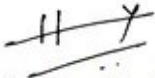


Patient Name : Mrs.SHAIK SAMEENA	Collected : 10/Aug/2024 08:42AM
Age/Gender : 45 Y 11 M 16 D/F	Received : 10/Aug/2024 11:52AM
UHID/MR No : CKOR.0000198211	Reported : 10/Aug/2024 02:14PM
Visit ID : CHSROPV326991	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES3227	

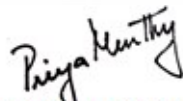
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.2	g/dL	12-15	Spectrophotometer
PCV	38.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.51	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.8	fL	83-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,750	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	73	%	40-80	Electrical Impedance
LYMPHOCYTES	19.8	%	20-40	Electrical Impedance
EOSINOPHILS	0.9	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6387.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1732.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	78.75	Cells/cu.mm	20-500	Calculated
MONOCYTES	525	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.25	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.69		0.78- 3.53	Calculated
PLATELET COUNT	324000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR				



Dr. Harshitha Y
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Consultant Pathologist



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



SIN No: BED240208359

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Patient Name : Mrs.SHAIK SAMEENA
Age/Gender : 45 Y 11 M 16 D/F
UHID/MR No : CKOR.0000198211
Visit ID : CHSROPV326991
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : UBOIES3227

Collected : 10/Aug/2024 08:42AM
Received : 10/Aug/2024 11:52AM
Reported : 10/Aug/2024 02:14PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

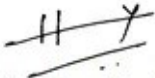
RBCs: are normocytic normochromic

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

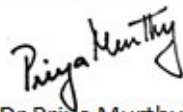
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr. Harshitha Y
M.B.B.S., M.D (Pathology)
Consultant Pathologist



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



SIN No: BED240208359

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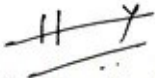
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Age/Gender : 45 Y 11 M 16 D/F	Received : 10/Aug/2024 11:52AM
UHID/MR No : CKOR.0000198211	Reported : 10/Aug/2024 03:08PM
Visit ID : CHSROPV326991	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES3227	

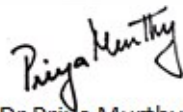
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Consultant Pathologist



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Patient Name : Mrs.SHAIK SAMEENA	Collected : 10/Aug/2024 08:42AM
Age/Gender : 45 Y 11 M 16 D/F	Received : 10/Aug/2024 01:05PM
UHID/MR No : CKOR.0000198211	Reported : 10/Aug/2024 01:34PM
Visit ID : CHSROPV326991	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES3227	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	108	mg/dL	70-100	HEXOKINASE

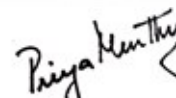
Comment:

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:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.


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



SIN No:PLF02199781

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 Karnataka- 560034

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Patient Name : Mrs.SHAIK SAMEENA	Collected : 10/Aug/2024 08:42AM
Age/Gender : 45 Y 11 M 16 D/F	Received : 10/Aug/2024 12:21PM
UHID/MR No : CKOR.0000198211	Reported : 10/Aug/2024 01:42PM
Visit ID : CHSROPV326991	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES3227	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	154	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.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.


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

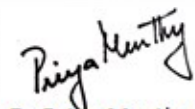
5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


Dr. Govinda Raju N L
 MSc, PhD (Biochemistry)
 Consultant Biochemistry


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



SIN No: EDT240085215

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Patient Name : Mrs.SHAIK SAMEENA	Collected : 10/Aug/2024 08:42AM
Age/Gender : 45 Y 11 M 16 D/F	Received : 10/Aug/2024 12:17PM
UHID/MR No : CKOR.0000198211	Reported : 10/Aug/2024 01:31PM
Visit ID : CHSROPV326991	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES3227	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	185	mg/dL	<200	CHO-POD
TRIGLYCERIDES	84	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	126.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.41		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


Comment:

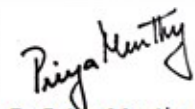
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


Dr. Govinda Raju N L
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Consultant Biochemistry


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Consultant Pathologist



SIN No: SE04805101

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Visit ID : CHSROPV326991	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. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.52	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.3		<1.15	Calculated
ALKALINE PHOSPHATASE	66.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.39	g/dL	6.6-8.3	Biuret
ALBUMIN	4.29	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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:

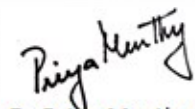
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:


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 Consultant Biochemistry


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



SIN No:SE04805101

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Patient Name : Mrs.SHAIK SAMEENA
Age/Gender : 45 Y 11 M 16 D/F
UHID/MR No : CKOR.0000198211
Visit ID : CHSROPV326991
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : UBOIES3227

Collected : 10/Aug/2024 08:42AM
Received : 10/Aug/2024 12:17PM
Reported : 10/Aug/2024 01:31PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

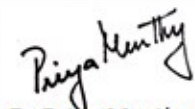
DEPARTMENT OF BIOCHEMISTRY

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

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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SIN No:SE04805101

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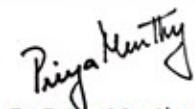
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.58	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	11.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.40	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.54	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.39	g/dL	6.6-8.3	Biuret
ALBUMIN	4.29	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated


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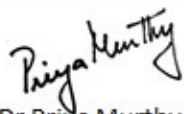
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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	<38	IFCC



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Visit ID : CHSROPV326991	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.28	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	4.370	µIU/mL	0.35-4.94	CMIA


Comment:

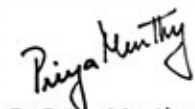
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- 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

Page 11 of 15


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SIN No: SPL24130306

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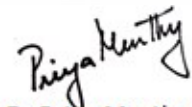
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DEPARTMENT OF IMMUNOLOGY

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

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 CLINICAL PATHOLOGY

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

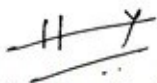
Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	AMBER		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.013		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Microscopy
RBC	1	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

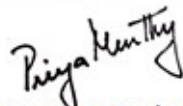
All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 13 of 15



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SIN No: UR2401903

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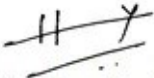
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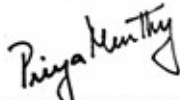
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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Page 14 of 15



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Patient Name : Mrs.SHAIK SAMEENA	Collected : 10/Aug/2024 02:48PM
Age/Gender : 45 Y 11 M 16 D/F	Received : 11/Aug/2024 01:22PM
UHID/MR No : CKOR.0000198211	Reported : 13/Aug/2024 06:06PM
Visit ID : CHSROPV326991	Status : Final Report
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DEPARTMENT OF CYTOLOGY

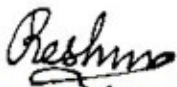
LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	17826/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Reshma Stanly
M.B.B.S., DNB(Pathology)
Consultant Pathologist

SIN No: CS084658

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 |
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)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

Page 15 of 15
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



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

Name : Mrs. Shaik Sameena Address : KML Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 45 Y Sex : F UHID :CKOR.0000198211  <small>*CKOR.0000198211*</small> OP Number :CHSROPV326991 Bill No :CHSR-OCR-70926 Date : 10.08.2024 08:34
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM + PERIPHERAL SMEAR	
5	GYNNAECOLOGY CONSULTATION	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	PERIPHERAL SMEAR	
9	ECG	
10	BC PAP TEST- PAPSURE	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION - (Pending)	
13	HbA1c, GLYCATED HEMOGLOBIN	
14	ENT CONSULTATION	
15	FITNESS BY GENERAL PHYSICIAN	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
18	BODY MASS INDEX (BMI)	
19	OPHTHAL BY GENERAL PHYSICIAN	
20	ULTRASOUND - WHOLE ABDOMEN - 79.45	
21	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

198211
45 Years

10/08/2024 09:05:28 AM Mrs Shaik
Female

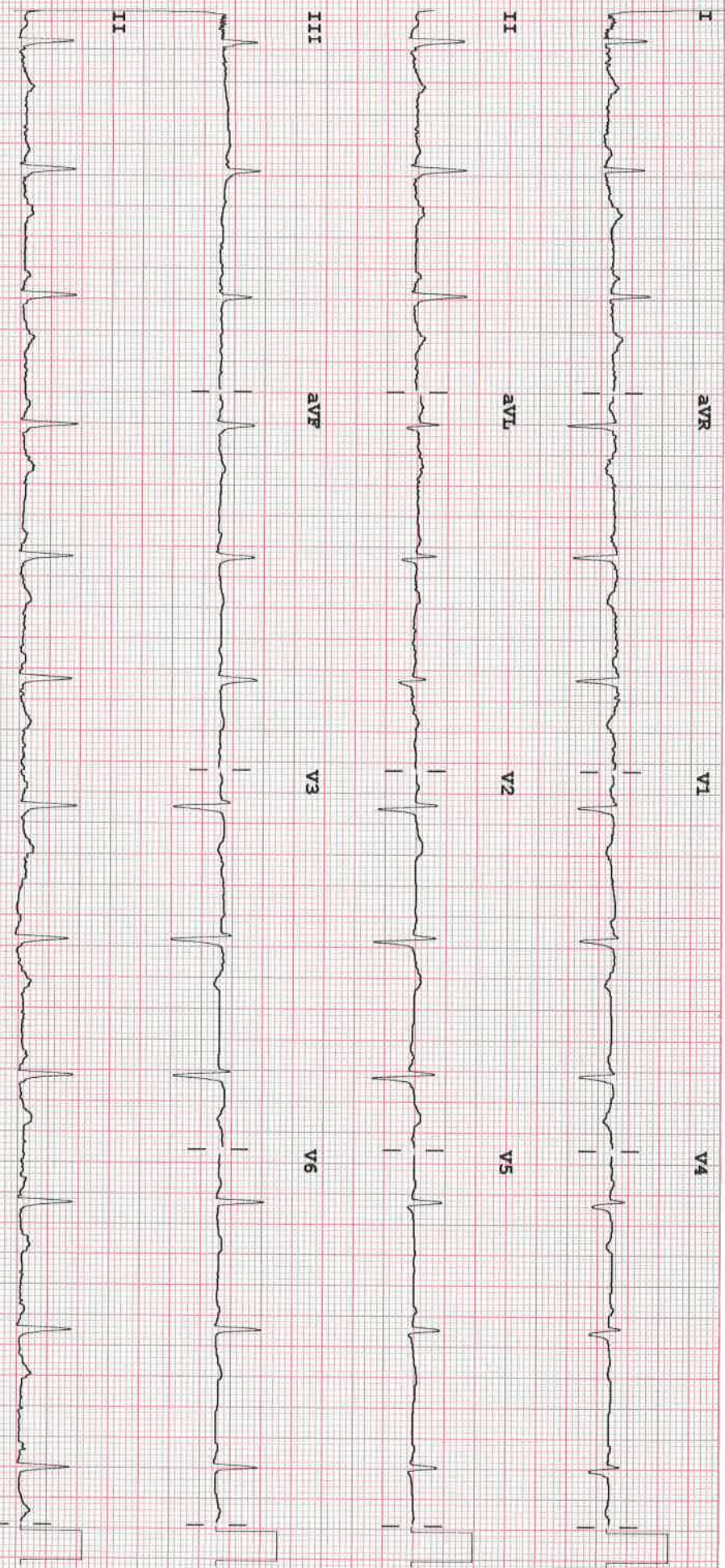
THE APOLLO CLINIC
Dept: ECG

Rate 70
RR 857
PR 136
QRS 88
QT 412
QTcB 445
QTcF 434
P 38
QRS 59
T 36

SINUS RHYTHM.....
BORDERLINE T ABNORMALITIES, ANTERIOR LEADS.....
Normal P axis, V-rate 50-99
T flat or neg, V2-V4

- BORDERLINE ECG -

Fac: APOLLO CLINIC



Dev:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

P 50 ~ 0.50 - 40 Hz W

PH090A CL2P2

Date : 10-08-2024
MR NO : CKOR.0000198211

Department : GENERAL
Doctor :

Name : Mrs. Shaik Sameena

Registration No :

Age/ Gender : 45 Y / Female

Qualification :

Consultation Timing: 08:34

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Optical

6/6 with 6/6

2/6 " 2/6

Cor

$\frac{1A}{12}$

$\frac{1A}{12}$

Adv:

Continue same power

Follow up date:


Doctor Signature

Date : 10-08-2024
 MR NO : CKOR.0000198211
 Name : Mrs. Shaik Sameena
 Age/ Gender : 45 Y / Female

Department : GENERAL
 Doctor : Sugung
 Registration No : 30834
 Qualification :

Consultation Timing: 08:34

Height : 154cm	Weight : 73.1kg	BMI :	Waist Circum :
Temp :	Pulse : 72b/m	Resp :	B.P : 131/90

General Examination / Allergies
 History

Clinical Diagnosis & Management Plan

O/H: - AL - ITUS
 P2L2
 AD - tuar
 M/H: - Mirena insertion
 Ovarian Boac.
 LMP - 10/8/24.
 Both breast @
 P/A - soft
 PLS - right
 been
 mirena need @
 because of blood
 could not be separated
 readily

Follow up date:


 Doctor Signature

Union Bank of India

RO - BANGALORE SOUTH
Chandrakiran, 10-A, Kasturba Road, P.B.
No. 5179, Bangalore, Karnataka, .
Bangalore- 80

To,

The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup

40-50 Female

Shri/Smt./Kum. SAMEENA,SHAIK

P.F. No. 648602

Designation :

Sr.CustomerService Assoc(CASH)

Checkup for Financial Year

2024-

Approved Charges Rs.

4500.00

2025

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,



(Signature of the Employee)

PF:648602

Yours Faithfully,

कृते यूनियन बँक ऑफ इंडिया For UNION BANK OF INDIA

BRANCH MANAGER/SENIOR MANAGER

एच.एस.आर. ले आउट शाखा : बंगलोर - 560 102
HSR Layout Branch, Bengaluru - 560 102.

PS. : Status of the application-

Sanctioned

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter



Apollo Clinic

CONSENT FORM


Mr/Mrs/Ms Shaiq Sameena Age: 45

UHID Number: - 19024 Company Name: - Arcofeni

- 1) Employee of Union Bank of India
- 2) Consultation will be taking on 12th August @ 4:30 PM
- 3) Company) Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 10/08/2024

Customer Pending Tests
FITNESS BY GENERAL PHYSICIAN

Patient Name	: Mrs. Shaik Sameena	Age/Gender	: 45 Y/F
UHID/MR No.	: CKOR.0000198211	OP Visit No	: CHSR0PV326991
Sample Collected on	:	Reported on	: 10-08-2024 10:10
LRN#	: RAD2399843	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: UBOIES3227		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size and echotexture.No intra hepatic biliary / venous radicular dilation.No focal lesion seen.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 is seen. No evidence of splenic hilar varices/collaterals.

PANCREAS : Only head and body visualized, appear normal.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.

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

UTERUS : **Bulky in size and measures 8.3 x 4.9 x 5.6cm, Multiple (3-4) fibroids noted largest measuring 3.0 x 2.5cm** Endometrial thickness is normal and measures 7mm.

OVARIES : Right ovary show approx 2.9 x 2.4cm simple cyst within it

Left ovary - post op status .

No free fluid is seen in the peritoneum.

IMPRESSION :

- **Grade I fatty liver**
- **Bulky uterus with fibroids**
- **Right ovarian simple cyst**

(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. M SONIA PAVANI
MBBS, M.D (Radio-Diagnosis)
Radiology