

Age/Gender : 42 Y 8 M 23 D/F UHID/MR No : CASR.0000188952

Visit ID : CASROPV228804

Ref Doctor

Emp/Auth/TPA ID : 35E7377 Collected : 13/Jul/2024 09:35AM Received : 13/Jul/2024 01:56PM Reported : 13/Jul/2024 05:17PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--------------------------------------|--------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 13.3 | g/dL | 12.5-15 | Spectrophotometer |
| PCV | 38.20 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.24 | Million/cu.mm | 3.8-4.8 | Electrical Impedence |
| MCV | 90.1 | fL | 83-101 | Calculated |
| MCH | 31.4 | pg | 27-32 | Calculated |
| MCHC | 34.9 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.3 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 3,190 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT | (DLC) | | | |
| NEUTROPHILS | 61 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 28 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 2 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 9 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0 | % | 0-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 1945.9 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 893.2 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 63.8 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 287.1 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.18 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 210000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 10 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

RBC NORMOCYTIC NORMOCHROMIC

WBC - LEUCOPENIA

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH LEUCOPENIA



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

SIN No:ASR240701059

COLLEGE of AMERICAN PATHOLOGISTS





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

Dr.SRINIVAS N.S.NORI M.B.B.S,M.D(Pathology) CONSULTANT PATHOLOGY Page 3 of 17

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Visit ID : CASROPV228804

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Emp/Auth/TPA ID : 35E7377 Collected : 13/Jul/2024 01:36PM Received : 13/Jul/2024 09:13PM

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DEPARTMENT OF BIOCHEMISTRY

Status

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING, NAF PLASMA | 77 | 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.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR) | 99 | 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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.







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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

| Test Name | Result | Unit | Bio. Ref. Range | Method | |
|--|--------|-------|-----------------|------------|--|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.4 | % | | HPLC | |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 108 | mg/dL | | Calculated | |

Comment:

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

| ` / |
|-----------|
| HBA1C % |
| <5.7 |
| 5.7 - 6.4 |
| ≥ 6.5 |
| |
| 6 – 7 |
| 7 – 8 |
| 8 - 10 |
| >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.E.Maruthi Prasad PhD (Biochemistry) Consultant biochemist Dr. B Pavani M.B.B.S, M.D(pathalogy) Consultant Pathologist







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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

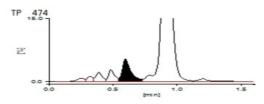
Chromatogram Report

HLC723G8 2024-07-13 15:15:04 ASR240701060 Sample No. Patient ID SL 0009 - 09 07130172

Comment

| CALIB | Y | =1. 1939X | + 0.5319 |
|--------------|-------|-----------|----------|
| Name | % | Time | Area |
| A1A | 0.5 | 0. 25 | 10.90 |
| A1B | 0.6 | 0.32 | 12. 27 |
| F | 1.3 | 0.39 | 26.39 |
| LA1C+ | 1.5 | 0.48 | 30.66 |
| SA1C | 5.4 | 0.60 | 82. 32 |
| AO H-VO | 93. 2 | 0. 91 | 1851. 62 |
| H-V1 H-V2 | | | |

Total Area 2014. 16



13-07-2024 15:15:04 APOLLO

APOLLO DIAGNOSTICS GLOBAL

1/1

Dr.E.Maruthi Prasad PhD (Biochemistry) Consultant biochemist M.B.B.S, M.D(pathalogy) Consultant Pathologist







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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

| Test Name | Result | Unit | Bio. Ref. Range | Method | | | |
|-------------------------|--------|-------|-----------------|-------------------------------|--|--|--|
| LIPID PROFILE, SERUM | | | | | | | |
| TOTAL CHOLESTEROL | 173 | mg/dL | <200 | CHO-POD | | | |
| TRIGLYCERIDES | 178 | mg/dL | <150 | GPO-POD | | | |
| HDL CHOLESTEROL | 46 | mg/dL | 40-60 | Enzymatic Immunoinhibition | | | |
| NON-HDL CHOLESTEROL | 127 | mg/dL | <130 | Calculated | | | |
| LDL CHOLESTEROL | 91.4 | mg/dL | <100 | Calculated | | | |
| VLDL CHOLESTEROL | 35.6 | mg/dL | <30 | Calculated | | | |
| CHOL / HDL RATIO | 3.76 | | 0-4.97 | Calculated | | | |
| ATHEROGENIC INDEX (AIP) | 0.23 | | <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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| Test Name | Result | Unit | Bio. Ref. Range | Method | | | |
|---------------------------------------|--------|-------|-----------------|-----------------------|--|--|--|
| IVER FUNCTION TEST (LFT), SERUM | | | | | | | |
| BILIRUBIN, TOTAL | 0.90 | mg/dL | 0.3–1.2 | DPD | | | |
| BILIRUBIN CONJUGATED (DIRECT) | 0.14 | mg/dL | <0.2 | DPD | | | |
| BILIRUBIN (INDIRECT) | 0.76 | mg/dL | 0.0-1.1 | Dual Wavelength | | | |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 8 | U/L | <35 | IFCC | | | |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 21.0 | U/L | <35 | IFCC | | | |
| ALKALINE PHOSPHATASE | 76.00 | U/L | 30-120 | IFCC | | | |
| PROTEIN, TOTAL | 7.36 | g/dL | 6.6-8.3 | Biuret | | | |
| ALBUMIN | 4.20 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN | | | |
| GLOBULIN | 3.16 | g/dL | 2.0-3.5 | Calculated | | | |
| A/G RATIO | 1.33 | | 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.

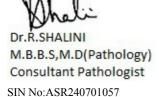
Values also correlate well with increasing BMI.

- · 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, Wilsons'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.









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- 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.

M.B.B.S, M.D (Pathology) Consultant Pathologist

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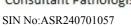
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| Test Name | Result | Unit | Bio. Ref. Range | Method | | | |
|---|--------|--------|-----------------|-----------------------------|--|--|--|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM | | | | | | | |
| CREATININE | 0.56 | mg/dL | 0.66 - 1.09 | Modified Jaffe, Kinetic | | | |
| UREA | 15.10 | mg/dL | 17-43 | GLDH, Kinetic Assay | | | |
| BLOOD UREA NITROGEN | 7.1 | mg/dL | 8.0 - 23.0 | Calculated | | | |
| URIC ACID | 2.85 | mg/dL | 2.6-6.0 | Uricase PAP | | | |
| CALCIUM | 9.55 | mg/dL | 8.8-10.6 | Arsenazo III | | | |
| PHOSPHORUS, INORGANIC | 3.39 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex | | | |
| SODIUM | 138 | mmol/L | 136–146 | ISE (Indirect) | | | |
| POTASSIUM | 3.7 | mmol/L | 3.5–5.1 | ISE (Indirect) | | | |
| CHLORIDE | 104 | mmol/L | 101–109 | ISE (Indirect) | | | |
| PROTEIN, TOTAL | 7.36 | g/dL | 6.6-8.3 | Biuret | | | |
| ALBUMIN | 4.20 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN | | | |
| GLOBULIN | 3.16 | g/dL | 2.0-3.5 | Calculated | | | |
| A/G RATIO | 1.33 | | 0.9-2.0 | Calculated | | | |











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







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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

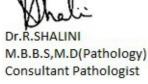
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------------|---------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) | , SERUM | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.25 | ng/mL | 0.87-1.78 | CLIA |
| THYROXINE (T4, TOTAL) | 8 | μg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 3.778 | 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 |

- **1.** 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.
- **2.** 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.
- **3.** 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.
- **4.** 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 | | |









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High High High Pituitary Adenoma; TSHoma/Thyrotropinoma

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

SIN No:ASR240701062

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|---------------------|------|---------------------------|-------------------------------------|
| COMPLETE URINE EXAMINATION (| CUE) , URINE | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Physical measuremen |
| TRANSPARENCY | CLEAR | | CLEAR | Physical measuremen |
| рН | 6.0 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.005 | | 1.002-1.030 | Dipstick |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GOD-POD |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | Sodium nitro prusside |
| UROBILINOGEN | NORMAL | | NORMAL (0.1- 1.8mg/dl) | Diazonium salt |
| NITRITE | NEGATIVE | | NEGATIVE | Griess reaction |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | Diazonium salt |
| CENTRIFUGED SEDIMENT WET M | OUNT AND MICROSCOPY | 1 | | |
| PUS CELLS | 1 | /hpf | 0-5 | Automated Image based microscopy |
| EPITHELIAL CELLS | 4 | /hpf | < 10 | Automated Image Based Microscopy |
| RBC | 1 | /hpf | 0-2 | Automated Image based microscopy |
| CASTS | ABSENT | /lpf | 0-2 Hyaline Cast | Automated Image based microscopy |
| CRYSTALS | ABSENT | /hpf | Occasional-Few | Automated Image based microscopy |

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

Dr.SRINIVAS N.S.NORI M.B.B.S,M.D(Pathology) CONSULTANT PATHOLOGY Page 14 of 17

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SIN No:ASR240701063

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

Patient Name : Mrs.RAGIRI MALATHI
Age/Gender : 42 Y 8 M 23 D/F
UHID/MR No : CASR.0000188952
Visit ID : CASROPV228804

VISIT ID : CASROPV228

Ref Doctor : Emp/Auth/TPA ID : 35E7377 Collected : 13/Jul/2024 09:35AM
Received : 13/Jul/2024 05:09PM
Reported : 13/Jul/2024 08:14PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Dr.SRINIVAS N.S.NORI M.B.B.S,M.D(Pathology) CONSULTANT PATHOLOGY Page 15 of 17

ACCREDITED

COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : Mrs.RAGIRI MALATHI Age/Gender : 42 Y 8 M 23 D/F UHID/MR No : CASR.0000188952

Visit ID : CASROPV228804

Ref Doctor

Emp/Auth/TPA ID : 35E7377 Collected : 13/Jul/2024 01:36PM Received : 14/Jul/2024 07:44AM Reported : 14/Jul/2024 01:10PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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

M.B.B.S, M.D (Pathology) Consultant Pathologist





Patient Name : Mrs.RAGIRI MALATHI Age/Gender : 42 Y 8 M 23 D/F UHID/MR No : CASR.0000188952 Visit ID

: CASROPV228804

Ref Doctor

Emp/Auth/TPA ID : 35E7377

Collected : 13/Jul/2024 09:35AM Received : 13/Jul/2024 05:11PM Reported : 13/Jul/2024 09:16PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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

*** End Of Report ***

Result/s to Follow:

LBC PAP SMEAR, PERIPHERAL SMEAR

COLLEGE of AMERICAN PATHOLOGISTS



Dr. SRINIVAS N.S. NORI M.B.B.S,M.D(Pathology) CONSULTANT PATHOLOGY

SIN No:ASR240701058

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





Patient Name : Mrs. RAGIRI MALATHI Age : 42Yrs 8Mths 25Days

UHID : CASR.0000188952 OP Visit No. : CASROPV228804

Printed On : 13-07-2024 02:45 PM Advised/Pres Doctor : --Qualification Department • --: Radiology

Referred By : --Registration No. : --

Employeer Id : 35E7377

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size with increased 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 periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

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

Right kidney:101x42 mm Left Kidney:104x44 mm

Both kidney appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

Uterus: 53x32x45 mm Mild bulky in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 7 mm.

Right ovary:26x21 mm **Left ovary**: 23x22 mm

Both ovaries are appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

IMPRESSION:-Mild Fatty Liver. Mildly Bulky Uterus.

Apollo Health and Lifestyle Limited

 $\label{lem:condition} $$(CIN - U85110TG2000PLC115819)$$ Regd. Office: $#7-1-617/A, 615 \& 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad 500038, Telangana. $| (CIN - U85110TG2000PLC115819)$$ Regd. Office: $#7-1-617/A, 615 \& 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad 500038, Telangana. $| (CIN - U85110TG2000PLC115819)$$$ www.apollohl.com | Email ID: enquiry@apollohl.com , Ph No: 040-4904 7777, Fax No: 4904 7744

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh: Vizag** (Seethamma Peta) **Karnataka: Bangalore** (Basavanagudi | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahall Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu: Chennai** (Annanagar | Kotturpuram | T Nagar | Valasaravakkam | Velach **) Maharashtra: Pune** (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie | Kharadi) **Uttar Pradesh: Ghaziabad** (Indrapuram)

GSTIN: 365AADCA0733E1Z8

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Suggested clinical correlation and further evaluation if necessary.

---End Of The Report---

Dr.K PRAVEEN BABU Radiology







Patient Name : 42Yrs 8Mths 25Days : Mrs. RAGIRI MALATHI Age

UHID : CASR.0000188952 OP Visit No. : CASROPV228804

Printed On : 13-07-2024 02:48 PM Advised/Pres Doctor : --

Department Qualification : Radiology • --Referred By Registration No. : --: --

Employeer Id : 35E7377

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

USG OF BOTH BREASTS

Real time B-Mode USG of both breasts:

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

CONCLUSION: No Significant Abnormality Is Seen In This Study. For clinical correlation and further evaluation if necessary.

---End Of The Report---

Dr.K PRAVEEN BABU Radiology







Patient Name : Mrs. RAGIRI MALATHI : 42Yrs 8Mths 26Days Age

: CASR.0000188952 **UHID** OP Visit No. : CASROPV228804

Printed On : 14-07-2024 07:16 AM Advised/Pres Doctor : --Department Qualification : Radiology : --

: --Referred By Registration No. : --

Employeer Id : 35E7377

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

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.

IMPRESSION:-No obvious abnormality seen

---End Of The Report---

Dr.K PRAVEEN BABU Radiology







Patient Name : 42Yrs 8Mths 26Days : Mrs. RAGIRI MALATHI Age

OP Visit No. UHID : CASR.0000188952 : CASROPV228804

Printed On : 14-07-2024 02:52 AM Advised/Pres Doctor : --: --Qualification Department : Cardiology

Reffered By : --Registration No. : --

Employeer Id : 35E7377

DEPARTMENT OF CARDIOLOGY

2 D ECHO

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

| Ao (ed) | 1.7 C | М |
|--------------------------|-------|-----|
| LA (es) | 2.7 (| M |
| LVID (ed) | 4.1 C | M |
| LVID (es) | 2.6 0 | M |
| IVS (Ed) | 0.6 | CM |
| LVPW (Ed) | 0.9 0 | M |
| EF | 65 | % |
| %FD | 45 | % |
| MITRAL VALVE: | NOR | MAL |
| AML | NOR | MAL |
| PML | NOR | MAL |
| AORTIC VALVE | NOR | MAL |
| TRICUSPID VALVE | NOR | MAL |
| RIGHT VENTRICLE | NOR | MAL |
| INTER ATRIAL SEPTUM | INTA | CT |
| INTER VENTRICULAR SEPTUM | INTA | CT |
| AORTA | NOR | MAL |
| RIGHT ATRIUM | NOR | MAL |
| LEFT ATRIUM | NOR | MAL |
| Pulmonary Valve | NOR | MAL |
| PERICARDIUM | NOR | MAL |

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad 500038, Telangana. www.apollohl.com | Email ID: enquiry@apollohl.com , Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NET WORK
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag
(Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | HSR Layout | Indira Nagar | P. Nagar | Kundalahalii |
Koramangala | Sarjapur Road) Mysore (VY Mohalla) Tamilinadu: Chennai (Annanagar | Kotturpuram | T. Nagar | Valasaravakkam | Velacher
) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie | Kharadi) Uttar Pradesh: Ghaziabad (Indrapuram)

GSTIN: 365AADCA0733E1Z8

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COLOUR AND DOPPLER STUDIES

E: 0.7 m/sec A: 0.4 m/sec

PJV: 0.9 m/sec AJV: 0.9 m/sec

IMPRESSION:-

NORMAL CHAMBER DIMENSION. NORMAL VALVES. NO RWMA. LV EF; 65% TRACE MR.

NO CLOTS/ VEGETATION. NO PERICARDIAL EFFUSION.

---End Of The Report---

DR. SHILPI MOHAN Cardiology







नाम : आर मालती

Name : Ragiri Malathi

कर्मचारी क्र : 787270

जन्म तिथि : 20-10-1982

रक्त समूह : B+

Molerthi

हस्ताक्षर Signatu

ारी करने की तारीख : 05-02-2020

जारी करने का स्थान : क्षेत्रीय कार्यालय, हैदराबाद

Regional Office, Hyderabad

जारी कर्ता प्राधिकारी Issuing Authority







Dear RAGIRI . MALATHI,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package

Name

Mediwheel Full Body

: Annual Plus Check Advanced - Female

Patient Package

Name

MediWheel Full Body

: Health Checkup Female 40 To 50

Apollo Clinic - AS Rac Name of

Diagnostic/Hospital Nagar

A-12, # 1-9-71/A/12/

Rishabh heights, abo (1)

Address of

Diagnostic/Hospital-: vodafone store, beside

KFC, A S Rao Nagar, Hyderabad -500062

City : Hyderabad

State : Telangana

Pincode : 500062

Appointment Date : 13-07-2024

Confirmation Status: Booking Confirmed

Preferred Time : 8:30am

Booking Status : Booking Confirmed

| Member Information | | | | | | |
|-----------------------------------|---------|--------|--|--|--|--|
| Booked Member Name Age Gender | | | | | | |
| RAGIRI . MALATHI | 42 year | Female | | | | |

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

Apollo Clinic

PHYSICAL EXAMINATION FORM

Apollo Clinic

Name, Most R. Worldwin Date 13.7,24

DIHU

16 77 JA

Cms Ccms

Height

13,2 Kgs

Weight

(in)cm

Chest Measurement

(out)cm

CM

HP

BMI

SPO2

mm/Hg

kgs/cm2 %

Apollo Clinic, A.S. Rao Nagar.

Pulse

Waist

MHC Patient ID: Patient Name: Age: 42 Sex: Male Female NIR 4 Drug Allergy: Medication currently taken by the Guest: Initial Screenign Findings: Missing Teeth: Dental Caries: — Attrition / Abrasion: Impacted Teeth: ~ Pockets / Recession : Bleeding: 420 Calculus / Stains : Mobility: — Non - restorable Teeth for extraction / Restored Teeth: Root Stumps: Malocclusion: Others:

Advice: Advised oral Roophfoxis.

Name & Signature: De Kolon Solvi

Doctor



POWER PRESCRIPTION NAME: Malathi Ragari GENDER: MIF DA AGE: 42

13/07/24 DATE:

RIGHT EYE

| | Nonce | | | | |
|----------|-------|-----|------|--------|--|
| | SPH | CYL | AXIS | VISION | |
| DISTANCE | | BYO | · – | . 61L | |
| NEAR | 1.50 | - | | NIT | |

LEFT EYE

| | | I | 1 |
|------|-----|-------------|--------|
| SPH | CYL | AXIS | VISION |
| | pla | ~~ <i>-</i> | - 616 |
| 1.50 | | (| NIP |

COLOUR VISION :

DIAGNOSIS

OTHER FINDINGS:

INSTRUCTIONS

%, courf Office: 19 Bishop Gardens, R.A.Puram, Chennai 600 028, famil Nadu, India | Email ID: info@apollohl.com

் கண்ச் உண்டுகளுள் | Jubilee Hills | Kondapsu | Manikonda | Hallakunta | Mizampet | Uppal)