

Patient Name	: Mrs.GRUHALAKSHMI B	Collected	: 26/Mar/2024 08:05AM
Age/Gender	: 54 Y 8 M 25 D/F	Received	: 26/Mar/2024 12:27PM
UHID/MR No	: CANN.0000234933	Reported	: 26/Mar/2024 01:31PM
Visit ID	: CANNOPV398240	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4622		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Mild eosinophilia noted.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen
NOTE/ COMMENT	: Please correlate clinically.



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240082387

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.  
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.9	g/dL	12-15	Spectrophotometer
PCV	37.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.33	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.7	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	<b>34.8</b>	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,100	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	46.5	%	40-80	Electrical Impedance
LYMPHOCYTES	33.5	%	20-40	Electrical Impedance
EOSINOPHILS	<b>12.6</b>	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2371.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1708.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>642.6</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	336.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	40.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.39		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	173000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	14	mm/hour	0-20	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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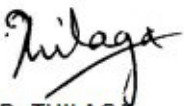


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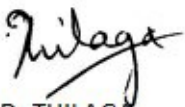
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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Patient Name : Mrs.GRUHALAKSHMI B	Collected : 26/Mar/2024 08:05AM
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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.



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:PLF02133481

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Patient Name : Mrs.GRUHALAKSHMI B	Collected : 26/Mar/2024 10:40AM
Age/Gender : 54 Y 8 M 25 D/F	Received : 26/Mar/2024 01:25PM
UHID/MR No : CANN.0000234933	Reported : 26/Mar/2024 01:58PM
Visit ID : CANNOPV398240	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	87	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.



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SIN No:PLP1437573

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

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>241</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	91	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>190</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>171.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.73		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.
- 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

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UHID/MR No	: CANN.0000234933	Reported	: 26/Mar/2024 01:14PM
Visit ID	: CANNOPV398240	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

eligibility of drug therapy.

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



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	102.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		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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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.62</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>14.00</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.50	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated



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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
ALKALINE PHOSPHATASE , <i>SERUM</i>	102.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	16.00	U/L	<38	IFCC



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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.49	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.37	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.832	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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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	13	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	225	pg/mL	107.2-653.3	CLIA

**Comment:**



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- 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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**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



**Dr. MARQUESS RAJ**  
M.D, DipRCPATH, D.N.B (PATH)  
Consultant Pathologist

SIN No:UR2316146

This test has been performed at Apollo Health and Lifestyle Ltd, Chennai, Diagnostics Laboratory.





Patient Name : Mrs.GRUHALAKSHMI B	Collected : 26/Mar/2024 08:05AM
Age/Gender : 54 Y 8 M 25 D/F	Received : 26/Mar/2024 12:41PM
UHID/MR No : CANN.0000234933	Reported : 26/Mar/2024 02:33PM
Visit ID : CANNOPV398240	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4622	

**DEPARTMENT OF CLINICAL PATHOLOGY**

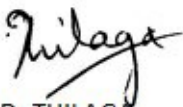
**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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

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

**\*\*\* End Of Report \*\*\***

Result/s to Follow:  
LBC PAP TEST (PAPSURE)



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:UF011459

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.  
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**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

Address:  
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,  
Phone - 044-26224504 / 05



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

**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)



<b>Patient Name</b>	: Mrs. GRUHALAKSHMI B	<b>Age/Gender</b>	: 54 Y/F
<b>UHID/MR No.</b>	: CANN.0000234933	<b>OP Visit No</b>	: CANNOPV398240
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 26-03-2024 19:18
<b>LRN#</b>	: RAD2281251	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: UBOIE4622		

**DEPARTMENT OF RADIOLOGY**

**SONO MAMMOGRAPHY - SCREENING**

**CH** : No complaints. Routine check up  
**F/H/O Breast cancer** : No  
**Previous mammogram / USG** : No  
**H/o Breast surgery** : No

**Report**

**Tissue composition of both breasts**

Heterogenous background echotexture glandular and fatty tissues.

No suspicious solid /cystic lesion in both breasts.  
No evidence of duct dilatation / architectural distortion.  
The subareolar tissues are normal.  
No evidence of retromammary pathology is seen.  
The axillary tails are normal.  
No axillary lymphadenopathy.

**IMPRESSION:**

\* NO SIGNIFICANT ABNORMALITY DETECTED.  
- USG BIRADS - I

-( Suggested Mammogram in view of age)

**Dr. PRAVEENA SHEKAR T**  
MBBS, DMRD, FAGE  
Radiology

<b>Patient Name</b>	: Mrs. GRUHALAKSHMI B	<b>Age/Gender</b>	: 54 Y/F
<b>UHID/MR No.</b>	: CANN.0000234933	<b>OP Visit No</b>	: CANNOPV398240
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 26-03-2024 17:40
<b>LRN#</b>	: RAD2281251	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: UBOIE4622		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 8.7 cms.

Portal and splenic veins appear normal. No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 8.7 x 4.3 cms.

Left kidney measures 9.0 x 3.4 cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus and ovaries -postmenopausal status

The endometrial thickness 2.5mm.

No mass lesion seen in the pelvis.

Bladder is normal in contour.

**IMPRESSION:**

**\*NO SIGNIFICANT ABNORMALITY DETECTED**



**Patient Name** : Mrs. GRUHALAKSHMI B

**Age/Gender** : 54 Y/F

---

**Dr. ASHIQ MOHAMMED JEFFREY**

MD

Radiology



**Patient Name** : Mrs. GRUHALAKSHMI B

**Age/Gender** : 54 Y/F

**UHID/MR No.** : CANN.0000234933

**OP Visit No** : CANNOPV398240

**Sample Collected on** :

**Reported on** : 26-03-2024 16:18

**LRN#** : RAD2281251

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBOIE4622

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

**Spinal rotation noted.**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Domes of diaphragm are well delineated.

**Dr. PRAVEENA SHEKAR T**  
**MBBS, DMRD, FAGE**  
Radiology

## Apollo Clinic


### CONSENT FORM

Patient Name: ..... G. Subalakshmi ..... Age: ..... 54 / F .....  
 UHID Number: ..... 237933 ..... Company Name: ..... Arco Peni .....

I Mr/Mrs/Ms ..... G. Subalakshmi ..... Employee of ..... Arco Peni .....  
 (Company) Want to inform you that I am not interested in getting ..... Pap smear .....

Tests done which is a part of my routine health check package.  
 And I claim the above statement in my full consciousness.

Patient Signature: ..... B. Subalakshmi ..... Date: ..... 26/3/24 .....

 **Apollo Medical Centre**  
 No. 30, F-Block, 2nd Avenue,  
 Anna Nagar East, Chennai-600 102  
 Tel: 044-26224505, Mobile: 7358392880  
 Toll No. 1860 500 7788



Mrs. *Grubhalakshmi*

*54/F*

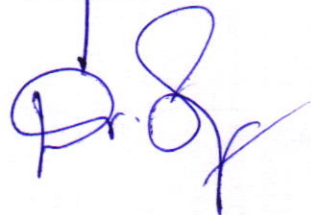
*26/3/24*

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

General Examination / Allergies  
History

*Adv Replacement.  $\frac{654}{76} = 8.67$*

*Adv Sealing*



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Name: G. Subhalakshmi B.  
 Occupation: .....  
 Age: 54y Sex: Male  Female   
 Address: .....  
 Ph: .....

Date: 26/3/24 Reg. No.: 234933  
 Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History:

NK

Present Complaint:

Referred. ditertiary evaluation

**ON EXAMINATION:**

Ocular Movements :

Anterior Segment :

Intra-Ocular-Pressure :

Visual Acuity: D.V. :

Without Glass :

With Glass :

N.V. :

Visual Fields :

Fundus :

Impression :

Advice :

Colour Vision :

**RE**

**LE**

Free

Free

N

N.

6/12<sup>P</sup>

6/12<sup>P</sup>

N10

N10

Free

Free

N

N



ENT check up

Gruhalakshmi

54/11

26/3/24

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

General Examination / Allergies  
History

No complaints

O/E

ENT

(N)

~~ENT~~

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

## Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Sat 3/23/2024 1:02 PM

To:tamilvendan34@gmail.com <tamilvendan34@gmail.com>

Cc:Annagar Apolloclinic <annagar@apolloclinic.com>;Haranath S <haranath.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear **B. GRUHALAKSHMI**,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **ANNA NAGAR clinic** on **2024-03-26** at **08:00-08:15**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324]</b>

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

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

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

### **Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.

3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

**For Women:**

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

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

**Clinic Address: APOLLO MEDICAL CENTRE,NO-30,F- BLOCK,2ND AVENUE,  
ANNANAGAR EAST,CHENNAI - 600102.**

**Contact No: 7358392880/7305702537.**

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

Warm Regards,  
Apollo Clinic



MRS GRUHALAKSHMI B  
ID: 234933R

24

Female

26.03.2024 8:14:36 AM  
APOLLO MEDICAL CENTER  
ANNA NAGAR  
CHENNAI

ARROW CE

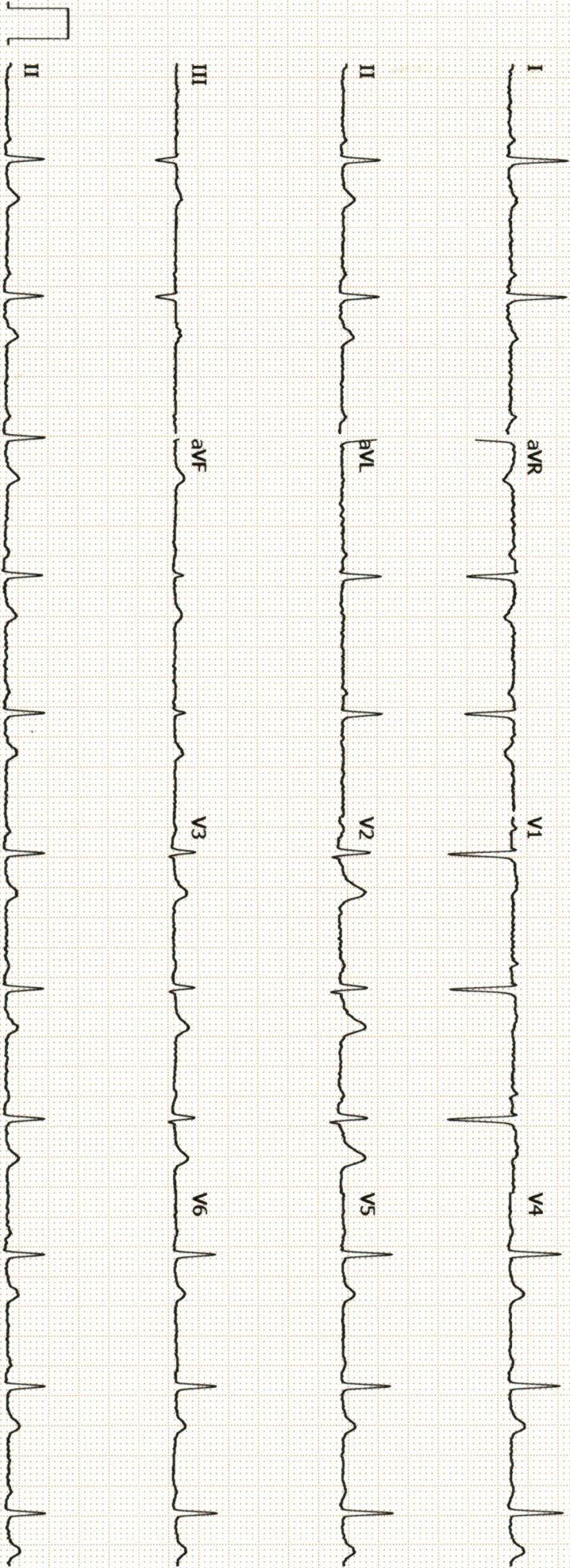
67 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

QRS : 64 ms  
QT / QTcBaz : 382 / 403 ms  
PR : 162 ms  
P : 88 ms  
RR / PP : 898 / 895 ms  
P / QRS / T : 31 / 11 / 53 degrees



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

Unconfirmed  
4x2.5x3\_25\_R1 1/1



Patient Name : Mrs. GRUHALAKSHMI B Age : 54 Y/F  
UHID : CANN.0000234933 OP Visit No : CANNOPV398240  
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 26-03-2024 12:53  
Referred By : SELF

---

## **2D-ECHO WITH COLOUR DOPPLER**

### Dimensions:

Ao (ed)	3.5 CM
LA (es)	3.6 CM
LVID (ed)	4.5 CM
LVID (es)	2.9 CM
IVS (Ed)	0.8 CM
LVPW (Ed)	0.9 CM
EF	60 %
%FD	30 %
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	SCLEROSED
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. GRUHALAKSHMI B	Age	: 54 Y/F
UHID	: CANN.0000234933	OP Visit No	: CANNOPV398240
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 26-03-2024 12:53
Referred By	: SELF		

---

**DOPPLER STUDIES MITRAL INFLOW** : E 0.7 m/sc A 0.9 m/sc

Velocity / Gradient Across Pulmonic Valve :0.8 m/sc

Velocity / Gradient Across Aortic Valve :1.1m/sc

**IMPRESSION :**

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL SYSTOLIC LEFT VENTRICULAR FUNCTION (EF- 60%)

SCLEROSED AORTIC VALVE

GRADE I DIASTOLIC DYSFUNCTION

TRIVIAL AORTIC REGURGITATION

TRIVIAL MITRAL REGURGITATION

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE

Patient Name : Mrs. GRUHALAKSHMI B Age : 54 Y/F  
UHID : CANN.0000234933 OP Visit No : CANNOPV398240  
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 26-03-2024 12:53  
Referred By : SELF

---

*Rakesh Gopal*

Dr.  
RAKESH P  
GOPAL

Patient Name	: Mrs. GRUHALAKSHMI B	Age	: 54 Y/F
UHID	: CANN.0000234933	OP Visit No	: CANNOPV398240
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 26-03-2024 16:32
Referred By	: SELF		

---

## **ECG REPORT**

### **Observation :-**

- 1. Normal Sinus Rhythm.**
- 2. Heart rate is 67 beats per minutes.**

### **Impression:**

**NORMAL RESTING ECG.**

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

**Dr. ARULNITHI AYYANATHAN**