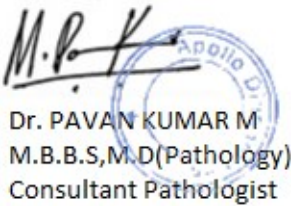


Patient Name : Mrs.SRAVANI	Collected : 13/Jan/2024 08:37AM
Age/Gender : 31 Y 7 M 3 D/F	Received : 13/Jan/2024 11:27AM
UHID/MR No : CMYS.0000059222	Reported : 13/Jan/2024 01:34PM
Visit ID : CMYSOPV121303	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121185	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240009020



Patient Name : Mrs.SRAVANI	Collected : 13/Jan/2024 08:37AM
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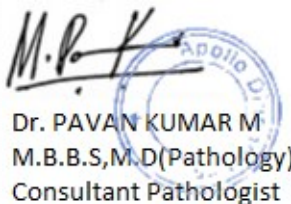
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.2	g/dL	12-15	Spectrophotometer
PCV	34.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.19	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	26.7	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.4	%	40-80	Electrical Impedance
LYMPHOCYTES	41.3	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	3.8	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4087.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3221.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	163.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	296.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	31.2	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	297000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	24	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.

W.B.C: Are normal in number,morphology and increased lymphocytes.



Dr. PAVAN KUMAR M
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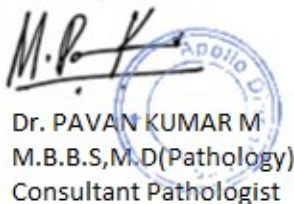
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Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA WITH LYMPHOCYTOSIS.



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M.B.B.S,M.D(Pathology)
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Age/Gender : 31 Y 7 M 3 D/F	Received : 13/Jan/2024 11:27AM
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination


Dr. PAVAN KUMAR M
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist

SIN No:BED240009020



Patient Name : Mrs.SRAVANI	Collected : 13/Jan/2024 08:37AM
Age/Gender : 31 Y 7 M 3 D/F	Received : 13/Jan/2024 11:17AM
UHID/MR No : CMYS.0000059222	Reported : 13/Jan/2024 11:44AM
Visit ID : CMYSOPV121303	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121185	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	96	mg/dl	74-106	GOD, POD

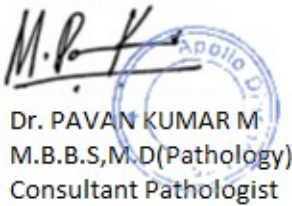
Comment:

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

SIN No:PLF02089070



Patient Name : Mrs.SRAVANI	Collected : 13/Jan/2024 08:37AM
Age/Gender : 31 Y 7 M 3 D/F	Received : 13/Jan/2024 01:25PM
UHID/MR No : CMYS.0000059222	Reported : 13/Jan/2024 02:01PM
Visit ID : CMYSOPV121303	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121185	

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	123	mg/dL	70-140	GOD - POD

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	88	mg/dL		Calculated

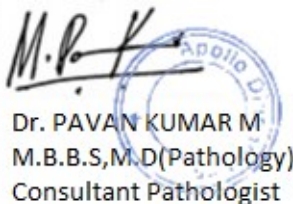
Comment:

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.



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:EDT240003800



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Age/Gender	: 31 Y 7 M 3 D/F	Received	: 13/Jan/2024 01:25PM
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Visit ID	: CMYSOPV121303	Status	: Final Report
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

- 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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

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Age/Gender : 31 Y 7 M 3 D/F	Received : 13/Jan/2024 12:19PM
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	198	mg/dl	0-200	CHOD
TRIGLYCERIDES	114	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	35	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	163	mg/dL	<130	Calculated
LDL CHOLESTEROL	140.27	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.82	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.67		0-4.97	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

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 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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist


SIN No:SE04599596



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


Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
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SIN No:SE04599596



Patient Name : Mrs.SRAVANI	Collected : 13/Jan/2024 08:37AM
Age/Gender : 31 Y 7 M 3 D/F	Received : 13/Jan/2024 12:19PM
UHID/MR No : CMYS.0000059222	Reported : 13/Jan/2024 04:54PM
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.39	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.28	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	67.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	6.90	g/dl	6.4-8.3	Biuret
ALBUMIN	4.18	g/dl	3.5-5.2	Bromocresol Green
GLOBULIN	2.72	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		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:

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Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SE04599596

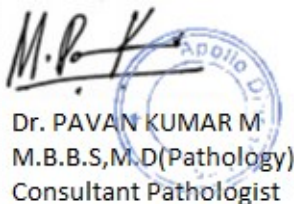


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- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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Consultant Pathologist

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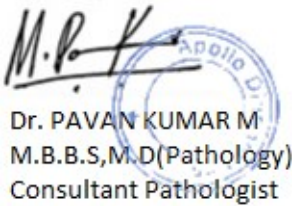


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.61	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	17.98	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	8.4	mg/dl	6-20	Urease, UV
URIC ACID	4.50	mg/dL	2.5-6.2	Uricase
CALCIUM	8.98	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.48	mg/dl	2.7-4.5	Molybdate
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE



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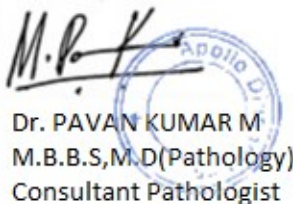


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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/l	0-38	IFCC



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SE04599596



Patient Name : Mrs.SRAVANI	Collected : 13/Jan/2024 08:37AM
Age/Gender : 31 Y 7 M 3 D/F	Received : 13/Jan/2024 11:43AM
UHID/MR No : CMYS.0000059222	Reported : 13/Jan/2024 05:28PM
Visit ID : CMYSOPV121303	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

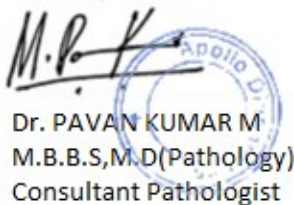
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.98	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.92	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	3.140	µIU/mL	0.35-4.94	CMIA

Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
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. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist


SIN No:SPL24005998



Patient Name	: Mrs.SRAVANI	Collected	: 13/Jan/2024 08:37AM
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DEPARTMENT OF IMMUNOLOGY

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


Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SPL24005998

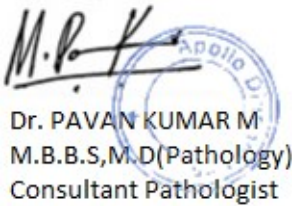


Patient Name : Mrs.SRAVANI	Collected : 13/Jan/2024 08:37AM
Age/Gender : 31 Y 7 M 3 D/F	Received : 13/Jan/2024 01:00PM
UHID/MR No : CMYS.0000059222	Reported : 13/Jan/2024 01:41PM
Visit ID : CMYSOPV121303	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121185	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4 - 5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	MICROSCOPY
RBC	1 - 2	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UR2261767



Patient Name : Mrs.SRAVANI	Collected : 13/Jan/2024 08:37AM
Age/Gender : 31 Y 7 M 3 D/F	Received : 13/Jan/2024 11:27AM
UHID/MR No : CMYS.0000059222	Reported : 13/Jan/2024 01:25PM
Visit ID : CMYSOPV121303	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121185	

DEPARTMENT OF CLINICAL PATHOLOGY

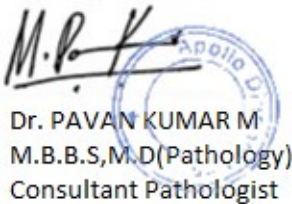
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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

*** End Of Report ***

Page 17 of 17



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UF010156



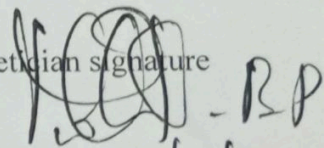
Name-
Age-
Height-
Weight-
BMI-

FBW-

Department- Dietetics
Name- Madhura B P
Qualification- M.Sc Nutrition & Dietetic
PhD*

- ~~Advised~~
- Do not skip any of the meals, take small frequent meals.
- Include all variety of seasonal fruits, vegetables and green leafy vegetables on regular basis.
- Include nuts like Almond, Walnuts and dry-fruits like dried dates and raisins regularly.
- Include seeds like Flax seeds, Pumpkin seeds, Sunflower seeds, Sesame seeds and watermelon seeds- 1 teaspoon each and dry roasted.
- Avoid 5 white slow poisons like Sugar, Salt, Maida, Baking soda and creams.
- Cooking oil- ½ litre/person/month.
- Use combination of oils like Rice bran oil, Groundnut oil, Sesame oil, Mustard oil/ Coconut oil and Ghee. Change the oil every month or 2 months. But do not mix the oils.
- Drink at least 2-3 liters of water in a day.
- Skimmed or toned milk can be used on regular basis. Since it's a rich source of protein and low in calories.
- Avoid Butter, Vanaspati and Dalda.
- Avoid deep-fried foods, Biscuits, Cookies, Bakery products, Pastries, Papad, packed and processed foods, chocolates, Alcohol, caffeine and carbonated beverages.
- Avoid junk foods like Pizza and Burger.

Dietician signature



13/01/2024

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 13-01-2024
MR NO : CMYS.0000059222

Department : ~~RADIOLOGY~~ Dietetics
Doctor : Madhuree. R.P

Name : Mrs. SRAVANI

Registration No :

Age/ Gender : 31 Y / Female

Qualification : M.Sc Nutrition & Dietetics
PHD*

Consultation Timing: 11:08

Height : 145	Weight : 51.2	BMI : 25.6 kg/m ²	Waist Circum : 90
Temp :	Pulse :	Resp :	B.P : 90/70

General Examination /
Allergies History

Hb - 11.2
HDL - 35
NON HDL - 163
LDL - 140.27
chol / HDL - 5.67

Clinical Diagnosis & Management Plan

- Advised low-fat diet with fiber rich foods
- Include iron rich foods like dark green leafy vegetables.
- chort is given.

Follow up date :

Doctor Signature
- B.P
12/01/2024

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 13-01-2024
MR NO : CMYS.0000059222

Department : RADIOLOGY
Doctor :

Name : Mrs. SRAVANI

Registration No : Dr. Proven Kumar-D
MS ENT

Age/ Gender : 31 Y / Female

Qualification :

Consultation Timing: 11:08

Height : 145	Weight : 51.2	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 90/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Cause for regular breathless

Ears Bilateral TM - normal

nose - nasal mucosa (n)

oral cavity in oropharynx (n)

neck (n)

AC

fever

pu

Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 13-01-2024
MR NO : CMYS.0000059222

Department : RADIOLOGY
Doctor : Dr. Umesh HB

Name : Mrs. SRAVANI

Registration No : 67084

Age/ Gender : 31 Y / Female

Qualification : M.B.B.S. MD

Consultation Timing: 11:08

Height : 1.5	Weight : 51.2	BMI :	Waist Circum :
Temp :	Pulse : 70/mnt	Resp : 20/mnt	B.P : 90/70

General Examination /
Allergies History

As
RS
P/P/normal

Clinical Diagnosis & Management Plan

Adv
Regular Exercise

T Overalt 270 - 30

T ALT D₃ 60 k Once 5
0 week

Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Informed Consent/Declaration For Test Exclusion

Patient Name: Ms. Sarvani Age: 31yr

UHID Number: 59222

Please tick and sign the relevant part

I certify that I will skip LBC Test from my own.

No refund is provided for the above excluded test and I have been informed about the same.

Patient signature A. Sarvani Date 13/1/24

Witness signature: _____ Date: 13/1/24

Patient's Name : Mrs. Sravani	Age & Sex; 31Yrs /Female
Date : 13.01.2024	UHID No:59222

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 68 %
- No clots. No pericardial effusion

Findings

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal

Apollo Health and Lifestyle Limited

(CIN: URS110TG2000PLC115819)
 Regd. Office: 13D-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
 Ph. No: (040) 4904 7777 Fax No: 4904 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name : Mrs. Sravani

Date : 13.01.2024

Age & Sex; 31Yrs /Female

UHID No:59222

Measurements

AO : 2.2 cm
LA : 2.2 cm

RV : 2.6 cm
LVIDd : 3.90 cm
LVIDs : 1.11 cm
IVSd : 0.89 cm
IVSs : 1.37 cm
PWd : 0.89 cm
PWs : 1.11 cm
EF : 68.0 %
FS : 37.0 %

Doppler

	MV		TV		AV		PV				
E	0.97	m/s	E	---	m/s	V max	1.20	m/s	V max	0.88	m/s
A:	0.50	m/s	A	---	m/s						

Dr. GURU PRASAD. B. V, MBBS, PGDCC
CONSULTANT – NON-INVASIVE CARDIOLOGY

Apollo Health and Lifestyle Limited

(CIN: URS110TG2000PLC115819)
Kings Office 1 10-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
Ph. No: 040 4904 7777 Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA
Bangalore | Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |
Koramangala | Sarjapur Road | Mysore (VV Mohalla)
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Scanned with CamScanner

Date : 13-01-2024
MR NO : CMYS.0000059222
Name : Mrs. SRAVANI
Age/ Gender : 31 Y / Female

Department : RADIOLOGY
Doctor :
Registration No :
Qualification :

Consultation Timing: 11:08

Height : 145	Weight : 51.2	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 90/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Rt eye

Lf eye

Near
vision

6/6

6/6

Distant
vision

6/6

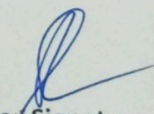
6/6

Colour
vision

6/6

6/6

Follow up date :


Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

13-01-2024 10:14:08 AM

Diagnosis Information:

ID: 5922

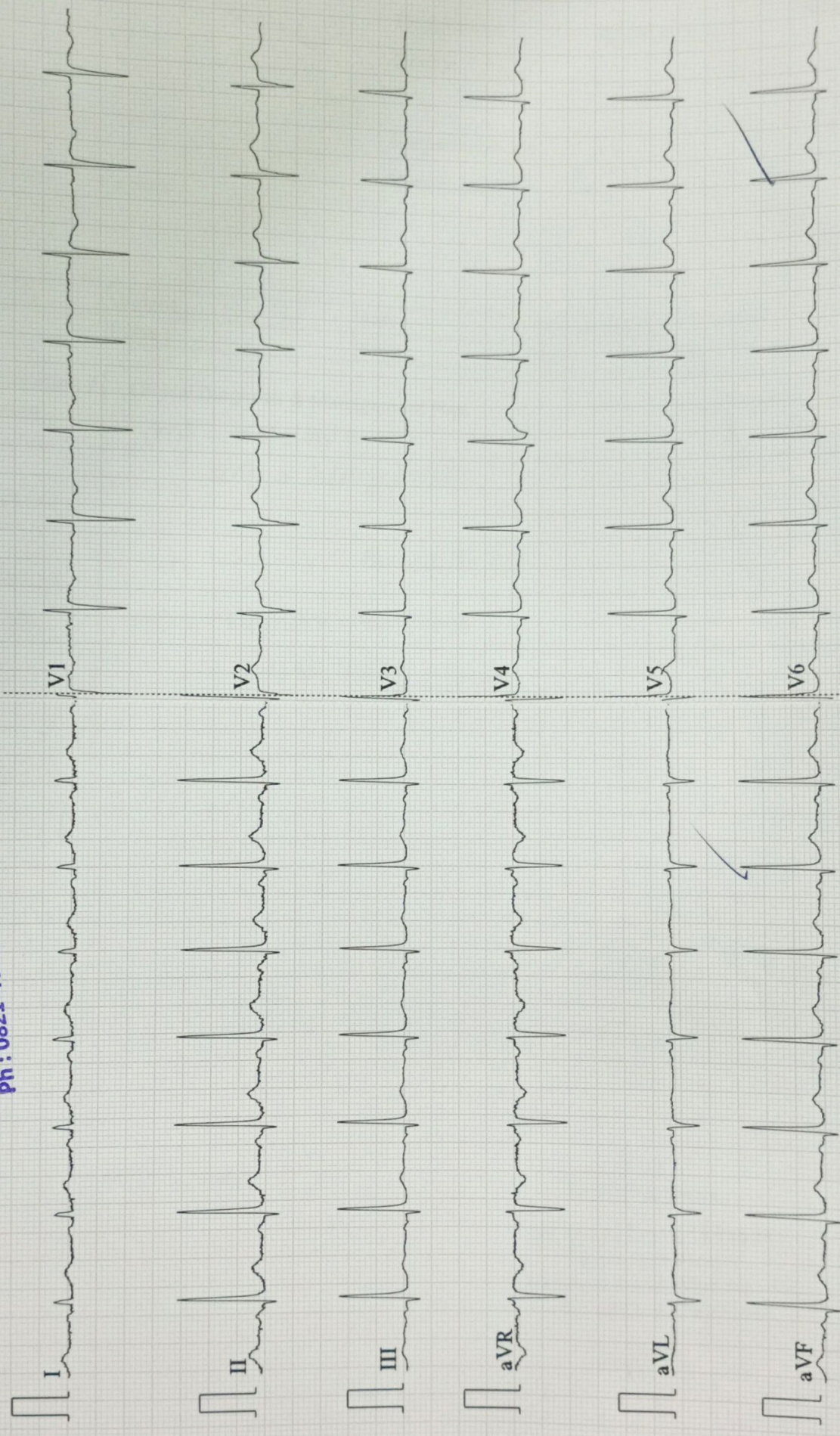
MRS SRAVANI

Female 31Years

145cm 51kg 90/70 mmHg

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Unconfirmed Report.



0.5~45Hz AC50 25mm/s 10mm/mV 2*5.0s ♡93 CARDIART

D V1.43 Glasgow V28.60 APOLLO CLINIC MYSURU

Date : 13-01-2024
MR NO : CMYS.0000059222

Department : RADIOLOGY
Doctor :

Name : Mrs. SRAVANI

Registration No :

Age/ Gender : 31 Y / Female

Qualification :

Consultation Timing: 11:08

Height : 1.65	Weight : 56.2	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 90/70

General Examination /
Allergies History

PH - NS

PH - AS.

hem - normal
study.

Clinical Diagnosis & Management Plan

PH - regular ay ds

mp → 3 days back

pancreas (2)

adv: regular exercise.

avoid junk food.

ml → 2 1/2 yrs. P/L
mr
I → 1 1/2 yrs
cls - BOY
AKH

Follow up date :

Bmr
Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

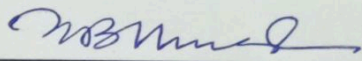
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs Savani on 13/01/29

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. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. 
 Medical Officer
 The Apollo Clinic, Mysore.

This certificate is not meant for medico-legal purposes

Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph : 0821-4006040/41