

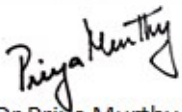
Patient Name : Mrs.KALLURI VENKATA LAKSHMI RAMANI	Collected : 23/Mar/2024 08:54AM
Age/Gender : 56 Y 9 M 21 D/F	Received : 23/Mar/2024 12:29PM
UHID/MR No : CJPN.000093067	Reported : 23/Mar/2024 03:47PM
Visit ID : CJNOPV191641	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9986647016	

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	11.9	g/dL	12-15	Spectrophotometer
PCV	36.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.98	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90.4	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,520	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	46.4	%	40-80	Electrical Impedance
LYMPHOCYTES	39.8	%	20-40	Electrical Impedance
EOSINOPHILS	6.6	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1633.28	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1400.96	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	232.32	Cells/cu.mm	20-500	Calculated
MONOCYTES	225.28	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.16	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.17		0.78- 3.53	Calculated
PLATELET COUNT	193000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	22	mm at the end of 1 hour	0-20	Modified Westgren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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



SIN No:BED240079172

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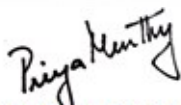
WBCs: are decreased in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH LEUCOPENIA.

Kindly correlate clinically.



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mrs.KALLURI VENKATA LAKSHMI RAMANI	Collected : 23/Mar/2024 08:54AM
Age/Gender : 56 Y 9 M 21 D/F	Received : 23/Mar/2024 12:36PM
UHID/MR No : CJPN.000093067	Reported : 23/Mar/2024 02:36PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	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)	75	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	5.8	%		HPLC


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SIN No:EDT240036213

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ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL	Calculated
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Comment:

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

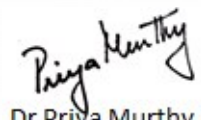
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	208	mg/dL	<200	CHO-POD
TRIGLYCERIDES	115	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	61	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	147	mg/dL	<130	Calculated
LDL CHOLESTEROL	124.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.41		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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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SIN No:SE04672269

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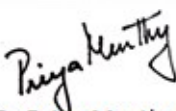
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.67	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	5	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	77.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.18	g/dL	6.6-8.3	Biuret
ALBUMIN	4.49	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.69	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		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.

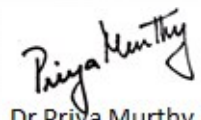
2. Cholestatic Pattern:

- 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:SE04672269

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Patient Name : Mrs.KALLURI VENKATA LAKSHMI RAMANI	Collected : 23/Mar/2024 08:54AM
Age/Gender : 56 Y 9 M 21 D/F	Received : 23/Mar/2024 06:08PM
UHID/MR No : CJPN.000093067	Reported : 23/Mar/2024 09:08PM
Visit ID : CJPNOPV191641	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9986647016	

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	0.67	mg/dL	0.51-0.95	Jaffe's, Method
UREA	19.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.73	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.08	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.18	g/dL	6.6-8.3	Biuret
ALBUMIN	4.49	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.69	g/dL	2.0-3.5	Calculated
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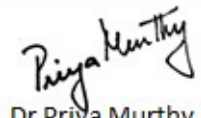
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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	77.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.00	U/L	<38	IFCC


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Age/Gender : 56 Y 9 M 21 D/F	Received : 23/Mar/2024 12:44PM
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DEPARTMENT OF IMMUNOLOGY

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)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.34	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.246	µIU/mL	0.34-5.60	CLIA

Comment:

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

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma


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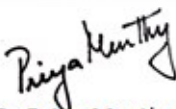
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Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9986647016

Collected : 23/Mar/2024 08:54AM
Received : 23/Mar/2024 12:44PM
Reported : 23/Mar/2024 02:34PM
Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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


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Age/Gender : 56 Y 9 M 21 D/F	Received : 23/Mar/2024 12:44PM
UHID/MR No : CJPN.000093067	Reported : 23/Mar/2024 03:00PM
Visit ID : CJNOPV191641	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	27.6	ng/mL	30 -100	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:

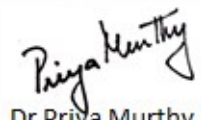
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	158	pg/mL	107.2-653.3	CLIA


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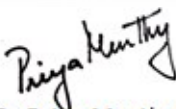
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Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. 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.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.


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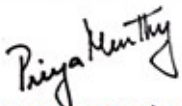
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		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	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2313553

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)

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Karnataka - 560034



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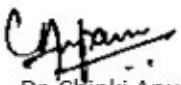
Patient Name : Mrs.KALLURI VENKATA LAKSHMI RAMANI
Age/Gender : 56 Y 9 M 21 D/F
UHID/MR No : CJPN.000093067
Visit ID : CJNOPV191641
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9986647016

Collected : 23/Mar/2024 11:31AM
Received : 23/Mar/2024 07:56PM
Reported : 23/Mar/2024 09:50PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

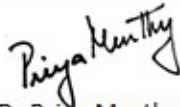
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		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:UPP017242

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

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Karnataka - 560034

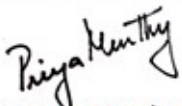
 **1860 500 7788**
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Patient Name : Mrs.KALLURI VENKATA LAKSHMI RAMANI	Collected : 23/Mar/2024 08:54AM
Age/Gender : 56 Y 9 M 21 D/F	Received : 23/Mar/2024 01:29PM
UHID/MR No : CJPN.000093067	Reported : 23/Mar/2024 03:43PM
Visit ID : CJPNOPV191641	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9986647016	

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)	NEGATIVE		NEGATIVE	Dipstick



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



SIN No:UF011296

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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APOLLO CLINICS NETWORK

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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

Patient Name	: Mrs.KALLURI VENKATA LAKSHMI RAMANI	Collected	: 23/Mar/2024 05:16PM
Age/Gender	: 56 Y 9 M 21 D/F	Received	: 25/Mar/2024 03:03PM
UHID/MR No	: CJPN.000093067	Reported	: 27/Mar/2024 08:50PM
Visit ID	: CJNOPV191641	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9986647016		

DEPARTMENT OF CYTOLOGY

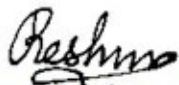
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	7271/24
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	Parabasal and basal cells with reactive nuclear changes. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
c	NON NEOPLASTIC FINDINGS	ATROPHY
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. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

SIN No: CS077538

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 |
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Page 18 of 18
CAP
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COLLEGE of AMERICAN PATHOLOGISTS



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

Name : Mrs. Kalluri Venkata Lakshmi Ramani

Age: 56 Y

UHID:CJPN.0000093067



OP Number:CJPNOPV191641

Bill No :CJPN-OCR-70170

Date : 23.03.2024 08:39

Address : blr

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

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 - 08 TmT	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) *	
16	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)	

Sp 100/60 mmg
Hb - 15g cc
wb - 58 kg

APOLLO CLINIC
J P NAGAR
BANGALORE

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: MRS KALLURI VENKATA L R,
Patient ID: CJPN 93067
Height: 159 cm
Weight: 58 kg

DOB: 02.06.1967
Age: 56 yrs
Gender: Female
Race: Asian

Study Date: 23.03.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [km/h]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	00:45	0.00	0.00	56	100/60	
EXERCISE	STAGE 1	03:00	2.70	10.00	103	110/60	
	STAGE 2	03:00	4.00	12.00	129	120/60	
	STAGE 3	02:49	5.40	14.00	151	130/60	
RECOVERY		01:51	0.00	0.00	100	100/60	

The patient exercised according to the BRUCE for 8:48 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 59 bpm rose to a maximal heart rate of 153 bpm. This value represents 93 % of the maximal, age-predicted heart rate. The resting blood pressure of 100/60 mmHg, rose to a maximum blood pressure of 130/60 mmHg. The exercise test was stopped due to Fatigue.

Interpretation

--

Conclusions

GOOD EFFORT AND TOLERANCE
NORMAL BP/HR RESPONSE
NO ANGINA AND ARRHYTHMIA NOTED
NO SIGNIFICANT ST-T CHANGES SEEN

*

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician



Technician



MRS KALLURI VENKATA L R,

Patient ID: CJPN 93067

23.03.2024 Female 159 cm 58 kg

12:15:51pm 56 yrs Asian

58 bpm

100/60 mmHg

12

BRUCE

0.0 km/h

0.0 % Measured at 60 ms Post J (10mm/mV)

PRETEST

SUPINE

00:21

Auto Points

Lead ST(mm)

Lead ST(mm)

V1 0.15

V2 -0.40

V3 -0.55

aVR 0.15

aVL 0.40

aVF -0.50

V4 0.50

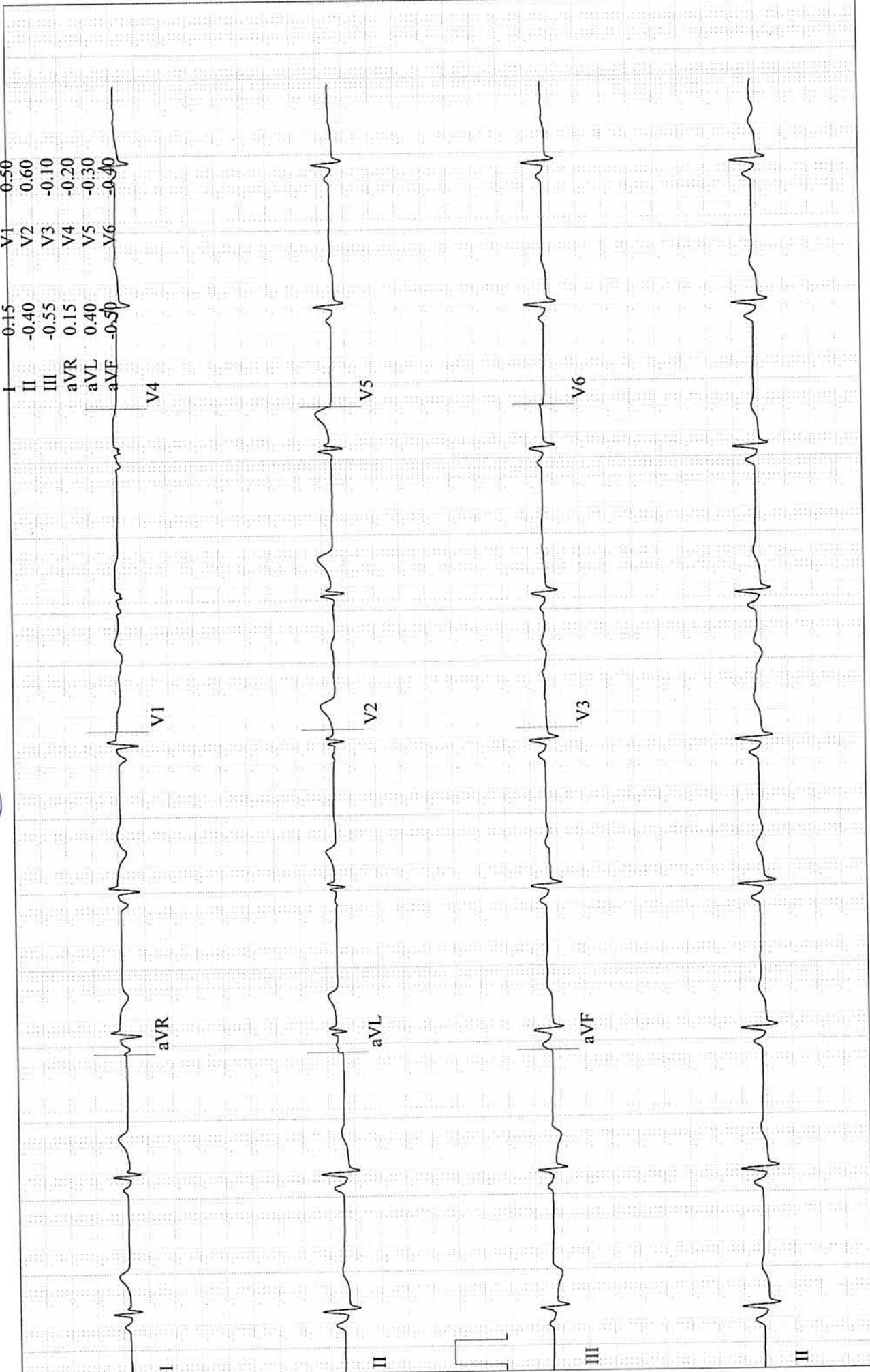
V5 0.60

V6 -0.10

V4 -0.20

V5 -0.30

V6 -0.40



MRS KALLURI VENKATA L R,

Patient ID: CJPN 93067

23.03.2024

12:18:59pm

Female 159 cm 58 kg

56 yrs Asian

BRUCE

2.7 km/h

10.0 %

EXERCISE

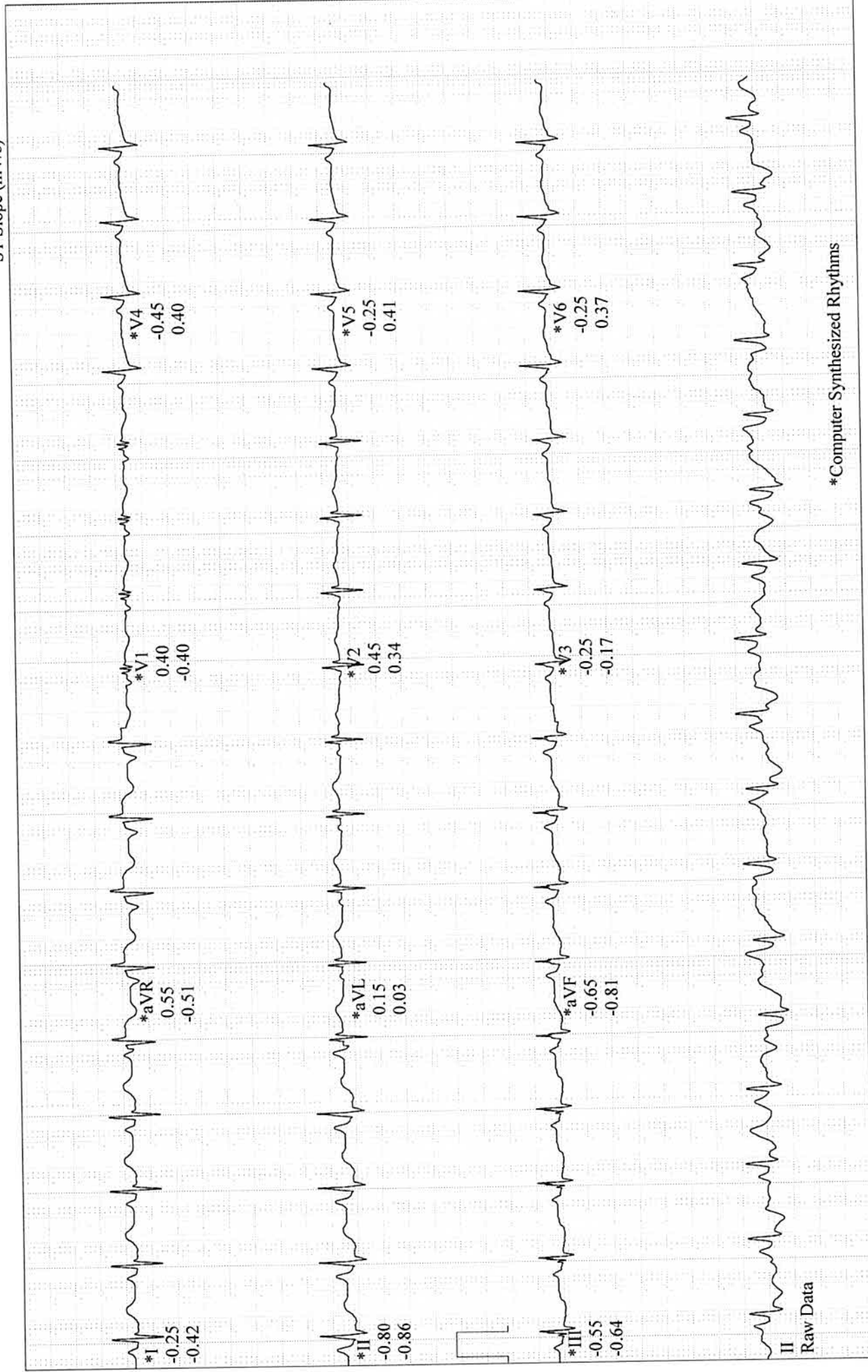
STAGE 1

02:50

103 bpm

110/60 mmHg

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

Raw Data

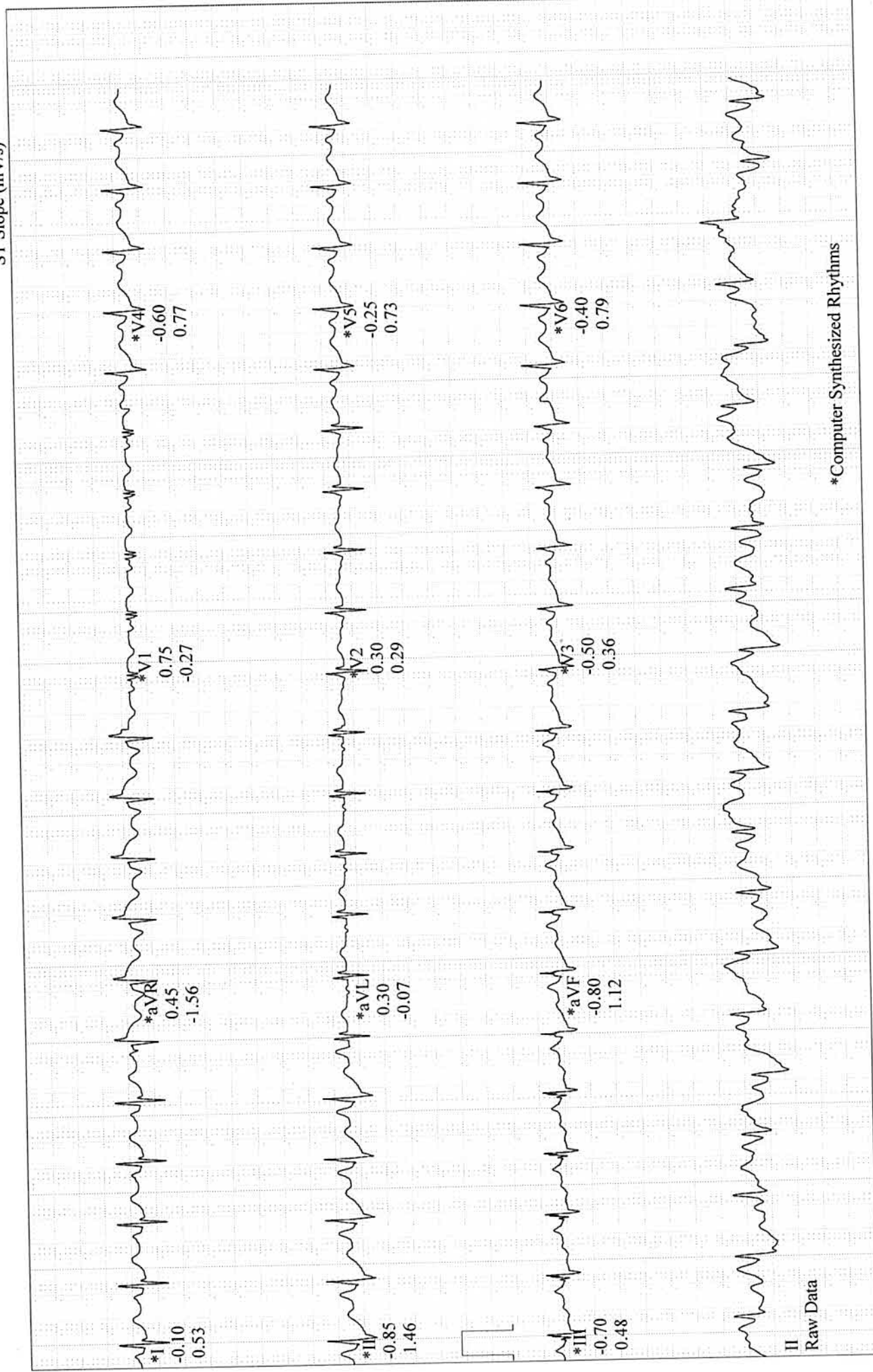
MRS KALLURI VENKATA L R,
Patient ID: CJPN 93067
23.03.2024 Female 159 cm 58 kg
12:21:59pm 56 yrs Asian

BRUCE
4.0 km/h
12.0 %

127 bpm
120/60 mmHg

EXERCISE
STAGE 2
05:50

Lead
ST Level (mm)
ST Slope (mV/s)



II
Raw Data

*Computer Synthesized Rhythms

Exercise Test / Linked Medians (PEAK EXERCISE)

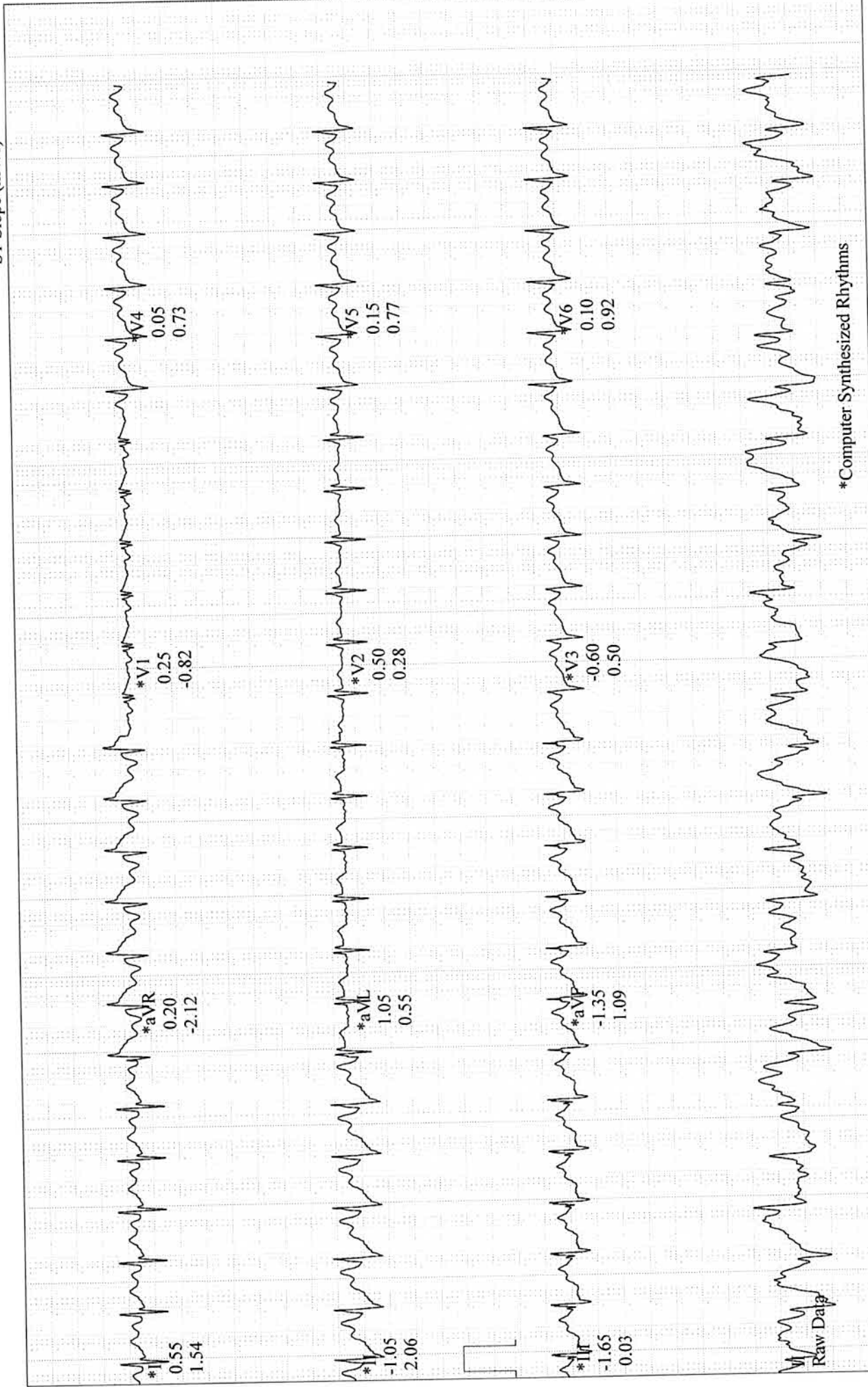
BRUCE
5.4 km/h
14.0 %

EXERCISE
STAGE 3
08:49

151 bpm
130/60 mmHg

MRS KALLURI VENKATA L R,
Patient ID: CJPN 93067
23.03.2024 Female 159 cm 58 kg
12:24:58pm 56 yrs Asian

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

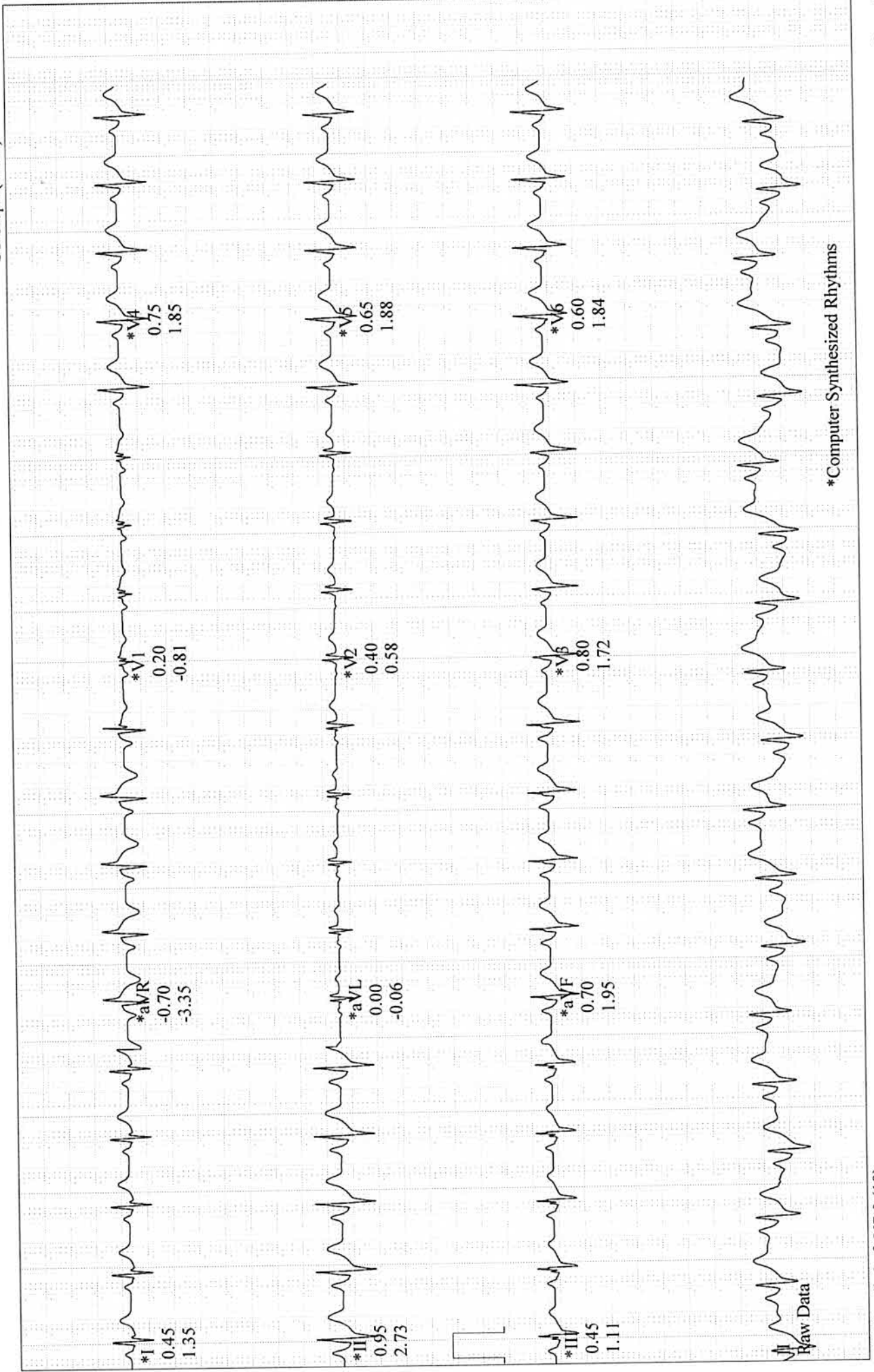
BRUCE
0.0 km/h
0.0 %

RECOVERY
#1
01:00

113 bpm
120/60 mmHg

MRS KALLURI VENKATA L R,
Patient ID: CJPN 93067
23.03.2024 Female 159 cm 58 kg
12:25:57pm 56 yrs Asian

Lead
ST Level (mm)
ST Slope (mV/s)



MRS KALLURI VENKATA L.R.

Patient ID: CJPN 93067
 Female 159 cm 58 kg
 23.03.2024 56 yrs Asian
 12:15:25pm Meds:

BRUCE: Exercise Time 08:48
 Max HR: 153 bpm 93 % of max predicted 164 bpm HR at rest: 59
 Max BP: 130/60 mmHg BP at rest: 100/60 Max RPP: 19890 mmHg*bpm
 Maximum Workload: 10.00 METS
 Max. ST: -2.50 mm, -0.87 mV/s in III; EXERCISE STAGE 3 8:00
 Arrhythmia: A:100, PVC:1, PSVC:4
 ST/HR index: 1.21 μ V/bpm
 ST/HR slope: 1.04 μ V/bpm (V3)
 HR reserve used: 87 %
 HR recovery: 39 bpm
 VE recovery: 0 VE/min

Test Reason:
 Medical History:
 Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

BASELINE EXERCISE		MAX. ST EXERCISE		PEAK EXERCISE		TEST END RECOVERY	
0:01	56 bpm	8:00	150 bpm	8:49	151 bpm	1:50	100 bpm
100/60 mmHg	100/60 mmHg	100/60 mmHg	130/60 mmHg	130/60 mmHg	130/60 mmHg	110/60 mmHg	110/60 mmHg
I 0.15 mm 0.22 mV/s	I 0.20 1.27	I 0.55 1.49	I 0.40 1.04	V1 0.15 -0.84	V1 0.65 -0.48	V1 0.55 -0.33	V1 0.55 -0.33
II -0.40 -0.04	II -2.30 0.64	II -1.10 2.09	II 0.55 1.55	V2 0.50 0.59	V2 0.60 0.97	V2 0.55 0.64	V2 0.55 0.64
III -0.55 -0.38	III -2.50 -0.87	III -1.70 0.20	III 0.15 0.31	V3 -0.60 0.71	V3 -0.90 0.34	V3 0.70 1.12	V3 0.70 1.12
aVR 0.10 -0.25	aVR 1.15 -1.32	aVR 0.20 -2.17	aVR -0.50 -2.87	V4 0.00 0.93	V4 0.25 0.61	V4 0.60 1.10	V4 0.60 1.10
aVL 0.35 0.10	aVL 1.40 1.07	aVL 1.05 0.56	aVL 0.15 0.19	V5 0.15 0.94	V5 0.60 0.74	V5 0.45 1.06	V5 0.45 1.06
aVF -0.45 -0.26	aVF -2.45 -0.14	aVF -1.45 1.17	aVF 0.35 0.91	V6 0.10 1.12	V6 0.10 0.57	V6 0.50 1.15	V6 0.50 1.15

MRS KALLURI VENKATA L R,
Patient ID: CJPN 93067
23.03.2024 12:15:25pm
Female 159 cm 58 kg
56 yrs Asian
Meds:
Test Reason:
Medical History:
Ref. MD: Ordering MD:
Technician: Test Type:
Comment:

Exercise Test / Selected Medians Report

APOLLO CLINIC

BRUCE: Exercise Time 08:48
Max HR: 153 bpm 93 % of max predicted 164 bpm HR at rest: 59
Max BP: 130/60 mmHg BP at rest: 100/60 Max RPP: 19890 mmHg*bpm
Maximum Workload: 10.00 METS
Max. ST: -2.50 mm, -0.87 mV/s in III; EXERCISE STAGE 3 8:00
Arrhythmia: A:100, PVC:1, PSVC:4
ST/HR index: 1.21 μ V/bpm
ST/HR slope: 1.04 μ V/bpm (V3)
HR reserve used: 87 %
HR recovery: 39 bpm
VE recovery: 0 VE/min
ST/HR hysteresis: -0.009 mV (V2)
QRS duration: BASELINE: 90 ms, PEAK EX: 88 ms, REC: 92 ms
Reasons for Termination: Fatigue
Conclusion: GOOD EFFORT AND TOLERANCE
NORMAL BP/HR RESPONSE
NO ANGINA AND ARRHYTHMIA NOTED
NO SIGNIFICANT ST-T CHANGES SEEN
*

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA
Room:
Location: * 0 *

Name - Kalleni Venkata Lakshmi
Age - 54 y/F

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

General Examination / Allergies
History

do - Routine
Eye checkup

H/O P.U.R - usky
glau

Clinical Diagnosis & Management Plan

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

C glau UVA $\left\{ \begin{array}{l} 6/6 \quad N_6 \\ 6/6 \quad N_6 \end{array} \right.$

KX

RE = +0.50 / -0.25 x 90°
LE = +0.75 / -0.25 x 90°

Wd = +2.25 ds with BE

Follow up date:

After 6 months

Doctor Signature

Place label here
 Name: *Kalluri Venkata Lakshmi*
 Age: *56*
 Sex:
 UHID: *CSPN-00000 93067*

HEALTH CHECK-CASE SHEET

CHIEF COMPLAINT : *Regular dental check up*

MEDICAL HISTORY : *Thyroid*

FINDINGS :

Caries : <i>—</i>	Drug Allergy : <i>—</i>				
Missing Teeth : <i>—</i>	Abrasion : <i>—</i>				
Impactions : <i>—</i>	Calculus : <i>9⁺ 5⁺ 7⁺</i>				
Attrition : <i>—</i>	Mobility : <i>—</i>				
Root Stumps : <i>—</i>	Restored Teeth : <i>—</i>				
	Others : <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; padding: 0 5px;">8 7 6 5 4 3 2 1</td> <td style="padding: 0 5px;">1 2 3 4 5 6 7 8</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 0 5px;">8 7 6 5 4 3 2 1</td> <td style="padding: 0 5px;">1 2 3 4 5 6 7 8</td> </tr> </table>	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8				
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8				

DIAGNOSIS :

X-Ray

IOPA :

OPG

Treatment Plan :

1) Oral prophylaxis

2) Scale

Ramani K,Venkata Lakshmi

From: Mediwheel <wellness@mediwheel.in>
Sent: 13 March 2024 15:07
To: Ramani K,Venkata Lakshmi
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Request(UBOIE4313), Beneficiary Code-169251

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है। कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचे (केवल प्रेषक का नाम ही नहीं), प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोले और पहचाने की दी गई सामग्री सुरक्षित है अथवा नहीं। संदिग्ध मेल के संबंध में, कृपया [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](#) पर रिपोर्ट करें

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011-41195959

Dear VENKATA LAKSHMI RAMANI K,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

Upload HRM Letter

User Package Name : MediWheel Full Body Health Checkup Female 50 To 60

Name of Diagnostic/Hospital : Apollo Clinic- JP Nagar

Address of Diagnostic/Hospital-: Apollo Clinic, House List No. 22, BNR Complex, Sree Rama Layout, Opp: RBI Layout, JP Nagar 7th Phase, Kothanur Village, Uttarahalli Hobli, JP nagar - 560078

Appointment Date : 23-03-2024

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
VENKATA LAKSHMI RAMANI K	56 year	Female

Tests included in this Package

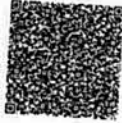
- Mammography
- Stool Test
- Gynae Consultation
- Thyroid Profile
- ESR



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಕಲ್ಲುರಿ ವೆಂಕಟ ಲಕ್ಷ್ಮಿ ರಮಣಿ
Kalluri Venkata Lakshmi Ramani
ಜನ್ಮ ದಿನಾಂಕ/DOB: 02/06/1967
ಸ್ತ್ರೀ/FEMALE



8894 1978 1505

ನನ್ನ ಅಧಾರ್, ನನ್ನ ಗುರುತು

Patient Name	: Mrs. Kalluri Venkata Lakshmi Ramani	Age/Gender	: 56 Y/F
UHID/MR No.	: CJPN.0000093067	OP Visit No	: CJPNOPV191641
Sample Collected on	:	Reported on	: 23-03-2024 12:41
LRN#	: RAD2278035	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9986647016		

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.

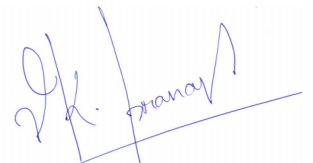
Category III : probably benign finding-short interval follow up is suggested.

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 PRNAV VENKATESH
MBBS,MD



Patient Name : Mrs. Kalluri Venkata Lakshmi Ramani

Age/Gender : 56 Y/F

Radiology

Patient Name : Mrs. Kalluri Venkata Lakshmi Ramani

Age/Gender : 56 Y/F

UHID/MR No. : CJPN.0000093067

OP Visit No : CJPNOPV191641

Sample Collected on :

Reported on : 23-03-2024 12:40

LRN# : RAD2278035

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9986647016

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size (14.1 cm)and 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:8.9 x 1.4 cm.

Left kidney measures : 9.2 x 1.4cm.

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

UTERUS : Normal in size and echotexture. It measures : 6.6 x 3.2 x 3.9 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring-7 mm.

No focal lesion was noted.

OVARIES : Post menopausal status.No mass/ collection.

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

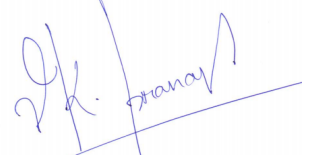
IMPRESSION : NORMAL STUDY.

Patient Name : Mrs. Kalluri Venkata Lakshmi Ramani

Age/Gender : 56 Y/F

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. Kalluri Venkata Lakshmi Ramani

Age/Gender : 56 Y/F

UHID/MR No. : CJPN.0000093067

OP Visit No : CJPNOPV191641

Sample Collected on :

Reported on : 23-03-2024 10:22

LRN# : RAD2278035

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9986647016

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

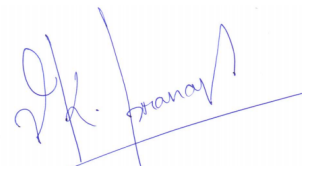
Both costophrenic and cardiophrenic angles are clear .

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