTIMATED AVERAGE GLUCOSE (eAG)	286	mg/dL	Calculated
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Comment:

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

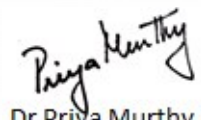
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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	233	mg/dL	<200	CHO-POD
TRIGLYCERIDES	146	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	184	mg/dL	<130	Calculated
LDL CHOLESTEROL	154.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.75		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.11		<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.


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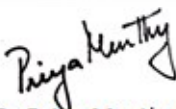
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 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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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.97	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.79	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	59	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	39.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	127.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.47	g/dL	6.6-8.3	Biuret
ALBUMIN	4.32	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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.

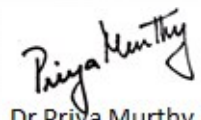
2. Cholestatic Pattern:

- 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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SIN No:SE04673496

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Patient Name : Mrs.SRIDEVI M	Collected : 23/Mar/2024 10:57AM
Age/Gender : 50 Y 10 M 7 D/F	Received : 23/Mar/2024 06:07PM
UHID/MR No : CJPN.000093117	Reported : 23/Mar/2024 08:04PM
Visit ID : CJPNOPV191713	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4251	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.66	mg/dL	0.51-0.95	Jaffe's, Method
UREA	15.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.83	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.68	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	100	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.47	g/dL	6.6-8.3	Biuret
ALBUMIN	4.32	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated


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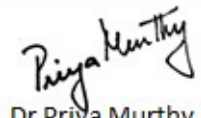
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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	127.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	87.00	U/L	<38	IFCC


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ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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)	1.02	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.97	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.550	µIU/mL	0.35-4.94	CMIA

Comment:

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

- 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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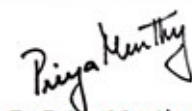

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324


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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	14.2	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

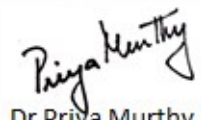
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	317	pg/mL	187 - 883	CMIA


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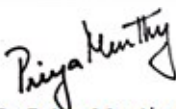
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Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.


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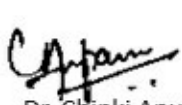
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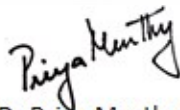
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Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE ++		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
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

Result Rechecked



Dr. Chinki Anupam
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



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



SIN No:UR2314673

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

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

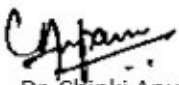
 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.SRIDEVI M	Collected : 23/Mar/2024 10:57AM
Age/Gender : 50 Y 10 M 7 D/F	Received : 23/Mar/2024 07:56PM
UHID/MR No : CJPN.0000093117	Reported : 23/Mar/2024 09:50PM
Visit ID : CJPNOPV191713	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4251	

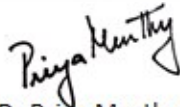
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

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



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:UF011400

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

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

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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.SRIDEVI M	Collected	: 23/Mar/2024 05:15PM
Age/Gender	: 50 Y 10 M 7 D/F	Received	: 25/Mar/2024 03:04PM
UHID/MR No	: CJPN.0000093117	Reported	: 27/Mar/2024 05:18PM
Visit ID	: CJPNOPV191713	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4251		

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

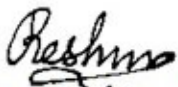
	CYTOLOGY NO.	7194/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/malignancy
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	FUNGAL ELEMENTS MORPHOLOGICALLY CONSISTENT WITH CANDIDA
IV	INTERPRETATION	CANDIDIASIS

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, GLUCOSE (POST PRANDIAL) - URINE



Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

SIN No:CS077537

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

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

Page 17 of 17
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mrs. SRIDEVI M

Age/Gender : 50 Y/F

UHID/MR No. : CJPN.0000093117

OP Visit No : CJPNOPV191713

Sample Collected on :

Reported on : 23-03-2024 15:33

LRN# : RAD2279274

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : UBOIE4251

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 PRNAV VENKATESH
MBBS,MD
Radiology

Patient Name	: Mrs. SRIDEVI M	Age/Gender	: 50 Y/F
UHID/MR No.	: CJPN.0000093117	OP Visit No	: CJPNOPV191713
Sample Collected on	:	Reported on	: 23-03-2024 13:52
LRN#	: RAD2279274	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: UBOIE4251		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Enlarged in size (16cm)and increased in 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 : Appeared normal to the visualized extent.

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

Right kidney measures:10.6 x 1.6 cm.

Left kidney measures :10.6 x 1.3 cm.

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

UTERUS : Normal in size and echotexture. It measures : 8.6 x 4.2 x 5.0cm. Uniform myometrial echoes are normal. Endometrial thickness measuring-7 mm.

Posterior wall intramural fibroid measuring~2.3 x 2.4cm.

OVARIES : Both ovaries are normal in size.

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

IMPRESSION : 1)HEPATOMEGALY WITH GRADE I FATTY LIVER.

Patient Name : Mrs. SRIDEVI M

Age/Gender : 50 Y/F

2)FIBROID IN UTERUS.

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. SRIDEVI M	Age/Gender	: 50 Y/F
UHID/MR No.	: CJPN.0000093117	OP Visit No	: CJPNOPV191713
Sample Collected on	:	Reported on	: 23-03-2024 13:54
LRN#	: RAD2279274	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: UBOIE4251		

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Both breast parenchymal echotexture appear normal.

No ductal dilatation was noted.

No focal lesion seen in both breast.

Nipples and subaerolar region appear normal.

Skin and subcutaneous tissue is normal.

No axillary lymphadenopathy was appreciated.

IMPRESSION: NORMAL STUDY.

BI-RADS CLASSIFICATIONS: Category I:Negative.

Bi-rads classifications:

Category 0 :Need additional imaging evaluation.

Category I : Negative.

Category II : Benign finding.

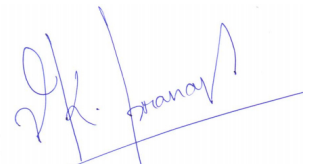
Category III : probably benign finding-short interval follow up is suggested.

Category IV : Suspicious abnormality-biopsy should be considered.

Category V : Highly suggestive of malignancy.

Consultant Radiologist.

(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

2D ECHO WITH COLOR DOPPLER

Ao Annulus Diam : 1.7cm , LA Diam : 2.9 cm,
IVSd : 1.0cm , IVSs;1.3 cm, LVIDd : 3.8cm , LVIDs : .2.3 cm LVPWd :0.9 cm ,
LVPWS : 1.1 cm , EF – 60% , FS – 30% , RVIDd – 1.0 cm

2DVALVES

MITRAL VALVE -----: NORMAL
TRICUSPID VALVE-----: NORMAL
AORTIC VALVE-----: NORMAL
PULMONARY VALVE-----: NORMAL

CHAMBERS

LEFT ATRIUM-----: NORMAL.
RIGHT ATRIUM-----: NORMAL
LEFT VENTRICULAR-----: NORMAL
RIGHT VENTRICULAR---:NORMAL

DOPPLER

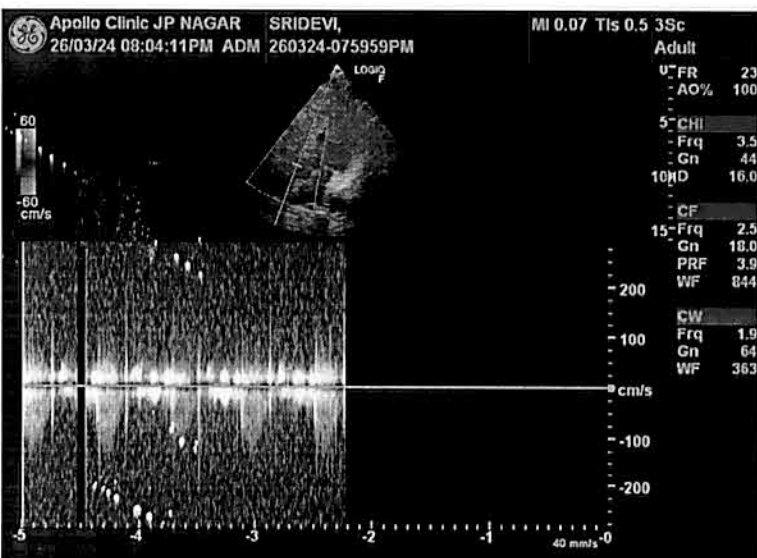
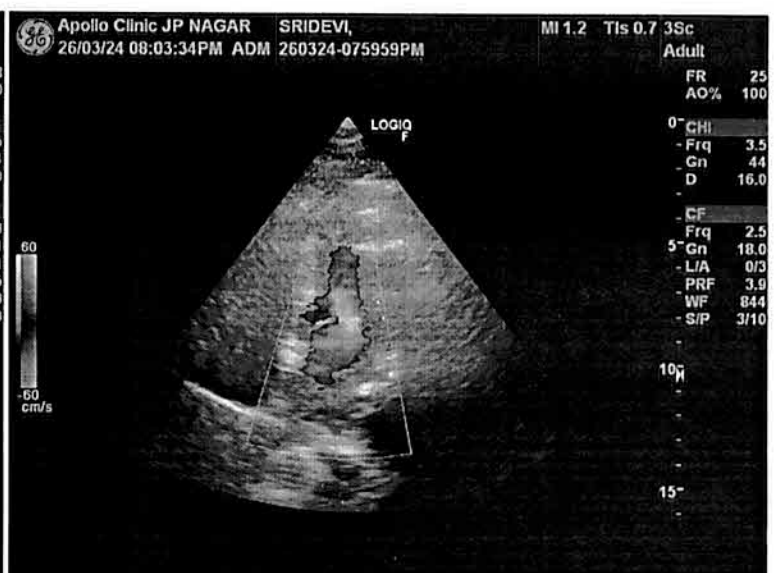
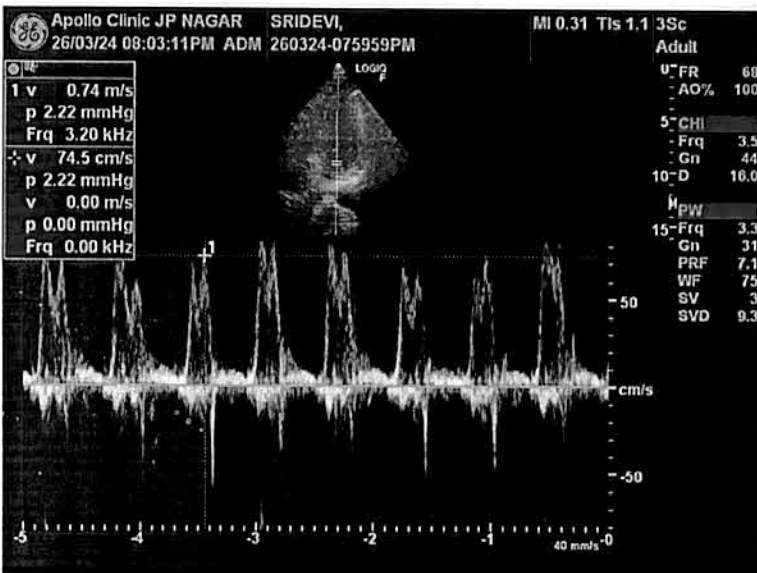
MV E Vel---- : 0.65m/s , MV A Vel : 0.74m/s
TRICUSPID VALVE : NORMAL
PERICARDIUM-----: NORMAL
CLOT/VEGETATION----- : NIL


IMPRESSION

NORMAL CHAMBER DIMENSIONS
NORMAL LV SYSTOLIC FUNCTION
TRIVIAL TR- PASP:20mmHg
NO CLOT /VEGETATION/EFFUSION/PAH
NO REGIONAL WALL MOTION ABNORMALITIES



DR. PARVEZ AHAMED, MS, Mch - CTVS
CONSULTANT CARDIAC SURGEON
KMC – 78751, MOB 9886300038



Name : Mrs. SRIDEVI M	Age : 50 Y	UHID :CJPN.0000093117
Address : blr	Sex : F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :CJPNOPV191713
		Bill No :CJPN-OCR-70223
		Date : 23.03.2024 10:48

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2 D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNÆCOLOGY CONSULTATION ← 11	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE ← 11	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION ← 22	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	VITAMIN D - 25 HYDROXY (D2+D3)	
17	URINE GLUCOSE(FASTING)	
18	SONO MAMOGRAPHY - SCREENING	
19	HbA1c, GLYCATED HEMOGLOBIN	
20	ALKALINE PHOSPHATASE - SERUM/PLASMA	
21	X-RAY CHEST PA	
22	ENT CONSULTATION	
23	FITNESS BY GENERAL PHYSICIAN	
24	BLOOD GROUP ABO AND RH FACTOR	
25	VITAMIN B12	
26	LIPID PROFILE	
27	BODY MASS INDEX (BMI)	
28	OPHTHAL BY GENERAL PHYSICIAN	
29	ULTRASOUND - WHOLE ABDOMEN	
30	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

weight = 81.2 kg
 height = 157 cm
 waist = 101 cm
 Hip = 117 cm
 Sp = 147/101 mm/Hg

Sridevi M

50/172

23/03/24

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

- ENT Check .

- Throat infections On & off

O/E

B/L wax cleared .

B/L TM .

Nox/TM: NAD .

Neck: NAD .

Review sos

Follow up date:



Doctor Signature

Dr Swathi

Name - Srideni M

Age - 50 yof F

Date - 23/03/24

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Cl - Routine

Eye checkup

H/O PUP - No

H/O Eye Rx - No

UVA $\left\{ \begin{array}{l} 6/12 \quad N_{12} \\ 6/6 \quad N_{12} \end{array} \right.$

E glaucoma VA $\left\{ \begin{array}{l} 6/6 \quad N_6 \\ 6/6 \quad N_6 \end{array} \right.$

Kx

RE = +0.50 dsph
LE = plus
Hadd = +1.75 dsph

Follow up date:

After 6 months

Doctor Signature

Sridevi 50/F

Height : 157cm	Weight : 81.2kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

20kg overweight

Diabetes and Hypertension

Non-vegetarian (egg)

Clinical Diagnosis & Management Plan

Reduce the consumption of rice, maida, sugar, Jaggery, honey, packaged foods, processed foods, potato

Include pods vegetables, dals, fruits

→ Use garlic in every food.

Follow up date:


Doctor Signature

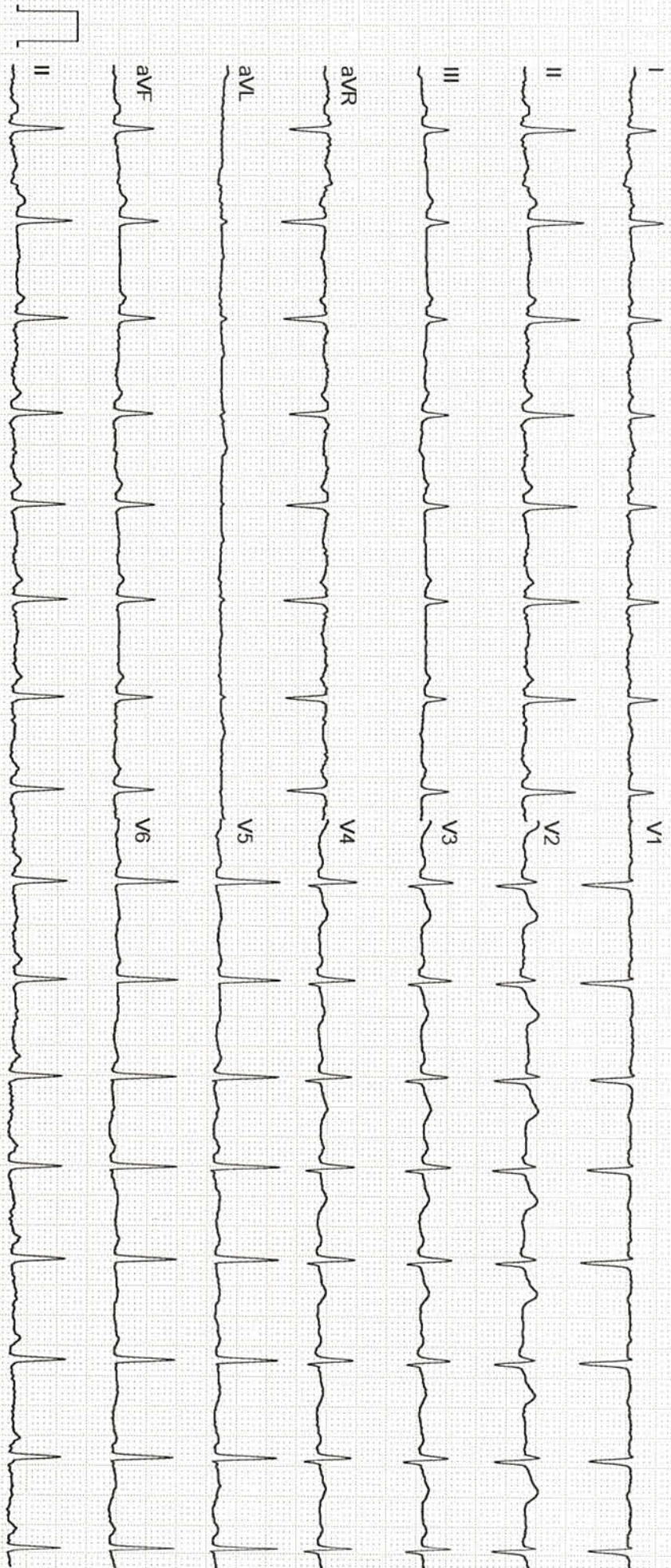
50 Years 157 cm Female
81.0 Kg

Apollo Clinic
J.P. Nagar
Bangalore

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

QRS : 66 ms
QT / QTcBaz : 344 / 432 ms
PR : 146 ms
P : 90 ms
RR / PP : 628 / 631 ms
P / QRS / T : 64 / 61 / 44 degrees

[Handwritten signature]



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 2x5x6_25_R1

Unconfirmed