


Patient Name	: Mrs.NAGA KONDA DEVI VEGIRAJU	Collected	: 05/Apr/2024 09:17AM
Age/Gender	: 37 Y 7 M 9 D/F	Received	: 05/Apr/2024 12:01PM
UHID/MR No	: CCHA.0000178411	Reported	: 05/Apr/2024 01:43PM
Visit ID	: CCHAOPV328957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4852		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	11	g/dL	12.5-15	Spectrophotometer
PCV	32.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.94	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	82.4	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,370	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54.8	%	40-80	Electrical Impedance
LYMPHOCYTES	36.6	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3490.76	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2331.42	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	82.81	Cells/cu.mm	20-500	Calculated
MONOCYTES	452.27	Cells/cu.mm	200-1000	Calculated
BASOPHILS	12.74	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.5		0.78- 3.53	Calculated
PLATELET COUNT	318000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	40	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				

  
 Dr. B Pavani  
 M.B.B.S, M.D(pathalogy)  
 Consultant Pathologist



SIN No:BED240094425

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

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## DEPARTMENT OF HAEMATOLOGY


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

PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

  
Dr. B Pavani  
M.B.B.S, M.D(pathalogy)  
Consultant Pathologist

SIN No:BED240094425

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Collected : 05/Apr/2024 09:17AM  
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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology



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

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Visit ID : CCHAOPV328957	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	85	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

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

SIN No:PLF02141178

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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated


**Comment:**

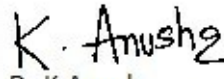
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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)

  
**Dr.E.Maruthi Prasad**  
 PhD (Biochemistry)  
 Consultant biochemist

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



SIN No:EDT240043634

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

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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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DEPARTMENT OF BIOCHEMISTRY

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

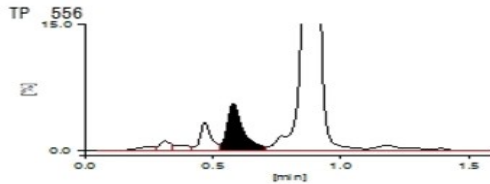
Chromatogram Report

V5.28 1 2024-04-05 13:02:43  
 ID EDT240043634  
 Sample No. 04050052 SL 0001 - 10  
 Patient ID  
 Name  
 Comment

CALIB			
Name	%	Time	Area
A1A	0.4	0.23	6.88
A1B	0.6	0.31	9.36
F	0.5	0.39	7.86
LA1C+	1.8	0.47	29.29
SA1C	5.7	0.58	70.42
AO	92.9	0.88	1505.61
H-V0			
H-V1			
H-V2			

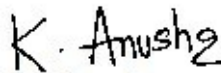
Total Area 1629.42

**HbA1c 5.7 %** **IFCC 39 mmol/mol**  
 HbA1 6.7 % HbF 0.5 %




Dr.E.Maruthi Prasad  
 PhD (Biochemistry)  
 Consultant biochemist

SIN No:EDT240043634



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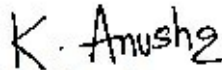
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Page 7 of 16  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	222	mg/dL	<200	CHO-POD
TRIGLYCERIDES	135	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	178	mg/dL	<130	Calculated
LDL CHOLESTEROL	151	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.05		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.13		<0.11	Calculated


**Comment:**

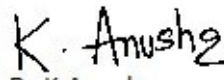
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.

  
**Dr.E.Maruthi Prasad**  
 PhD (Biochemistry)  
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SIN No:SE04687830

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

- 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).

*Maruthi...*  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.47	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	57.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.37	g/dL	6.6-8.3	Biuret
ALBUMIN	3.77	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.60</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.05		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:**

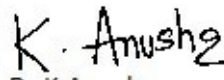
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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

  
**Dr.E.Maruthi Prasad**  
 PhD (Biochemistry)  
 Consultant biochemist

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

Page 10 of 16  
**CAP**  
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 COLLEGE of AMERICAN PATHOLOGISTS



SIN No:SE04687830

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

**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:  
 9, #1-58/91/SS, Suresh Square, Madeenaguda, Seri Lingampally Mandal,  
 Chanda Nagar, Hyderabad, Telangana, India - 500050

  
**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)

Patient Name	: Mrs.NAGA KONDA DEVI VEGIRAJU	Collected	: 05/Apr/2024 09:17AM
Age/Gender	: 37 Y 7 M 9 D/F	Received	: 05/Apr/2024 12:23PM
UHID/MR No	: CCHA.0000178411	Reported	: 05/Apr/2024 02:19PM
Visit ID	: CCHAOPV328957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4852		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.72	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	<b>15.40</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.2</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.54	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.31	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.17	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.37	g/dL	6.6-8.3	Biuret
ALBUMIN	3.77	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.60</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.05		0.9-2.0	Calculated

*Maruthi...*  
**Dr.E.Maruthi Prasad**  
 PhD (Biochemistry)  
 Consultant biochemist

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



SIN No:SE04687830

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 Chanda Nagar, Hyderabad, Telangana, India - 500050

**1860 500 7788**  
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 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)

Patient Name : Mrs.NAGA KONDA DEVI VEGIRAJU	Collected : 05/Apr/2024 09:17AM
Age/Gender : 37 Y 7 M 9 D/F	Received : 05/Apr/2024 12:23PM
UHID/MR No : CCHA.0000178411	Reported : 05/Apr/2024 02:01PM
Visit ID : CCHAOPV328957	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4852	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	15.00	U/L	<38	IFCC

*K. Anusha*

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

SIN No:SE04687830

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

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Patient Name : Mrs.NAGA KONDA DEVI VEGIRAJU	Collected : 05/Apr/2024 09:17AM
Age/Gender : 37 Y 7 M 9 D/F	Received : 05/Apr/2024 12:25PM
UHID/MR No : CCHA.0000178411	Reported : 05/Apr/2024 02:28PM
Visit ID : CCHAOPV328957	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4852	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.18	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	13.07	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.507	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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

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



SIN No:SPL24063893

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

Patient Name : Mrs.NAGA KONDA DEVI VEGIRAJU  
Age/Gender : 37 Y 7 M 9 D/F  
UHID/MR No : CCHA.0000178411  
Visit ID : CCHAOPV328957  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : UBOIE4852

Collected : 05/Apr/2024 09:17AM  
Received : 05/Apr/2024 12:25PM  
Reported : 05/Apr/2024 02:28PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

*K. Anusha*

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

SIN No:SPL24063893

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

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**CAP**  
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Patient Name : Mrs.NAGA KONDA DEVI VEGIRAJU	Collected : 05/Apr/2024 09:17AM
Age/Gender : 37 Y 7 M 9 D/F	Received : 05/Apr/2024 12:31PM
UHID/MR No : CCHA.0000178411	Reported : 05/Apr/2024 02:42PM
Visit ID : CCHAOPV328957	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4852	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr.R.SHALINI  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:UR2325515

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

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**CAP**  
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Patient Name	: Mrs.NAGA KONDA DEVI VEGIRAJU	Collected	: 05/Apr/2024 11:14AM
Age/Gender	: 37 Y 7 M 9 D/F	Received	: 05/Apr/2024 07:32PM
UHID/MR No	: CCHA.0000178411	Reported	: 06/Apr/2024 04:16PM
Visit ID	: CCHAOPV328957	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4852		

**DEPARTMENT OF CYTOLOGY**


**LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE**

	<b>CYTOLOGY NO.</b>	8467/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY WITH MODIRATE INFLAMMATION

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.A.Kalyan Rao  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:CS078765

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



OPHAL TEST IS PENDING

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination of

**Mr. Nilankan Deyon 5/4/2024** After reviewing the medical history on clinical examination it has been found that he/she is

Medically Fit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---------------	---	-----------------------------

Fit with restrictions/recommendations

Though following restrictions have been revealed, in my opinion, these are not impediments to the job.

1.....

2.....


3.....

However the employee should follow the advice/medication that has been communicated to him/her.  
Review after

Currently Unfit.

Review after.....

Recommended Unfit

Dr.   
Medical Officer  
The Apollo Clinic, Chandanagar

**Dr. BOLLINI MAANASA JAYARAM**  
Reg No: TSMC/FMR/00039  
Qualification: M.B.B.S, M.Sc (Perfusion)



This certificate is not meant for medico-legal purposes

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> 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 | Nallakunta | Nizampet | Uppal )  
Vizag (Seethamma Peta)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

THE APOLLO CLINIC  
PHYSICAL EXAMINATION FORM

NOVA CURA

BILL DATE : 5/4/24 UHID: 178407

BILL NO: 86251

PATIENT NAME : Mr. Nilankan Dey

AGE: 38

Weight : 99.1 Kgs

Height : 169 Cms

Chest Measurement : (in) (out)

Abdomen :

Pulse : 62 / bpm

B.P : 110/60 / mm Hg

waist - 105 cm  
Hip - 111 cm  
spoz - 99.1

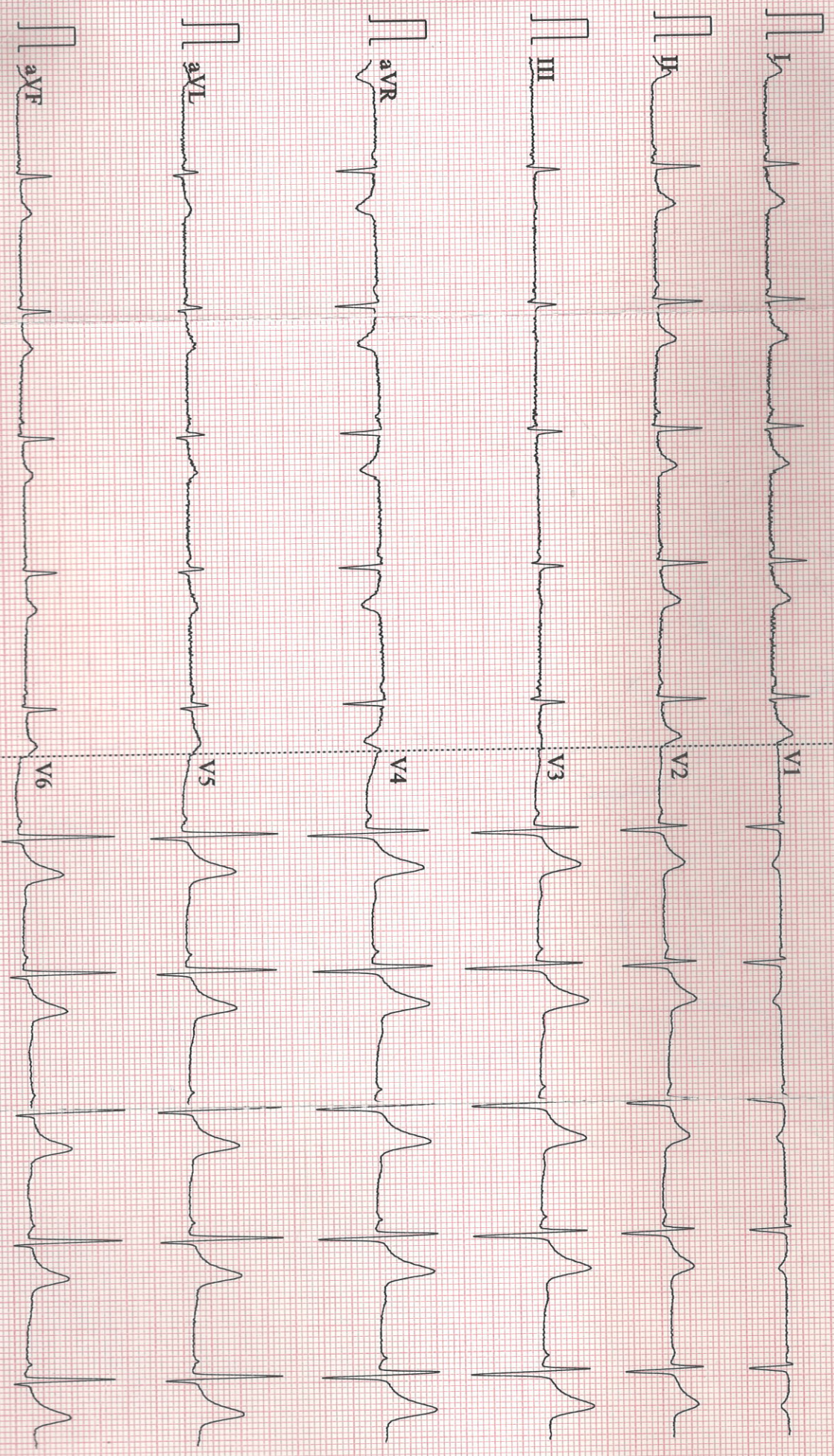
ID: 178407  
MR NILANKAN DEY  
Male 38Years  
Req. No. :

05-04-2024 09:21:59  
HR : 62 bpm  
P : 100 ms  
PR : 124 ms  
QRS : 82 ms  
QT/QTcBz : 408/415 ms  
P/QRS/T : 13/49/34 °  
RV5/SV1 : 1.604/0.632 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:

NSA



<b>Patient Name</b>	: Mrs. NAGA KONDA DEVI VEGIRAJU	<b>Age/Gender</b>	: 37 Y/F
<b>UHID/MR No.</b>	: CCHA.0000178411	<b>OP Visit No</b>	: CCHAOPV328957
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 05-04-2024 12:00
<b>LRN#</b>	: RAD2293477	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: UBOIE4852		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals. **Liver measures** : 13.5 cm .

**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. **Spleen measures** : 8 cm .

**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 calculus / hydronephrosis seen on either side. **Right kidney measures** : 95 x 40 mm . , **Left kidney measures** : 110 x 40 mm .

**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 & echo pattern. Endometrial echo-complex appears normal and **measures 8 mm**. No intra/extra uterine gestational sac seen. **Uterus measures** : 80 x 35 x 40 mm .

**Both ovaries** appear normal in size, shape and echotexture. **Right ovary measures** : 25 x 15 mm . , **Left ovary measures** : 27 x 18 mm . No evidence of any adnexal pathology noted.

### **IMPRESSION:-**

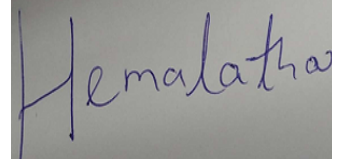
**No significant abnormality detected.**  
**Suggest – clinical correlation.**

(The sonography findings should always be considered in correlation with the clinical and other

**Patient Name** : Mrs. NAGA KONDA DEVI VEGIRAJU

**Age/Gender** : 37 Y/F

investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



**Dr. G HEMALATHA**  
MBBS,DNB  
Radiology

### Your appointment is confirmed

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

Wed 4/3/2024 2:21 PM

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

Cc:Chandanagar Apolloclinic <chandanagar@apolloclinics.com>;Corporate Apollo Clinic <corporate@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear NAGA KONDA DEVI VEGIRAJU,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **CHANDA NAGAR clinic** on **2024-04-05** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324]

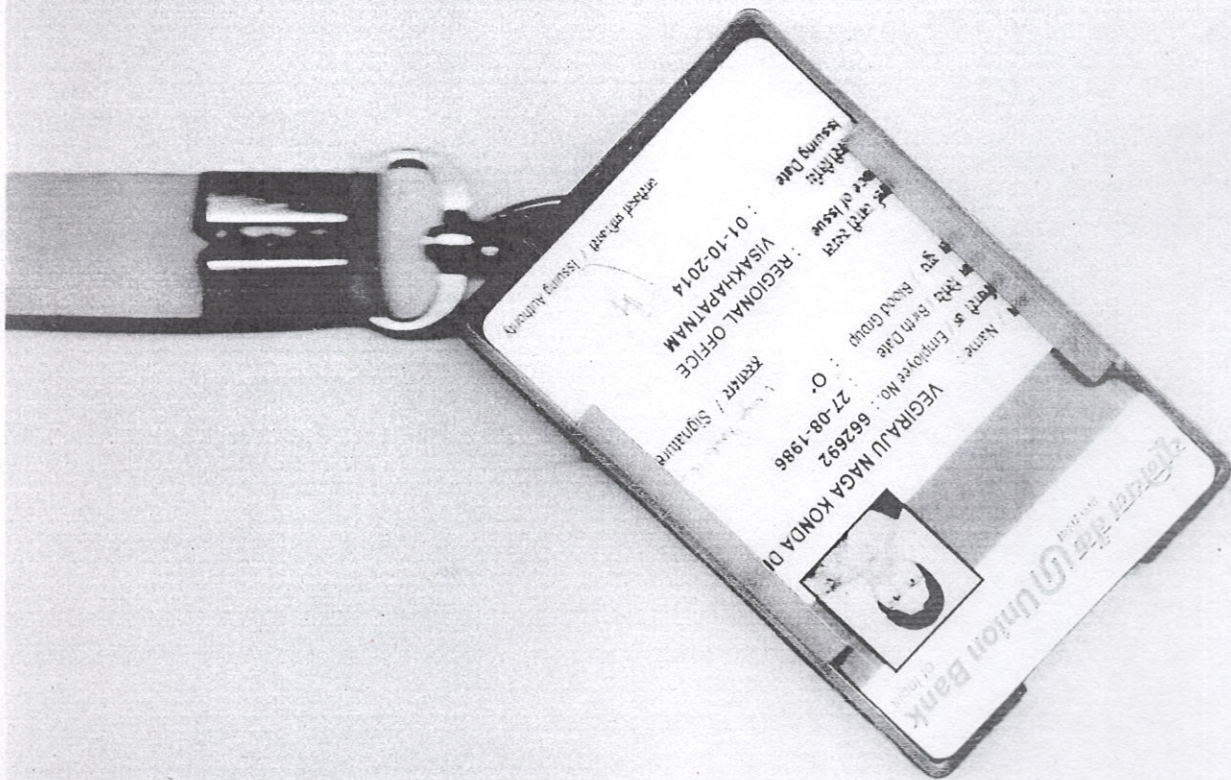
"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

**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,



Issuing Authority / Issuing Office

REGIONAL OFFICE  
VISAKHAPATNAM

Issuing Date : 01-10-2014

Signature / Name

VEGRAJU NAGA KONDA DI

Employee No. : 662692

Birth Date : 27-08-1986



Union Bank  
of India



Patient Name : Mrs. NAGA KONDA DEVI VEGIRAJU Age : 37 Y/F  
UHID : CCHA.0000178411 OP Visit No : CCHAOPV328957  
Reported By: : Dr. A RAVINDRA Conducted Date : 05-04-2024 13:06  
Referred By : SELF

---

### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 60 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 see

#### **Impression:**

**NORMAL RESTING ECG.**

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



Dr. A RAVINDRA