

Patient Name : Mrs.MUTHULAKSHMI M  
Age/Gender : 40 Y 11 M 16 D/F  
UHID/MR No : CANN.0000092906  
Visit ID : CANNOPV398268  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : UBOIES4656

Collected : 26/Mar/2024 09:30AM  
Received : 26/Mar/2024 12:26PM  
Reported : 26/Mar/2024 01:31PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY : Microscopic.  
RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.  
WBC MORPHOLOGY : Normal in number, morphology and distribution. No abnormal cells seen.  
PLATELETS : Adequate in number.  
PARASITES : No haemoparasites seen.  
IMPRESSION : Normocytic normochromic blood picture.  
NOTE/ COMMENT : Please correlate clinically.

Page 1 of 14



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

SIN No:BED240082876

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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 HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.1	g/dL	12-15	Spectrophotometer
PCV	37.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.59	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>80.6</b>	fL	83-101	Calculated
MCH	<b>26.3</b>	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.7</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,700	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	53.8	%	40-80	Electrical Impedance
LYMPHOCYTES	33.8	%	20-40	Electrical Impedance
EOSINOPHILS	4.4	%	1-6	Electrical Impedance
MONOCYTES	7.7	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4680.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2940.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	382.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	669.9	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.1	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.59		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>465000</b>	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>43</b>	mm/hour	0-20	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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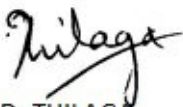
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**DEPARTMENT OF HAEMATOLOGY**

**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	A			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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**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	100	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.



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



SIN No:PLF02133920

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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	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	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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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	193	mg/dL	<200	CHO-POD
TRIGLYCERIDES	88	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>151</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>133.4</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.60		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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**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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).



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Age/Gender : 40 Y 11 M 16 D/F	Received : 26/Mar/2024 12:35PM
UHID/MR No : CANN.0000092906	Reported : 26/Mar/2024 01:15PM
Visit ID : CANNOPV398268	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4656	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.43	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>39</b>	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>40.0</b>	U/L	<35	IFCC
ALKALINE PHOSPHATASE	69.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.70</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.08		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.



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



SIN No:SE04676123

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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Phone - 044-26224504 / 05

  
**1860 500 7788**  
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Patient Name : Mrs.MUTHULAKSHMI M	Collected : 26/Mar/2024 09:30AM
Age/Gender : 40 Y 11 M 16 D/F	Received : 26/Mar/2024 12:35PM
UHID/MR No : CANN.0000092906	Reported : 26/Mar/2024 01:15PM
Visit ID : CANNOPV398268	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4656	

**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	<b>0.66</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>16.00</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.40	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.70</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.08		0.9-2.0	Calculated



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



SIN No:SE04676123

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Patient Name : Mrs.MUTHULAKSHMI M	Collected : 26/Mar/2024 09:30AM
Age/Gender : 40 Y 11 M 16 D/F	Received : 26/Mar/2024 12:35PM
UHID/MR No : CANN.0000092906	Reported : 26/Mar/2024 01:07PM
Visit ID : CANNOPV398268	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4656	

**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>	23.00	U/L	<38	IFCC

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



SIN No:SE04676123

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Patient Name : Mrs.MUTHULAKSHMI M	Collected : 26/Mar/2024 09:30AM
Age/Gender : 40 Y 11 M 16 D/F	Received : 26/Mar/2024 12:42PM
UHID/MR No : CANN.0000092906	Reported : 26/Mar/2024 01:37PM
Visit ID : CANNOPV398268	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4656	

**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)	1.31	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.22	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.303	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



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



SIN No: SPL24055898

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Patient Name : Mrs.MUTHULAKSHMI M	Collected : 26/Mar/2024 09:30AM
Age/Gender : 40 Y 11 M 16 D/F	Received : 26/Mar/2024 12:41PM
UHID/MR No : CANN.0000092906	Reported : 26/Mar/2024 02:31PM
Visit ID : CANNOPV398268	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4656	

**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	CLOUDY		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
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	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	POSITIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

SIN No:UR2316585

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Patient Name : Mrs.MUTHULAKSHMI M	Collected : 26/Mar/2024 12:52PM
Age/Gender : 40 Y 11 M 16 D/F	Received : 27/Mar/2024 08:43AM
UHID/MR No : CANN.0000092906	Reported : 28/Mar/2024 05:34PM
Visit ID : CANNOPV398268	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4656	

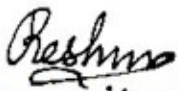
**DEPARTMENT OF CYTOLOGY**

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

	<b>CYTOLOGY NO.</b>	7399/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<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>EPITHELIAL 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

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

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



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

SIN No: CS077685

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

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Name: Mrs. MUTHULAKSHMI M  
Age/Gender: 41 Y/F  
Address: NO 14 DHANALAKSHMI NAGAR KOLATHUR  
Location: CHENNAI, TAMIL NADU  
Doctor: Dr. J M AKBAR KHALIFULLA  
Department: INTERNAL MEDICINE  
Rate Plan: ANNANAGAR\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. J M AKBAR KHALIFULLA

MR No: CANN.0000092906  
Visit ID: CANNOPV398268  
Visit Date: 26-03-2024 09:26  
Discharge Date:  
Referred By: SELF

## HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

### Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

### Present Known Illness

No history of: **No History of diabetes / Hypertension / Heart Disease,**

### Others

Others: ,

## SYSTEMIC REVIEW

### Cardiovascular System

CHEST PAIN: No,

### GastroIntestinal System

Nil significant: .,

### GenitoUrinary System

-: Nil ,

### Central Nervous System

SLEEP- : Normal,

### Skin

---: Nil significant,

### \*\*Weight

--->: Stable,

### General Symptoms

: No ,

## HT-HISTORY

### Past Medical History

**\*\*Cancer: No ,**

**Personal History**

Marital Status	Married,
-->	
No. of Children	1,
-->	
Diet	Mixed Diet,
-->	
Physical Activity	Sedentary,

**Family History**

Diabetes	father ,
----------	----------

**PHYSICAL EXAMINATION**

**General Examination**

Build .: **Moderate,**  
Height (in cms): **152,**  
Weight (in Kgs): **63.4,**  
Waist: **84,**  
Hip: **94,**

**SYSTEMIC EXAMINATION**

**CardioVascularSystem**

Heart Rate(Per Minute):: **76,**  
Systolic: **110,**  
Diastolic: **70,**

**Respiratory System:**

Respiratory Rate : **16,**

**Central Nervous system:**

>: **No neurological deficit,**

**Gynaecology and Obstetrics:**

Gynec Findings: **Done By: Dr. Indra V,**  
Breasts: **Normal ,**  
Cervix: **Healthy,**  
Uterus: **Normal size and Anteverted FF,**  
Pap Smear: **Taken,**

**IMPRESSION**



## **Apollo Health check**

Findings: **1. Mild Thrombocytosis and ESR raised**  
**2. UTI,**

## **RECOMMENDATION**

### **Other Recommendations**

Test/Investigation: **Repeat CBC after 1 month ,**

General advice: **TAB. NORFLOX (400) (1-0-1) -5 DAYS ,**

## **DISCLAIMER**

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

**Doctor's Signature**

<b>Patient Name</b>	: Mrs. MUTHULAKSHMI M	<b>Age/Gender</b>	: 40 Y/F
<b>UHID/MR No.</b>	: CANN.0000092906	<b>OP Visit No</b>	: CANNOPV398268
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 26-03-2024 17:34
<b>LRN#</b>	: RAD2281764	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: UBOIES4656		

## 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 9.4 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 10.2 x 3.6cms.

Left kidney measures 10.4 x 4.2 cms.

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

Uterus measures 8.5 x 4.1 x 6.0cms and shows normal endometrial and myometrial echoes.

The endometrial thickness 9.8mm.

Right ovary measures 3.1 x 2.2cms.

Left ovary measures 3.1 x 2.3cms.

Both ovaries are normal in size and echotexture.

No mass lesion seen in the pelvis.

Bladder is normal in contour.

**IMPRESSION:**

**\*NO SIGNIFICANT ABNORMALITY DETECTED**



**Patient Name** : Mrs. MUTHULAKSHMI M

**Age/Gender** : 40 Y/F

---

BOWEL GAS OBSCURATION AND OTHER FACTORS, MANY CONDITIONS MAY NOT BE PICKED UP BY US STUDY AND SHOULD BE TREATED WITH CLINICAL CORRELATION.  
NOT AN MLC DOCUMENT. MANY INCIDENTAL FINDINGS OF LOW PRIORITY MIGHT NOT BE MENTIONED AS IT IS NOT A FOCUSED STUDY.

**Dr. ASHIQ MOHAMMED JEFFREY**

MD

Radiology

Muthulakshmi

40/f

26/3/24

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

General Examination / Allergies  
History

o/e - head bath - 3 months

No cold / Bud use / HOH

H/o trauma @ Ear - 1 day

o/e - @ Traumatic perf ⊕

Ⓛ adhesive changes

Nose  
or @

Imp: @ traumatic perforation of TM  
Ⓛ Adhesive changes

Adv: Audiometry - Bil mild CD.

Tympanometry < R - B  
L - C

CT scan PNS



Follow up date:

Doctor Signature & Stamp

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



S. No.	NAME OF DRUG & STRENGTH Generic Name And In Capital	A Medication Dosage	B				C No. of Days	(A*B*C) Total Qty.	Instructions for Administering Dosage		
			Morning	Afternoon	Evening	Night			Before Meal	After Meal	Others
1	T. Alerfix total					10	10		✓		
2	Solspre nasal spray		✓	✓	✓	10	1		✓		
3	T. Alerfix	5mg				10	30		✓		
5											
6											
7											
8											
9											

### RECOMMENDED INVESTIGATIONS

#### BIO CHEMISTRY

- ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM
- CALCIUM, SERUM
- CREATININE, SERUM
- FREE T4 SERUM
- GLUCOSE (FASTING)
- GLUCOSE (POST PRANDIAL)
- GLUCOSE, FASTING (F) AND POST PRANDIAL (PP)
- GLUCOSE, RANDOM
- HbA1c
- IgE (TOTAL)
- LIPID PROFILE
- LIVER FUNCTION TESTS (LFT)
- PROLACTIN - SERUM
- SERUM ELECTROLYTES
- THYROID FUNCTION TEST, TOTAL
- TOTAL BETA- HCG (TB-HCG)
- TSH: THYROID STIMULATING HORMONE-SERUM-FREE
- UREA - SERUM / PLASMA
- URIC ACID SERUM
- VITAMIN B12 -SERUM
- VITAMIN D3

#### SEROLOGY

- C-REACTIVE PROTEIN (Qualitative)
  - DENGUE IgM
  - DENGUE IgM & IgG
  - DENGUE NS1 ANTIGEN
  - HIV I AND II ANTIBODIES
  - MALARIAL ANTIGEN (VIVAX AND FALCIPARUM)
  - RHEUMATOID FACTOR - SERUM
  - TYPHI DOT - M
  - WIDAL TEST
- #### HEMATOLOGY
- ABSOLUTE EOSINOPHIL COUNT
  - BLOOD GROUP ABO & Rh FACTOR
  - COMPLETE BLOOD COUNT
  - ERYTHROCYTE SEDIMENTATION RATE (ESR)
  - HEMOGRAM (CBP+ ESR)
  - PERIPHERAL SMEAR FOR MALARIAL PARASITE (MP)
  - PLATELET COUNT

#### RADIOLOGY

- ULTRASOUND - ABDOMEN AND PELVIS
- ULTRASOUND - WHOLE ABDOMEN
- ULTRASOUND EARLY PREGNANCY (WITHIN 10 WEEKS)
- X-RAY CERVICAL SPINE AP AND LAT
- X-RAY CHEST PA
- X-RAY LUMBAR SPINE AP AND LAT
- X-RAY PNS

#### CARDIOLOGY

- 2D-ECHO WITH COLOUR DOPPLER
- CARDIAC STRESS TEST - (TMT)
- ECG

#### CLINICAL PATHOLOGY & MICRO BIOLOGY

- URINE ROUTINE (CUE)
- CULTURE AND SENSITIVITY (URINE )
- URINE ROUTINE AND MICROSCOPY

#### OTHER

- PULMONARY FUNCTION TEST

**Additional Investigation Recommended:**

In case of emergency or any rash or other allergic complaints, please call 1066 or come directly to emergency room of the hospital

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



Mrs. Nuthulakshmi

40/F

28/3/21

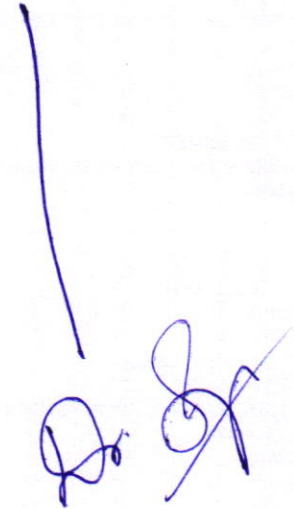
Height:	Weight:	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies  
History

Re Plan

Adv Scaling

Adv restoration 7 +



Follow up date:

Doctor Signature & Stamp

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

Name: Muthulakshmi M  
 Occupation: .....  
 Age: AD 4 Sex: Male  Female   
 Address: .....  
 Ph: .....

Date: 26/3/24 Reg. No: 92906  
 Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History: Existing glass uses past 6 months.

Present Complaint: Comfortable with present glass  
with glass BE 6/6 N6. Reading only +1.00


**ON EXAMINATION:**

	RE	LE
Ocular Movements :		
Anterior Segment :	<u>Free</u>	<u>Free</u>
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		
Without Glass :	<u>N</u>	<u>N</u>
With Glass :	<u>6/6</u>	<u>6/6</u>
N.V. :		
Visual Fields :		
Fundus :	<u>N8</u>	<u>N8</u>
Impression :		
Advice :	<u>Free</u>	<u>Free</u>
Colour Vision :	<u>N</u>	<u>N</u>



CANN-92906  
OCR-101523

यूनियन बैंक Union Bank of India  
A Member of Life Insurance Corporation



नाम : एम मुथुलक्ष्मी  
Name : M. Muthulakshmi  
कर्मचारी संख्या / Employee No. : 641659  
जन्म दिन / Birth Date : 10.04.1983  
रक्त ग्रुप / Blood Group : A1+ve

हस्ताक्षर / Signature  
जारी करने का स्थान / Place of Issue : Chennai  
जारी करने की तारीख / Date of Issue : 19.10.2020

जारीकर्ता प्राधिकारी / Issuing Authority

18  
88389/18348



MRS. MUTHULAKSHMI.M  
ID: 92906 RMC

Female

40 Years

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

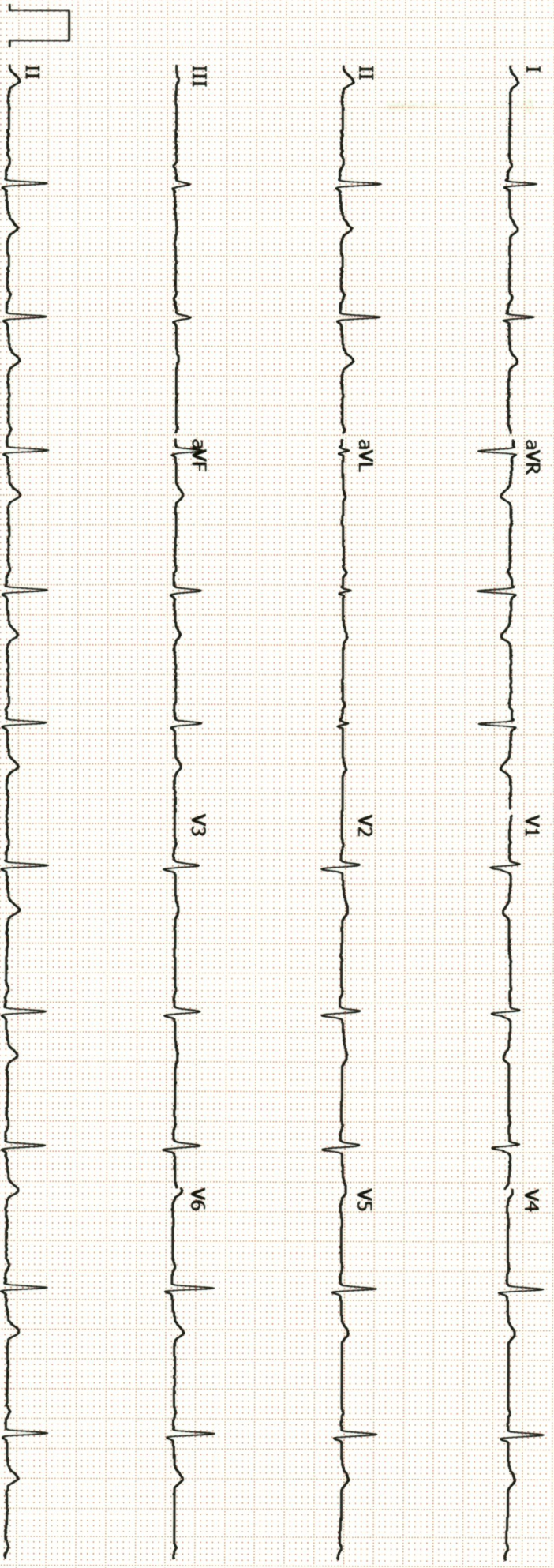
QRS : 76 ms  
QT / QTcBaz : 414 / 430 ms  
PR : 142 ms  
P : 82 ms  
RR / PP : 928 / 923 ms  
P / QRS / T : 10 / 46 / 33 degrees

26.03.2024 9:52:09 AM  
APOLLO MEDICAL CENTER  
ANNA NAGAR  
CHENNAI

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

Room:

65 bpm  
-- / -- mmHg



*Handwritten signature*

*Handwritten signature*

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



**Fwd: Health Check up Booking Request(UBOIES4656)**

Muthulakshmi M <muthuharshu2209@gmail.com>

Tue 3/26/2024 9:25 AM

To: Annanagar Apolloclinic <annanagar@apolloclinic.com>

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

From: **Mediwheel** <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>

Date: Fri, 22 Mar, 2024, 5:48 pm

Subject: Health Check up Booking Request(UBOIES4656)

To: <[muthuharshu2209@gmail.com](mailto:muthuharshu2209@gmail.com)>

Cc: <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>

**011-41195959**

Dear M MUTHULAKSHMI,

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

Upload HRM Letter

**User Package Name** : MediWheel Full Body Health Checkup Female 40 to 50 For Self and Spouse  
**Name of Diagnostic/Hospital** : Apollo Medical centre - Anna Nagar  
**Address of Diagnostic/Hospital-** : Apollo Medical Centre, 30, F- Block, 2nd Avenue, Anna Nagar East, Chennai - 600012  
**Appointment Date** : 26-03-2024  
**Preferred Time** : 8:00am

Member Information		
Booked Member Name	Age	Gender
M MUTHULAKSHMI	40 year	Female
T Alagesan	48 year	Male

**Tests included in this Package**

- Bmi Check
- Ent Consultation
- Dietician Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group

- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile
- Prostate Specific Antigen (PSA Male)

Thanks,  
Mediwheel Team  
Please Download Mediwheel App

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@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Patient Name	: Mrs. MUTHULAKSHMI M	Age	: 41 Y/F
UHID	: CANN.0000092906	OP Visit No	: CANNOPV398268
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 26-03-2024 16:57
Referred By	: SELF		

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## **ECG REPORT**

### **Observation :-**

- 1. Normal Sinus Rhythm.**
- 2. Heart rate is 65 beats per minutes.**

### **Impression:**

**NORMAL RESTING ECG.**

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

**Dr. ARULNITHI AYYANATHAN**