


Patient Name : Mrs.K VANI	Collected : 23/Mar/2024 08:30AM
Age/Gender : 48 Y 9 M 5 D/F	Received : 23/Mar/2024 10:39AM
UHID/MR No : CASR.0000186729	Reported : 23/Mar/2024 12:35PM
Visit ID : CASROPV222814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 631467	

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	13.6	g/dL	12-15	Spectrophotometer
PCV	39.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.7	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83.8	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,140	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.4	%	40-80	Electrical Impedance
LYMPHOCYTES	27	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	5.6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5242.16	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2197.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	219.78	Cells/cu.mm	20-500	Calculated
MONOCYTES	455.84	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24.42	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.39		0.78- 3.53	Calculated
PLATELET COUNT	267000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR


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

Page 1 of 17
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:BED240078919

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

Patient Name : Mrs.K VANI
Age/Gender : 48 Y 9 M 5 D/F
UHID/MR No : CASR.0000186729
Visit ID : CASROPV222814
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 631467

Collected : 23/Mar/2024 08:30AM
Received : 23/Mar/2024 10:39AM
Reported : 23/Mar/2024 12:35PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

SIN No:BED240078919

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



Patient Name : Mrs.K VANI	Collected : 23/Mar/2024 08:30AM
Age/Gender : 48 Y 9 M 5 D/F	Received : 23/Mar/2024 10:39AM
UHID/MR No : CASR.0000186729	Reported : 23/Mar/2024 03:09PM
Visit ID : CASROPV222814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 631467	

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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology



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



SIN No:BED240078919

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

Patient Name : Mrs.K VANI	Collected : 23/Mar/2024 08:30AM
Age/Gender : 48 Y 9 M 5 D/F	Received : 23/Mar/2024 10:35AM
UHID/MR No : CASR.0000186729	Reported : 23/Mar/2024 11:59AM
Visit ID : CASROPV222814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 631467	

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	102	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	122	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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

K. Anusha

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

SIN No:EDT240036043

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



Patient Name : Mrs.K VANI	Collected : 23/Mar/2024 08:30AM
Age/Gender : 48 Y 9 M 5 D/F	Received : 23/Mar/2024 10:35AM
UHID/MR No : CASR.0000186729	Reported : 23/Mar/2024 11:59AM
Visit ID : CASROPV222814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 631467	

DEPARTMENT OF BIOCHEMISTRY

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

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)

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

Page 5 of 17
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:EDT240036043

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

Patient Name : Mrs.K VANI	Collected : 23/Mar/2024 08:30AM
Age/Gender : 48 Y 9 M 5 D/F	Received : 23/Mar/2024 10:35AM
UHID/MR No : CASR.0000186729	Reported : 23/Mar/2024 11:59AM
Visit ID : CASROPV222814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 631467	

DEPARTMENT OF BIOCHEMISTRY

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

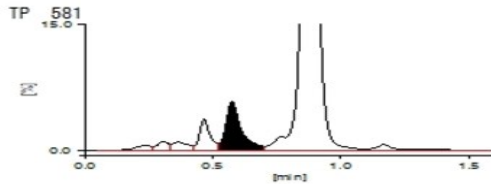
Chromatogram Report

HLC72368 V5.28 1 2024-03-23 11:07:54
 ID EDT240036043
 Sample No. 03230019 SL 0001 - 09
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.5	0.23	7.31
A1B	0.6	0.31	9.16
F	0.7	0.37	10.92
LA1C+	2.0	0.47	28.74
SA1C	5.9	0.58	65.57
AO	92.3	0.88	1334.49
H-V0			
H-V1			
H-V2			

Total Area 1456.19

HbA1c 5.9 % **IFCC 41 mmol/mol**
 HbA1 7.0 % HbF 0.7 %

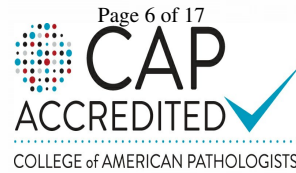


K. Anusha

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

SIN No:EDT240036043

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



Patient Name : Mrs.K VANI
Age/Gender : 48 Y 9 M 5 D/F
UHID/MR No : CASR.0000186729
Visit ID : CASROPV222814
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 631467

Collected : 23/Mar/2024 08:30AM
Received : 23/Mar/2024 10:35AM
Reported : 23/Mar/2024 11:59AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

K. Anusha

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

SIN No:EDT240036043

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



Patient Name : Mrs.K VANI	Collected : 23/Mar/2024 08:30AM
Age/Gender : 48 Y 9 M 5 D/F	Received : 23/Mar/2024 10:41AM
UHID/MR No : CASR.0000186729	Reported : 23/Mar/2024 12:13PM
Visit ID : CASROPV222814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 631467	

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	163	mg/dL	<200	CHO-POD
TRIGLYCERIDES	295	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	32	mg/dL	40-60	Enzymatic Inhibition
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	72	mg/dL	<100	Calculated
VLDL CHOLESTEROL	59	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.09		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.60		<0.11	Calculated

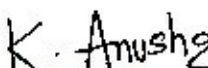
Comment:

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.


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



SIN No:SE04672008

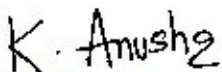
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name	: Mrs.K VANI	Collected	: 23/Mar/2024 08:30AM
Age/Gender	: 48 Y 9 M 5 D/F	Received	: 23/Mar/2024 10:41AM
UHID/MR No	: CASR.0000186729	Reported	: 23/Mar/2024 12:13PM
Visit ID	: CASROPV222814	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 631467		

DEPARTMENT OF BIOCHEMISTRY

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

- 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).


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

SIN No:SE04672008

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



Patient Name : Mrs.K VANI	Collected : 23/Mar/2024 08:30AM
Age/Gender : 48 Y 9 M 5 D/F	Received : 23/Mar/2024 10:41AM
UHID/MR No : CASR.0000186729	Reported : 23/Mar/2024 12:13PM
Visit ID : CASROPV222814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 631467	

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	81.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.97	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.59	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		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.

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

SIN No:SE04672008

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



Patient Name : Mrs.K VANI	Collected : 23/Mar/2024 08:30AM
Age/Gender : 48 Y 9 M 5 D/F	Received : 23/Mar/2024 10:41AM
UHID/MR No : CASR.0000186729	Reported : 23/Mar/2024 12:13PM
Visit ID : CASROPV222814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 631467	

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	0.90	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	10.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.78	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.57	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.81	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.97	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.59	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated

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

Page 11 of 17
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:SE04672008

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

Patient Name	: Mrs.K VANI	Collected	: 23/Mar/2024 08:30AM
Age/Gender	: 48 Y 9 M 5 D/F	Received	: 23/Mar/2024 10:41AM
UHID/MR No	: CASR.0000186729	Reported	: 23/Mar/2024 11:04AM
Visit ID	: CASROPV222814	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 631467		

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) , <i>SERUM</i>	18.00	U/L	<38	IFCC

K. Anusha

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

SIN No:SE04672008

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



Patient Name : Mrs.K VANI	Collected : 23/Mar/2024 08:30AM
Age/Gender : 48 Y 9 M 5 D/F	Received : 23/Mar/2024 10:39AM
UHID/MR No : CASR.0000186729	Reported : 23/Mar/2024 11:54AM
Visit ID : CASROPV222814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 631467	

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	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.61	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.683	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

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



SIN No:SPL24052806

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

Patient Name	: Mrs.K VANI	Collected	: 23/Mar/2024 08:30AM
Age/Gender	: 48 Y 9 M 5 D/F	Received	: 23/Mar/2024 10:39AM
UHID/MR No	: CASR.0000186729	Reported	: 23/Mar/2024 11:54AM
Visit ID	: CASROPV222814	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 631467		

DEPARTMENT OF IMMUNOLOGY

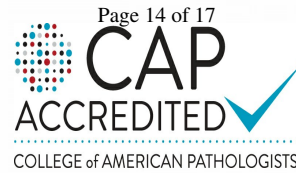
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

K. Anusha

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

SIN No:SPL24052806

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



Patient Name : Mrs.K VANI	Collected : 23/Mar/2024 08:30AM
Age/Gender : 48 Y 9 M 5 D/F	Received : 23/Mar/2024 03:49PM
UHID/MR No : CASR.0000186729	Reported : 23/Mar/2024 06:18PM
Visit ID : CASROPV222814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 631467	

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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	POSITIVE ++		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	10-12	/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. R. SHALINI
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:UR2313314

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

Page 15 of 17
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



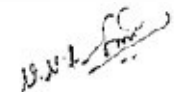
Patient Name : Mrs.K VANI	Collected : 23/Mar/2024 08:30AM
Age/Gender : 48 Y 9 M 5 D/F	Received : 23/Mar/2024 03:59PM
UHID/MR No : CASR.0000186729	Reported : 23/Mar/2024 06:48PM
Visit ID : CASROPV222814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 631467	

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

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:UF011283

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



Patient Name	: Mrs.K VANI	Collected	: 23/Mar/2024 08:38PM
Age/Gender	: 48 Y 9 M 5 D/F	Received	: 24/Mar/2024 05:09PM
UHID/MR No	: CASR.0000186729	Reported	: 27/Mar/2024 11:38AM
Visit ID	: CASROPV222814	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 631467		

DEPARTMENT OF CYTOLOGY

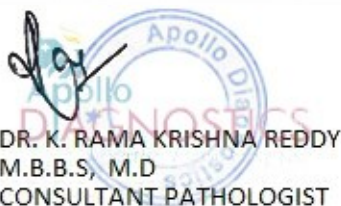
LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	7065/24
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:CS077563

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

Page 17 of 17
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : Mrs. K VANI

Age/Gender : 48 Y/F

UHID/MR No. : CASR.0000186729

OP Visit No : CASROPV222814

Sample Collected on :

Reported on : 24-03-2024 14:22

LRN# : RAD2277810

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 631467

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

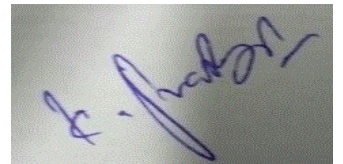
Both costophrenic and cardiophrenic angles are clear .

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. K VANI	Age/Gender	: 48 Y/F
UHID/MR No.	: CASR.0000186729	OP Visit No	: CASROPV222814
Sample Collected on	:	Reported on	: 25-03-2024 10:29
LRN#	: RAD2277810	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 631467		

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.

Right breast: Evidence of well defined hypoechoic lesion measuring 3.8x3.2mm noted at 11 'o' clock position

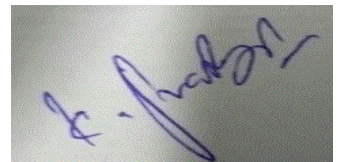
No evidence of focal, solid or cystic lesion on the left side .

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

CONCLUSION: BIRADS Category 3 Lesion In The Right Breast As Described Above

Suggested MAMMOGRAPHY /FOLLOW UP SCAN



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name : Mrs. K VANI	Age/Gender : 48 Y/F
UHID/MR No. : CASR.0000186729	OP Visit No : CASROPV222814
Sample Collected on :	Reported on : 24-03-2024 13:13
LRN# : RAD2277810	Specimen :
Ref Doctor : SELF	
Emp/Auth/TPA ID : 631467	

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 : 102x42mm

Left kidney : 104x41mm

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 69x52x61mm Bulky in size and shows normal echotexture . Endometrial Thickness measures **12mm**.

Right ovary : 39x33mm Normal in size, shape and echotexture.

Left ovary : 26x22mm Normal in size and shows small anechoic retention cyst measuring **21x20mm**

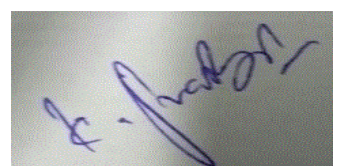
IMPRESSION:-Bulky Uterus

Thickened Endometrium

Small Retention Cyst In The Left Ovary.

Grade 1 Fatty Liver

Suggested clinical correlation and further evaluation if necessary .





Patient Name : Mrs. K VANI

Age/Gender : 48 Y/F

Dr. PRAVEEN BABU KAJA
Radiology



Apollo Clinic

PHYSICAL EXAMINATION FORM

Apollo Clinic
Experience. Clear to you.

Date 23/3/24

UHID 186729

Name Mrs. K. Vanif

Age 48/2

Height 156 Cms

Weight 67.6 Kgs

Chest Measurement (in)cm (out)cm

Waist cm HIP

Pulse 100 Bt/Min BMI

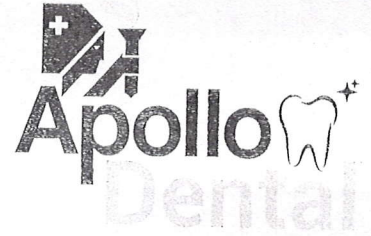
BP 160/100 mm/Hg SPO2

27. kgs/cm²

97 %

Apollo Clinic, A.S. Rao Nagar.

ORAL EXAMINATION FORM



Date: 23/3/2024

Patient ID: _____ MHC

Patient Name: Mrs. K. Vani Age: 48 Sex: Male Female

Chief Complaint: General Checkup

Medical History: H/O B.P

Drug Allergy: -

Medication currently taken by the Guest: _____

Initial Screenign Findings: _____

Dental Caries: -

Missing Teeth: -

Impacted Teeth: -

Attrition / Abrasion: -

Bleeding: +ve

Pockets / Recession: -

Calculus / Stains: ++

Mobility: -

Restored Teeth: Implant 1/6

Non - restorable Teeth for extraction / Root Stumps: -

Malocclusion: -

Others: Sub

Advice: ① Advised oral prophylaxis & follow up

Doctor Name & Signature: D. Mounib

POWER PRESCRIPTION

NAME: *K. VANI*

GENDER: M/F

DATE: *23/3/24*

AGE: *48*

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	<i>1.00</i>	<i>90</i>	<i>6/6</i>
NEAR	<i>+1.75</i>	-	-	<i>N6</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	<i>0.75</i>	<i>90</i>	<i>6/6</i>
NEAR	<i>+1.75</i>	-	-	<i>N6</i>

COLOUR VISION :

DIAGNOSIS : *normal*

OTHER FINDINGS :

INSTRUCTIONS :

[Signature]
SIGNATURE

Patient Name	: Mrs. K VANI	Age	: 48 Y/F
UHID	: CASR.0000186729	OP Visit No	: CASROPV222814
Reported By:	: Dr. MRINAL .	Conducted Date	: 25-03-2024 17:19
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 72 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. K VANI Age : 48 Y/F
UHID : CASR.0000186729 OP Visit No : CASROPV222814
Conducted By: : Dr. SHILPI MOHAN Conducted Date : 24-03-2024 12:55
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.3 CM
LA (es)	2.8 CM
LVID (ed)	4.0 CM
LVID (es)	2.2 CM
IVS (Ed)	1.4 CM
LVPW (Ed)	1.3 CM
EF	75 %
%FD	43 %
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: 0.9 m/sec
AJV:0.9 m/sec
PJV:0.8 m/sec

Patient Name	: Mrs. K VANI	Age	: 48 Y/F
UHID	: CASR.0000186729	OP Visit No	: CASROPV222814
Conducted By:	: Dr. SHILPI MOHAN	Conducted Date	: 24-03-2024 12:55
Referred By	: SELF		

IMPRESSION:

LVH NOTED.

NORMAL CHAMBER DIMENSION.

NORMAL VALVES.

NO RWMA.

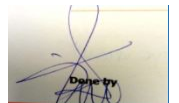
LVEF:75%.

GRADE I DIASTOLIC DYSFUNCTION.

NO MR/AR/TR/PAH.

NO CLOTS/VEGETATION.

NO PERICARDIAL EFFUSION.



Dr. SHILPI
MOHAN