

Patient Name : Mrs.M SRILATHA	Collected : 22/Mar/2024 08:11AM
Age/Gender : 36 Y 8 M 18 D/F	Received : 22/Mar/2024 12:20PM
UHID/MR No : CVIS.0000124554	Reported : 22/Mar/2024 02:10PM
Visit ID : CVISOPV122592	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9885207495	

DEPARTMENT OF HAEMATOLOGY

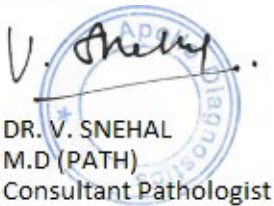
PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen , no NRBC . No polychromatophilia, No target cells seen . No intracellular hemo-parasite seen.

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Microcytic hypochromic anemia.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240077165

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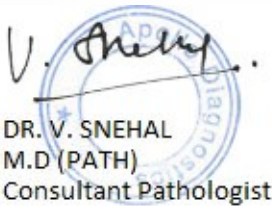
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.6	g/dL	12-15	Spectrophotometer
PCV	34.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.31	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81	fL	83-101	Calculated
MCH	26.9	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61	%	40-80	Electrical Impedance
LYMPHOCYTES	32.4	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	5.3	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3233	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1717.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	68.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	280.9	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.88		0.78- 3.53	Calculated
PLATELET COUNT	310000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen, no NRBC. No polychromatophilia, No target cells seen. No intracellular hemo-parasite seen.

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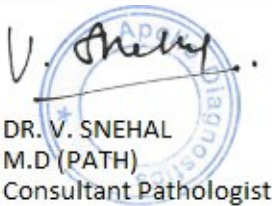
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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Platelets are in adequate numbers

Microcytic hypochromic anemia.



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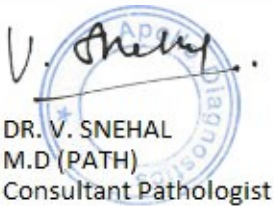
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	GOD - POD

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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



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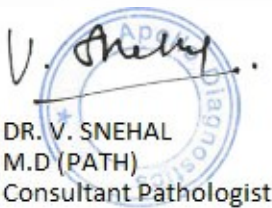
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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

- 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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	91	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	69	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	51	mg/dL	<130	Calculated
LDL CHOLESTEROL	37.13	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.87	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.28		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<0.11	Calculated

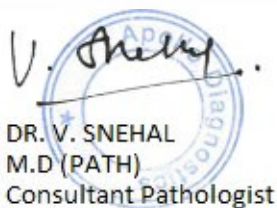
Comment:

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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.



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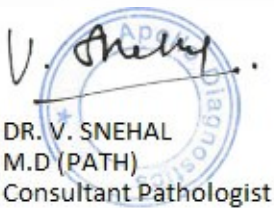
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

- 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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.62	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14.83	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.9	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	96.90	U/L	42-98	IFCC
PROTEIN, TOTAL	6.52	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	3.92	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		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:

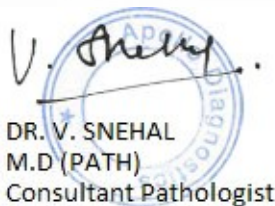
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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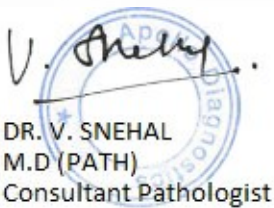
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.5-0.9	Jaffe
UREA	17.43	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	8.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.01	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.01	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.52	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	3.92	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.80	U/L	0-38	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

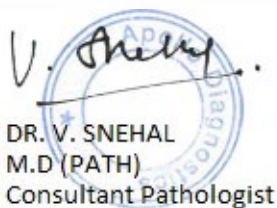
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.45	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	8.98	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	1.500	µIU/mL	0.3-4.5	CLIA

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

1. 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.
2. 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.
3. 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.
4. 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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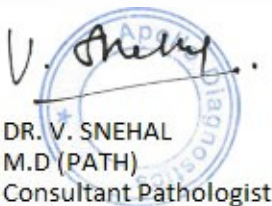
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:UR2311853

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.M SRILATHA	Collected : 22/Mar/2024 11:23AM
Age/Gender : 36 Y 8 M 18 D/F	Received : 23/Mar/2024 12:28PM
UHID/MR No : CVIS.0000124554	Reported : 26/Mar/2024 10:38AM
Visit ID : CVISOPV122592	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9885207495	

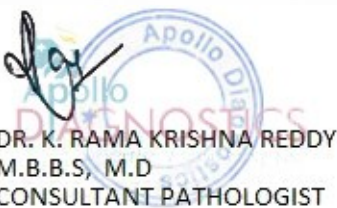
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	6910/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	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 ***



DR. K. RAMA KRISHNA REDDY
M.B.B.S., M.D
CONSULTANT PATHOLOGIST

SIN No:CS077150

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

Page 14 of 14
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



Patient Name	: Mrs. M SRILATHA	Age/Gender	: 36 Y/F
UHID/MR No.	: CVIS.0000124554	OP Visit No	: CVISOPV122592
Sample Collected on	:	Reported on	: 22-03-2024 12:54
LRN#	: RAD2275885	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9885207495		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 14.3cm. appears normal in size and 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.

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

Right kidney : 9.7 x 4.5 cm

Left kidney : 11.2 x 5.1 cm **4mm calculus in mid pole.**

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

Uterus appears normal in size. It shows normal shape and echo pattern.It measures 8.1 x 4.8 x 4.6cm. Endometrial echo-complex appears normal and measures 5 mm.No intra/extra uterine gestational sac seen.

Both ovaries :Normal in size and echotexture.

Right ovary: 3.2 x 1.7 cm.

Left ovary: 3.6 x 1.5 cm.

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***LEFT RENAL CALCULUS.**

Patient Name : Mrs. M SRILATHA

Age/Gender : 36 Y/F

**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Name: Mrs. M SRILATHA
Age/Gender: 36 Y/F
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ABHIJEET SINGH SACHAN

MR No: CVIS.0000124554
Visit ID: CVISOPV122592
Visit Date: 22-03-2024 08:01
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. M SRILATHA
Age/Gender: 36 Y/F
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ADIREDDY GOPALAKRISHNA

MR No: CVIS.0000124554
Visit ID: CVISOPV122592
Visit Date: 22-03-2024 08:01
Discharge Date:
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Age/Gender: 36 Y/F
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
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PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

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Age/Gender: 36 Y/F
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ADIREDDY GOPALAKRISHNA

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HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. M SRILATHA
Age/Gender: 36 Y/F
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. AKHIL AGARWAL

MR No: CVIS.0000124554
Visit ID: CVISOPV122592
Visit Date: 22-03-2024 08:01
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
22-03-2024 11:40	71 Beats/min	100/70 mmHg	18 Rate/min	98.6 F	164 cms	77 Kgs	%	%	Years	28.63	cms	cms	cms		AHLL09094

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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22-03-2024 11:40	71 Beats/min	100/70 mmHg	18 Rate/min	98.6 F	164 cms	77 Kgs	%	%	Years	28.63	cms	cms	cms		AHLL09094

Physical Medical Examination Format

NAME:- M. SRILATHA	DATE:- 22-05-24
DESIGNATION:-	AGE:- 36
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	ALO
Personal /family history	F - DM, H7W
Past Medical /Surgical	ALO
Sensitivity/Allergy (if any)	ALO
Habits	ALO
Occupational History	

Height: 164	Weight: 77	BMI: 28.6	Pulse: 71
Temp: 98.6	Spo2: 99	Resp: 18	B.P: 100/70

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. M. SRILATHAfor pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically..... fit

Fit

Unfit

M. Srilatha
Signature Of Employee

Dr.G. INDIRA PRIYADARSHINI
MBBS

Regd No. 63148
Apollo Family Physician
Apollo Clinic, Seethamma Pet, Vizag
Signature & Seal Of Medical Examiner With

Registration No:.....

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad 500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakurta | Nizampet | Uppal) | Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

UNION BANK

NAME : MRS. M. SRILATHA GENDER : F
 AGE : 36 DATE : 22/3/24

OPHTHALMOLOGY SCREENING REPORT

VISION : (OD) 6/6 (OS) 6/6
 DISTANCE : 26 26
 NEAR VISION :
 COLOUR VISION : - NNL -
ANT.SEGMENT : - Best -
 CONJUNCTIVA : - clear -
 CORNEA : - RIR IR -
 PUPIL :
 FUNDUS :
 IMPRESSION : WNL


SIGNATURE

Patient Name	: Mrs. M SRILATHA	Age	: 36 Y F
UHID	: CVIS.0000124554	OP Visit No	: CVISOPV122592
Reported on	: 22-03-2024 12:51	Printed on	: 22-03-2024 12:54
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 14.3cm. appears normal in size and 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.

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

Right kidney : 9.7 x 4.5 cm

Left kidney : 11.2 x 5.1 cm **4mm calculus in mid pole.**

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

Uterus appears normal in size. It shows normal shape and echo pattern.It measures 8.1 x 4.8 x 4.6cm. Endometrial echo-complex appears normal and measures 5 mm.No intra/extra uterine gestational sac seen.

Both ovaries :Normal in size and echotexture.

Right ovary: 3.2 x 1.7 cm.

Left ovary: 3.6 x 1.5 cm.

Patient Name : Mrs. M SRILATHA
UHID : CVIS.0000124554
Reported on : 22-03-2024 12:51
Adm/Consult Doctor :

Age : 36 Y F
OP Visit No : CVISOPV122592
Printed on : 22-03-2024 12:54
Ref Doctor : SELF

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***LEFT RENAL CALCULUS.**

**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**

Printed on:22-03-2024 12:51

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology



Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name:

Ms M. Seelata

Age/Sex:

58 F

Date:

22/3/23

For routine checkup

Both Ears
Nose
Throat

Hoarseness cleared
etc

nil ENT

[Signature]



Dr NAMRATHA ARISETTY

M.B.B.S, D,G,O

Consultant Obstetrician & Gynecologist

Reg No: -55899

Patient Name: - Ms. Saralatha Age/Sex: - F 36yo Date: - 22/3/24

P/L

CMP. / 15/3/24

o/c - G.C.L. -
us/ps - NAD
P/A - Hoff -

PMH - Reg / 28/4/15
No HT, DM / Ty
No significant Past / family.

P.S Done

neck - no CMP
breast - no lumps
gaf -

P

Tab Alo 2 - 10^{10d}

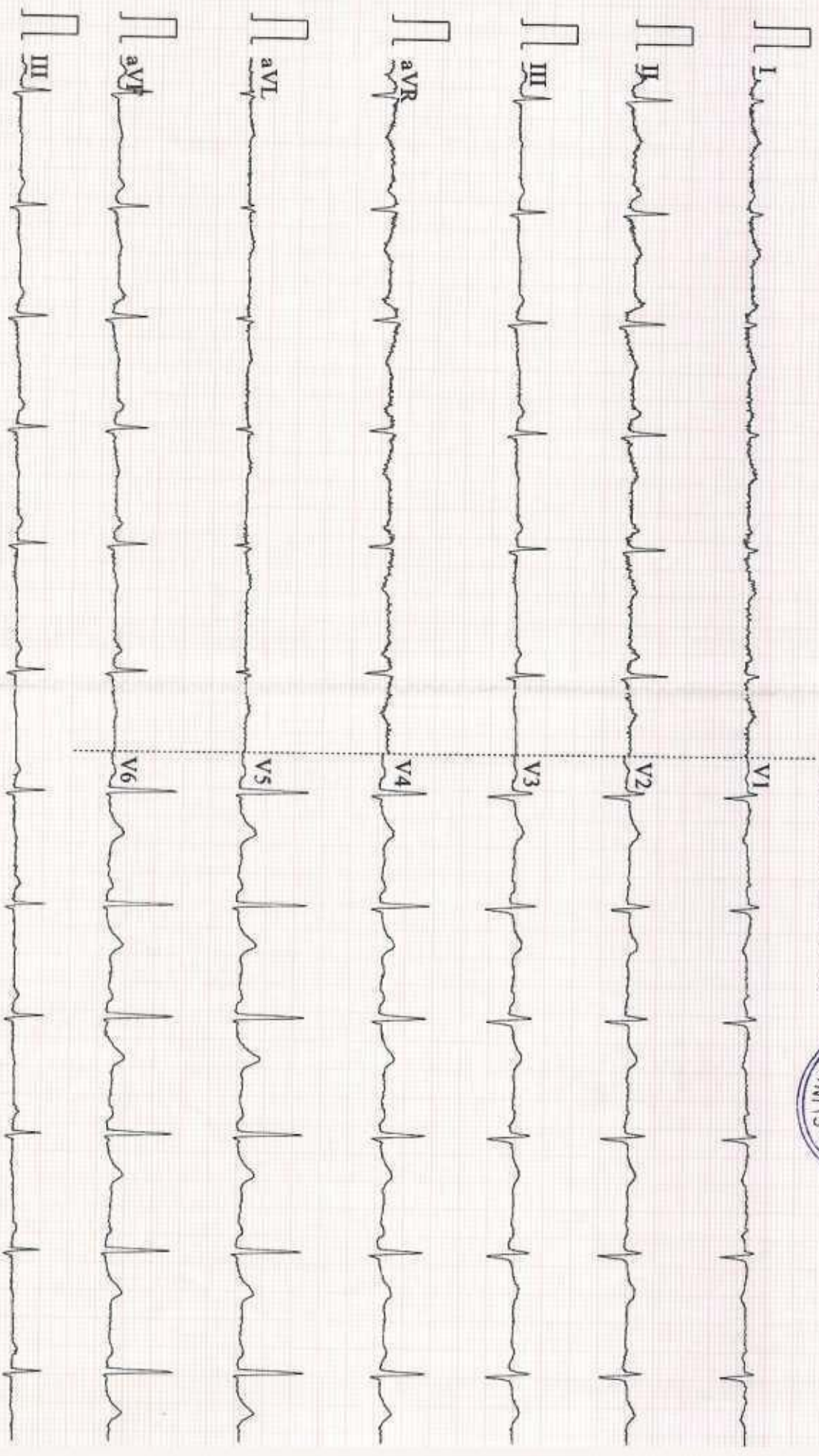
Hy

ID: 124334
m sriathatha
Female 36Years
Req. No. :

22-05-2024 08:48:50
HR : 71 bpm
P : 126 ms
PR : 168 ms
QRS : 86 ms
QT/QTcBz : 430/468 ms
P/QRS/T : 59/68/34 °
RV5/SVI : 1.189/0.418 mV

Diagnosis Information:
Sinus rhythm
Borderline prolonged QT interval
Borderline ECG

Report Confirmed by:



Patient Name	: Mrs. M SRILATHA	Age	: 36 Y/F
UHID	: CVIS.0000124554	OP Visit No	: CVISOPV122592
Reported By:	: Dr. APPALA NAIDU L.S	Conducted Date	: 22-03-2024 12:10
Referred By	: SELF		

ECG REPORT

Observation :-

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

Impression:

NORMAL RESTING ECG.

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



Dr. APPALA NAIDU L.S.

Name: Mrs. M SRILATHA
 Age/Gender: 36 Y/F
 Address: VSKP
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124554
 Visit ID: CVISOPV122592
 Visit Date: 22-03-2024 08.01
 Discharge Date:
 Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
22-03-2024 11:40	71 Beats/min	100/70 mmHg	18 Rate/min	98.6 F	164 cms	77 Kgs	%	%	Years	28.63	cms	cms	cms		AHLL09094



Patient Name	: Mrs.M SRILATHA	Collected	: 22/Mar/2024 08:11AM
Age/Gender	: 36 Y 8 M 18 D/F	Received	: 22/Mar/2024 12:20PM
UHID/MR No	: CVIS.0000124554	Reported	: 22/Mar/2024 02:10PM
Visit ID	: CVISOPV122592	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9885207495		

DEPARTMENT OF HAEMATOLOGY

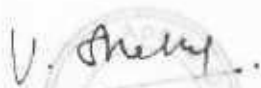
PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen , no NRBC . No polychromatophilia, No target cells seen . No intracellular hemo-parasite seen.

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Microcytic hypochromic anemia.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No. DTID240077165

The Apollo Health and Lifestyle Limited and Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apolloht.com

APOLLO CLINICS NETWORK TELANGANA & AP

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs.M SRILATHA	Collected	: 22/Mar/2024 08:11AM
Age/Gender	: 36 Y 8 M 18 D/F	Received	: 22/Mar/2024 12:20PM
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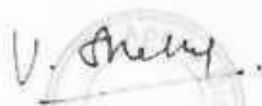
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.6	g/dL	12-15	Spectrophotometer
PCV	34.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.31	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	81	fL	83-101	Calculated
MCH	26.9	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,300	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61	%	40-80	Electrical Impedence
LYMPHOCYTES	32.4	%	20-40	Electrical Impedence
EOSINOPHILS	1.3	%	1-6	Electrical Impedence
MONOCYTES	5.3	%	2-10	Electrical Impedence
BASOPHILS	0	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3233	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1717.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	68.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	280.9	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.88		0.78- 3.53	Calculated
PLATELET COUNT	310000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen, no NRBC. No polychromatophilia, No target cells seen. No intracellular hemo-parasite seen.


DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No: BED240077165

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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TO BOOK AN APPOINTMENT

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Patient Name	: Mrs.M SRILATHA	Collected	: 22/Mar/2024 08:11AM
Age/Gender	: 36 Y 8 M 18 D/F	Received	: 22/Mar/2024 12:20PM
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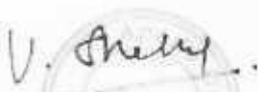
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Microcytic hypochromic anemia.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: PED240077165

The Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab ; Vizag-530017

(CIN - UB5110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

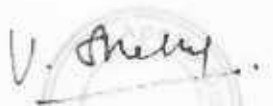
 **1860 500 7788**

Patient Name	: Mrs.M SRILATHA	Collected	: 22/Mar/2024 08:11AM
Age/Gender	: 36 Y 8 M 18 D/F	Received	: 22/Mar/2024 12:20PM
UHID/MR No	: CVIS.0000124554	Reported	: 22/Mar/2024 02:43PM
Visit ID	: CVISOPV122592	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9885207495		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: BED240077165

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Age/Gender	: 36 Y 8 M 18 D/F	Received	: 22/Mar/2024 12:20PM
UHID/MR No	: CVIS.0000124554	Reported	: 22/Mar/2024 01:41PM
Visit ID	: CVISOPV122592	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	GOD - POD

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 \geq or = 126 mg/dL and/or a random / 2 hr post glucose value of \geq 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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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	\geq 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

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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

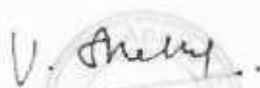
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. 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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	91	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	69	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	51	mg/dL	<130	Calculated
LDL CHOLESTEROL	37.13	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.87	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.28		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

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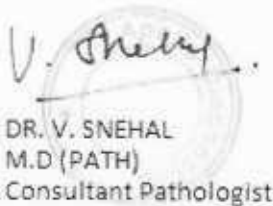
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

- 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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.62	mg/dL	0.10-1.20	Diazotized 2,4-Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14.83	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.9	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	96.90	U/L	42-98	IFCC
PROTEIN, TOTAL	6.52	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	3.92	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		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:

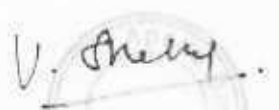
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BML.
- 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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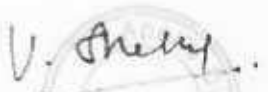
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.5-0.9	Jaffe
UREA	17.43	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	8.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.01	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.01	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.52	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	3.92	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.80	U/L	0-38	IFCC



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DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Result/s to Follow;
 THYROID PROFILE TOTAL (T3, T4, TSH), LBC PAP TEST (PAPSURE)

V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
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SIN No: UR2311853

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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Fwd: Health Check up Booking Confirmed Request(UBOIE4268),Package Code-PKG10000450, Beneficiary Code-310508

latha manchili <lathamanchili@gmail.com>

Fri 3/22/2024 7:52 AM

To: Vizag Apolloclinic <vizag@apolloclinic.com>

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Wed, 13 Mar, 2024, 17:10

Subject: Health Check up Booking Confirmed Request(UBOIE4268),Package Code-PKG10000450, Beneficiary Code-310508

To: <lathamanchili@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **MANCHILI SRILATHA**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Annual Health Checkup Female Starter

Patient Package Name : MediWheel Full Body Health Checkup Female 35 to 40

Name of Diagnostic/Hospital : Apollo Clinic - Visakhapatnam

Address of Diagnostic/Hospital- : Apollo Clinic, 50, Plot 5, Sheethammapeta, Beside BVK college, Dwaraka Nagar, Vishakapatnam-530016

City : Visakhapatnam

State :

Pincode : 530016

Appointment Date : 22-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MANCHILI SRILATHA	36 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).

- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team
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यूनियन बैंक Union Bank
of India

आन्ध्र
Andhra

State
Corporation



नाम : मंचिली श्री लता
Name : MANCHILI SRI LATHA
पदनाम / Designation : SWO-A
कर्मचारी क्र / Employee No.: 690699
जन्म तिथि / Birth Date : 04-07-1987
रक्त गुण / Blood Group : B+ve
कार्ड जारी स्थान / Place of Issue : MVP Colony Br.-1, VSP
जारी तिथि / Date of Issue : 01.07.2022

M. Srilatha
धारक का हस्ताक्षर
Staff Signature

01-07-2022
जारीकर्ता प्राधिकारी
Issuing Authority

UNFIT EXPLANATION

Date: 22/3/24
Patient Name: Manchi Saiatha
UHID: 124554
Corporate Name:

The above-mentioned client unfit given due to PC

As per physician advice It was hold not given FIT, once client met with Physician, we will update closure remarks.

Regards,
Apollo clinic,
Vizag
Ph:0891-2585511/12.