

| | |
|------------------------------------|--------------------------------------------|
| Patient Name : Mrs.MAYURI SHAGANTI | Collected : 28/Sep/2024 10:45AM |
| Age/Gender : 32 Y 7 M 1 D/F | Received : 28/Sep/2024 03:39PM |
| UHID/MR No : CUPP.0000032473 | Reported : 28/Sep/2024 05:29PM |
| Visit ID : CUPPOPV139892 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 96268 | |

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---------------------------------------------|--------------|-------------------------|--------------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 11 | g/dL | 12.5-15 | Spectrophotometer |
| PCV | 32.90 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.48 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 73.6 | fL | 83-101 | Calculated |
| MCH | 24.5 | pg | 27-32 | Calculated |
| MCHC | 33.3 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 16.1 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,210 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 55 | % | 40-80 | Flow cytometry |
| LYMPHOCYTES | 37 | % | 20-40 | Flow cytometry |
| EOSINOPHILS | 2 | % | 1-6 | Flow cytometry |
| MONOCYTES | 6 | % | 2-10 | Flow cytometry |
| BASOPHILS | 0 | % | 0-2 | Flow cytometry |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3415.5 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2297.7 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 124.2 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 372.6 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.49 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 342000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 18 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

RBC- MICROCYTIC HYPOCHROMIC.
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:UPP240902215

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 HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

NO HEMOPARASITES SEEN

IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
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Consultant Pathologist

SIN No: UPP240902215

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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---------------------------------------------------------|----------|------|--------------------|-----------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | O | | | Microplate technology |
| Rh TYPE | Positive | | | Microplate technology |


Dr.SRINIVAS N.S.NORI
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CONSULTANT PATHOLOGY

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| Age/Gender : 32 Y 7 M 1 D/F | Received : 28/Sep/2024 03:14PM |
| UHID/MR No : CUPP.0000032473 | Reported : 28/Sep/2024 05:30PM |
| Visit ID : CUPPOPV139892 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-------------------------------|--------|-------|--------------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 107 | 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.Matta Sujana Reddy
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SIN No:UPP240902213

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| | |
|------------------------------------|--------------------------------------------|
| Patient Name : Mrs.MAYURI SHAGANTI | Collected : 28/Sep/2024 11:33AM |
| Age/Gender : 32 Y 7 M 1 D/F | Received : 28/Sep/2024 04:51PM |
| UHID/MR No : CUPP.0000032473 | Reported : 28/Sep/2024 07:28PM |
| Visit ID : CUPPOPV139892 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|----------------------------------------------------------------------|--------|-------|--------------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 83 | mg/dL | 70-140 | HEXOKINASE |

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
 Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Maruthi...
Dr.E.Maruthi Prasad
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 Consultant biochemist

Sujana...
Dr.Matta Sujana Reddy
 M.B.B.S.,M.D(Biochemistry)
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SIN No:UPP240902252

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

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H. No 6-48/3, Peerzadiguda Panchayat, Boduppal, R R District., Uppal, Hyderabad, Telangana, India - 500039



APOLLO CLINICS NETWORK

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|------------------------------------|--------------------------------------------|
| Patient Name : Mrs.MAYURI SHAGANTI | Collected : 28/Sep/2024 10:45AM |
| Age/Gender : 32 Y 7 M 1 D/F | Received : 28/Sep/2024 02:55PM |
| UHID/MR No : CUPP.0000032473 | Reported : 28/Sep/2024 07:33PM |
| Visit ID : CUPPOPV139892 | Status : Final Report |
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| Emp/Auth/TPA ID : 96268 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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


Comment:


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

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

Note: Dietary preparation or fasting is not required.

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


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SIN No:UPP240902216

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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

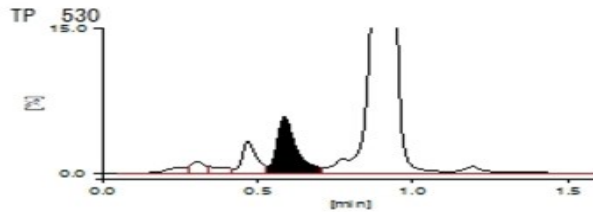
Chromatogram Report

V5.28 1 2024-09-28 17:44:00
 ID UPP240902216
 Sample No. 09280240 SL 0006 - 06
 Patient ID
 Name
 Comment

| CALIB Name | % | Time | Area |
|------------|------|------|---------|
| A1A | 0.5 | 0.23 | 9.06 |
| A1B | 0.6 | 0.30 | 10.72 |
| F | 0.5 | 0.39 | 8.11 |
| LA1C+ | 1.9 | 0.47 | 31.64 |
| SA1C | 5.9 | 0.59 | 74.51 |
| AO | 92.4 | 0.90 | 1528.96 |
| H-V0 | | | |
| H-V1 | | | |
| H-V2 | | | |

Total Area 1663.00

HbA1c 5.9 % IFCC 41 mmol/mol
HbA1 7.1 % HbF 0.5 %




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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

28-09-2024 17:44:01 APOLLO

APOLLO DIAGNOSTICS GLOBAL
 BALNAGAR

1 / 1

Maruthi...
Dr.E.Maruthi Prasad
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Sujana...
Dr.Matta Sujana Reddy
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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|--------------|-------|--------------------|-------------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 181 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 56 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 51 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 130 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 118.8 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 11.2 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.55 | | 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.


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SIN No:UPP240902212

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

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DEPARTMENT OF BIOCHEMISTRY

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| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.33 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.04 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.29 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 11 | U/L | <35 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 13.0 | U/L | <35 | IFCC |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 1.2 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 92.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.25 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 3.92 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.33 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.18 | | 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:

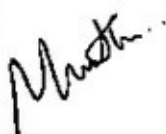
1. Hepatocellular Injury:


*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'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:


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


 Dr.Matta Sujana Reddy
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist



SIN No:UPP240902212

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

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

H. No 6-48/3, Peerzadiguda Panchayat, Boduppal, R R District., Uppal, Hyderabad, Telangana, India - 500039



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.MAYURI SHAGANTI
 Age/Gender : 32 Y 7 M 1 D/F
 UHID/MR No : CUPP.0000032473
 Visit ID : CUPPOPV139892
 Ref Doctor : Self
 Emp/Auth/TPA ID : 96268

Collected : 28/Sep/2024 10:45AM
 Received : 28/Sep/2024 03:12PM
 Reported : 28/Sep/2024 07:26PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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.

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

Sujana...
Dr.Matta Sujana Reddy
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist

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 **1860 500 7788**
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-------------------------------------------------------------|--------|--------|--------------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.65 | mg/dL | 0.66 - 1.09 | Modified Jaffe, Kinetic |
| UREA | 26.90 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 12.6 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.54 | mg/dL | 2.6-6.0 | Uricase PAP |
| CALCIUM | 8.93 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.23 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 137 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 5.1 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 103 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.25 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 3.92 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.33 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.18 | | 0.9-2.0 | Calculated |

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

Sujana...
Dr.Matta Sujana Reddy
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



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|------------------------------------|--------------------------------------------|
| Patient Name : Mrs.MAYURI SHAGANTI | Collected : 28/Sep/2024 10:45AM |
| Age/Gender : 32 Y 7 M 1 D/F | Received : 28/Sep/2024 03:12PM |
| UHID/MR No : CUPP.0000032473 | Reported : 28/Sep/2024 06:18PM |
| Visit ID : CUPPOPV139892 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|----------------------------------------------------|--------|------|--------------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 13.00 | U/L | <38 | IFCC |



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|------------------------------------|--------------------------------------------|
| Patient Name : Mrs.MAYURI SHAGANTI | Collected : 28/Sep/2024 10:45AM |
| Age/Gender : 32 Y 7 M 1 D/F | Received : 28/Sep/2024 03:12PM |
| UHID/MR No : CUPP.0000032473 | Reported : 28/Sep/2024 04:07PM |
| Visit ID : CUPPOPV139892 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 96268 | |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324


| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|----------------------------------------------------|--------|--------|--------------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.36 | ng/mL | 0.87-1.78 | CLIA |
| THYROXINE (T4, TOTAL) | 9.95 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.309 | 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 |


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 Consultant Biochemist



SIN No: UPP240902214

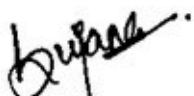
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

| | | | |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name | : Mrs.MAYURI SHAGANTI | Collected | : 28/Sep/2024 10:45AM |
| Age/Gender | : 32 Y 7 M 1 D/F | Received | : 28/Sep/2024 03:12PM |
| UHID/MR No | : CUPP.0000032473 | Reported | : 28/Sep/2024 04:07PM |
| Visit ID | : CUPPOPV139892 | Status | : Final Report |
| Ref Doctor | : Self | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 96268 | | |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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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Consultant Biochemist

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| | |
|------------------------------------|--------------------------------------------|
| Patient Name : Mrs.MAYURI SHAGANTI | Collected : 28/Sep/2024 10:45AM |
| Age/Gender : 32 Y 7 M 1 D/F | Received : 28/Sep/2024 04:44PM |
| UHID/MR No : CUPP.0000032473 | Reported : 28/Sep/2024 05:16PM |
| Visit ID : CUPPOPV139892 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 96268 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------------------------------|-------------|------|-----------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Scattering of light |
| TRANSPARENCY | CLEAR | | CLEAR | Scattering of light |
| pH | 5.5 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.016 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | 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 | 3 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 3 | /hpf | < 10 | Microscopy |
| RBC | 0 | /hpf | 0-2 | Microscopy |
| CASTS | ABSENT | /lpf | 0-2 Hyaline Cast | Microscopy |
| CRYSTALS | ABSENT | /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.

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:UPP240902217

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



| | |
|------------------------------------|--------------------------------------------|
| Patient Name : Mrs.MAYURI SHAGANTI | Collected : 28/Sep/2024 11:33AM |
| Age/Gender : 32 Y 7 M 1 D/F | Received : 28/Sep/2024 05:48PM |
| UHID/MR No : CUPP.0000032473 | Reported : 28/Sep/2024 06:47PM |
| Visit ID : CUPPOPV139892 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 96268 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:UPP240902251

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



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| UHID/MR No : CUPP.0000032473 | Reported : 28/Sep/2024 05:32PM |
| Visit ID : CUPPOPV139892 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------|----------|------|--------------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |



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

SIN No:UPP240902218

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



| | |
|------------------------------------|--------------------------------------------|
| Patient Name : Mrs.MAYURI SHAGANTI | Collected : 28/Sep/2024 01:28PM |
| Age/Gender : 32 Y 7 M 1 D/F | Received : 28/Sep/2024 07:31PM |
| UHID/MR No : CUPP.0000032473 | Reported : 02/Oct/2024 11:57AM |
| Visit ID : CUPPOPV139892 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 96268 | |

DEPARTMENT OF CYTOLOGY


LBC PAP SMEAR , CERVICAL SAMPLE

| | | |
|------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | CYTOLOGY NO. | 21504/24 |
| I | SPECIMEN | |
| a | SPECIMEN ADEQUACY | ADEQUATE |
| b | SPECIMEN TYPE | CONVENTIONAL SMEAR |
| | SPECIMEN NATURE/SOURCE | CERVICAL SMEAR |
| c | ENDOCERVICAL-TRANSFORMATION ZONE | PRESENT WITH ENDOCERVICAL CELLS |
| d | COMMENTS | SATISFACTORY FOR EVALUATION |
| II | MICROSCOPY | Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. 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.A.Kalyan Rao
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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



SIN No:UPP240902259

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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 **1860 500 7788**

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| | | | |
|--------------|------------------------|---------------------|-----------------|
| Patient Name | : Mrs. MAYURI SHAGANTI | Age | : 32Yrs 7Mths |
| UHID | : CUPP.0000032473 | OP Visit No. | : CUPPOPV139892 |
| Printed On | : 28-09-2024 09:25 AM | Advised/Pres Doctor | : -- |
| Department | : Radiology | Qualification | : -- |
| Referred By | : Self | Registration No. | : -- |
| Employeer Id | : 96268 | | |

DEPARTMENT OF RADIOLOGY

Liver appears normal in size 143 mm and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of peri GB collection. No evidence of focal lesion is seen.

Spleen appears normal in size 114 mm. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney : 98 x 43 mm.

Left kidney : 113 x 44 mm.

Both the kidneys appear normal in size, shape and echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydro nephrosis seen on either side.

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 normal in size 79 x 40 x 46 mm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 7 mm.

Right ovary : 26 x 22 mm.

Left ovary : 28 x 25 mm.

Both ovaries appear normal in size, shape and echotexture.

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

---End Of The Report---

Jyothirmai

Dr. MATTA JYOTHIRMAI
MBBS, MDRD
APMC/FMR/74706
Radiology

| | | | |
|--------------|------------------------|---------------------|-----------------|
| Patient Name | : Mrs. MAYURI SHAGANTI | Age | : 32Yrs 7Mths |
| UHID | : CUPP.0000032473 | OP Visit No. | : CUPPOPV139892 |
| Printed On | : 28-09-2024 01:37 PM | Advised/Pres Doctor | : -- |
| Department | : Radiology | Qualification | : -- |
| Referred By | : Self | Registration No. | : -- |
| Employee Id | : 96268 | | |

DEPARTMENT OF RADIOLOGY

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

For clinical correlation.

---End Of The Report---

Jyothi

Dr. MATTA JYOTHIRMAI
MBBS, MDRD
APMC/FMR/74706
Radiology



| S. No. | PACKAGE NAME |
|--------|----------------------------------------------------------------------|
| 50 | Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO |
| 53 | Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO |

| Booking ID | EMP-NAME | AGE | GENDER |
|------------|---------------------------|-----|--------|
| 22S33371 | SHAGANTI MAYURI | 32 | F |
| 22E33354 | MR. CHIDURALA KIRAN KUMAR | 36 | M |

| EMAIL | CONTACT NO | Appointment Date | Appointment Time |
|---------------------------------------|------------|------------------|------------------|
| KIRANKUMAR.CHIDURALA@BANKOFBARODA.COM | 8247610909 | 28-Sep-24 | 9:00 AM |
| KIRANKUMAR.CHIDURALA@BANKOFBARODA.COM | 8247610909 | 28-Sep-24 | 9:00 AM |

| CLINIC NAME | CLINIC STATE | CLINIC CITY |
|-----------------------|--------------|-------------|
| Apollo Clinic - Uppal | Telangana | Hyderabad |
| Apollo Clinic - Uppal | Telangana | Hyderabad |

| Booking Status | Status | Remarks |
|-----------------------------------------------------------------------------|-----------|---------|
| If 2D ECHO Slot are Full or 2D Echo Facility not Available book TMT Package | Confirmed | |
| If 2D ECHO Slot are Full or 2D Echo Facility not Available book TMT Package | Confirmed | |

భారత ప్రభుత్వం
Government of India

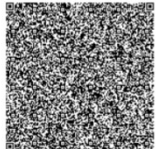
భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 2081/11266/20749

Download Date: 15/02/2021



To
శాగంటి మయూరి
Shaganti Mayuri
W/O Ch Kiran Kumar
8-3-228/979/7/L
Rahamath Nagar
Video Galli
Khairatabad
Yousufguda
Hyderabad Telangana - 500045
8247610909

Issue Date: 28/10/2020



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :
9028 9920 7330
VID : 9176 7938 2516 2357

నా ఆధార్, నా గుర్తింపు

సమాచారం



- ఆధార్ ఒక గుర్తింపు మాత్రమే పౌరసత్వం కాదు
- సుడితీయిన క్యూఆర్ కోడ్ / ఆన్లైన్ ఎక్స్ ఎం పర్ / ఆన్లైన్ ప్రామాణీకరణను ఉపయోగించి గుర్తింపును దృవీకరించండి..
- ఇది ఎలక్ట్రానిక్ చుట్టరిల్ వ్రాయబడిన లేఖ.

INFORMATION

- **Aadhaar** is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- ఆధార్ దేశవ్యాప్తంగా చెల్లుబాటు అవుతుంది.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర సేవలను సులువుగా పొందటానికి ఆధార్ మీకు సహాయపడుతుంది.
- ఎల్లప్పుడూ మీ మొలైల్ నెంబర్ మరియు ఇమెయిల్ ఐడీని ఆధార్ లో అప్ డేట్ చేసి ఉంచండి
- ఎమ్ ఆధార్ అప్ ఉపయోగించండి. మీ ఆధార్ ను ఎల్లప్పుడూ మీ స్మార్ట్ ఫోన్ లో ఉంచండి.


- **Aadhaar** is valid throughout the country.
- **Aadhaar** helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in **Aadhaar**.
- Carry Aadhaar in your smart phone – use **mAadhaar** App.

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Unique Identification Authority of India

Download Date: 15/02/2021





శాగంటి మయూరి
Shaganti Mayuri
పట్టణ తేదీ/DOB: 29/02/1992
లింగం / GENDER
FEMALE

Issue Date: 28/10/2020

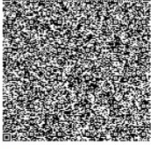
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VID : 9176 7938 2516 2357

నా ఆధార్, నా గుర్తింపు

వినివాలా:
W/O Ch Kiran Kumar, 8-3-228/979/7/L,
Rahamath Nagar, Video Galli, Khairatabad,
Hyderabad,
Telangana - 500045

Address:
W/O Ch Kiran Kumar, 8-3-228/979/7/L,
Rahamath Nagar, Video Galli, Khairatabad,
Hyderabad,
Telangana - 500045



9028 9920 7330
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నా ఆధార్, నా గుర్తింపు

1947 | help@uidai.gov.in | www.uidai.gov.in



PHYSICAL EXAMINATION FOR

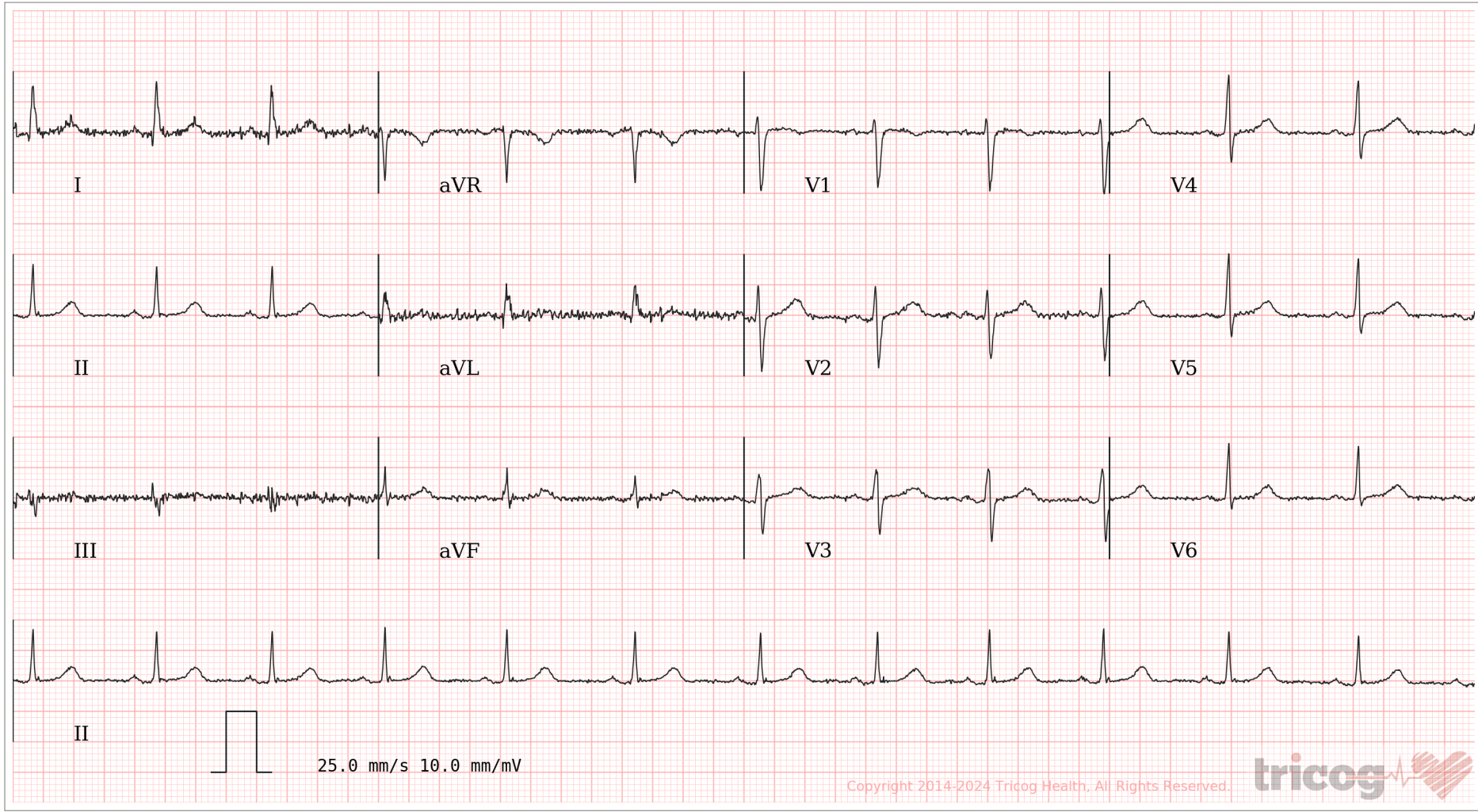
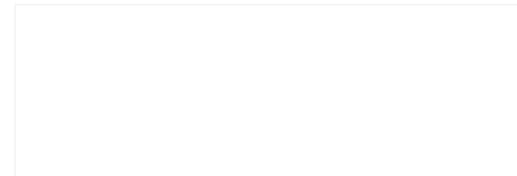
| | | | |
|-------------|-------------------------------|-------------------------|-------------------|
| Name | Mrs. MAYURI SHAGANTI | Age & Gender | 32Y/F |
| UHID | <u>CUPP.0000032473</u> | DATE | 28.09.2024 |

| Vitals | |
|--------------------|--------|
| Height (CM) | 154 |
| Weight (KG) | 72 |
| BMI | 30.4 |
| BP | 100/70 |
| Pulse | 77 |
| SPO2 (%) | NA |
| Temperature | NA |



Age / Gender: 32/Female
Patient ID: 0000032473
Patient Name: Mrs Mayuri S

Date and Time: 28th Sep 24 12:52 PM



AR: 76bpm VR: 76bpm QRSD: 78ms QT: 382ms QTcB: 429ms PRI: 152ms P-R-T: 17° 27° 34°

ECG Within Normal Limits: Sinus Rhythm, Normal ECG, correlate clinically. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

REPORTED BY

DR VINAY
72045

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Mayuri. S on 30/9/24.

After reviewing the medical history and on clinical examination it has been found that he/she is

| | Tick |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <ul style="list-style-type: none"> • Medically Fit | <input checked="" type="checkbox"/> |
| <ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> | |
| <ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended • Unfit | |

[Signature]
Dr. KOPPULA TRIVENI
Medical Officer
FMR/05078
APOLLO FAMILY PHYSICIAN

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th 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

TO BOOK AN APPOINTMENT

 **1860 500 7788**

POWER PRESCRIPTION

NAME: *Ray Mayuri Shaganti* GENDER: *M/F* DATE: *28/9/24*
 AGE: *32* UHID: *32473*

RIGHT EYE

LEFT EYE

| | SPH | CYL | AXIS | VISION |
|----------|-----|-----|------|------------|
| DISTANCE | — | | | <i>6/6</i> |
| NEAR | | | | <i>N6</i> |

| | SPH | CYL | AXIS | VISION |
|----------|-----|-----|------|------------|
| DISTANCE | — | | | <i>6/6</i> |
| NEAR | | | | <i>N6</i> |

COLOUR VISION : *BE: normal*

DIAGNOSIS :
 OTHER FINDINGS : *foveal*

INSTRUCTIONS :


SIGNATURE