

Patient Name : Mrs.VALLI N  
Age/Gender : 45 Y 5 M 27 D/F  
UHID/MR No : SKOR.0000205493  
Visit ID : SKOROPV310508  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:15AM  
Received : 17/Oct/2024 08:44AM  
Reported : 17/Oct/2024 10:04AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs shows anisopoikilocytosis. Anisocytes seen are predominantly microcytic hypochromic RBC's. Poikilocytes seen are elliptocytes.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

**IMPRESSION:MICROCYTIC HYPOCHROMIC ANEMIA**

*Anushree R*

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

SIN No:BED240238950



Patient Name : Mrs.VALLI N  
Age/Gender : 45 Y 5 M 27 D/F  
UHID/MR No : SKOR.0000205493  
Visit ID : SKOROPV310508  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:15AM  
Received : 17/Oct/2024 08:44AM  
Reported : 17/Oct/2024 10:04AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

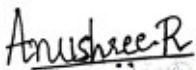
**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>11.3</b>	g/dL	12-15	Spectrophotometer
PCV	36.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>5.59</b>	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	<b>64</b>	fL	83-101	Calculated
MCH	<b>20.2</b>	pg	27-32	Calculated
MCHC	31.5	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	72	%	40-80	Electrical Impedence
LYMPHOCYTES	24	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	03	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4320	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1440	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	60	Cells/cu.mm	20-500	Calculated
MONOCYTES	<b>180</b>	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	283000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	14	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs shows anisopoikilocytosis. Anisocytes seen are predominantly microcytic hypochromic RBC's. Poikilocytes seen are elliptocytes.

WBCs are normal in number with normal distribution and morphology.



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



SIN No:BED240238950

Patient Name : Mrs.VALLI N  
Age/Gender : 45 Y 5 M 27 D/F  
UHID/MR No : SKOR.0000205493  
Visit ID : SKOROPV310508  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:15AM  
Received : 17/Oct/2024 08:44AM  
Reported : 17/Oct/2024 10:04AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

Platelets are adequate.

No hemoparasites or abnormal cells seen.

**IMPRESSION:MICROCYTIC HYPOCHROMIC ANEMIA**

*Anushree R*

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

SIN No:BED240238950



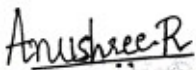
Patient Name : Mrs.VALLI N  
 Age/Gender : 45 Y 5 M 27 D/F  
 UHID/MR No : SKOR.0000205493  
 Visit ID : SKOROPV310508  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:15AM  
 Received : 17/Oct/2024 08:44AM  
 Reported : 17/Oct/2024 10:04AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

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



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

SIN No:BED240238950



Patient Name : Mrs.VALLI N  
Age/Gender : 45 Y 5 M 27 D/F  
UHID/MR No : SKOR.0000205493  
Visit ID : SKOROPV310508  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 11:01AM  
Received : 17/Oct/2024 11:13AM  
Reported : 17/Oct/2024 11:33AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	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:**

- 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.

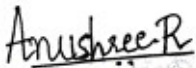
Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	146	mg/dL	70-140	GOD - POD

Result is rechecked.

**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.



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

SIN No:PLP1487100





Patient Name : Mrs.VALLI N	Collected : 17/Oct/2024 08:15AM
Age/Gender : 45 Y 5 M 27 D/F	Received : 17/Oct/2024 01:16PM
UHID/MR No : SKOR.0000205493	Reported : 17/Oct/2024 03:14PM
Visit ID : SKOROPV310508	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 177888	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6.2</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL		Calculated


**Comment:**

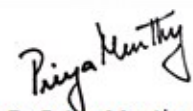
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- False 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)

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

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



SIN No:EDT240092883

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel, Koramangala, Bengaluru

Patient Name : Mrs.VALLI N  
Age/Gender : 45 Y 5 M 27 D/F  
UHID/MR No : SKOR.0000205493  
Visit ID : SKOROPV310508  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:15AM  
Received : 17/Oct/2024 08:44AM  
Reported : 17/Oct/2024 10:05AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

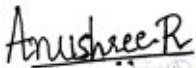
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	141	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	117	mg/dL	<150	
HDL CHOLESTEROL	60	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	81	mg/dL	<130	Calculated
LDL CHOLESTEROL	57.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.35		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.02		<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



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

SIN No:SE04836344



Patient Name : Mrs.VALLI N  
Age/Gender : 45 Y 5 M 27 D/F  
UHID/MR No : SKOR.0000205493  
Visit ID : SKOROPV310508  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:15AM  
Received : 17/Oct/2024 08:44AM  
Reported : 17/Oct/2024 10:05AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	<b>1.2</b>		<1.15	Calculated
ALKALINE PHOSPHATASE	70.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.7-8.3	BIURET
ALBUMIN	3.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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:

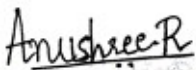
1. Hepatocellular Injury:

\*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 > 1In 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. 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:\*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.



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

SIN No:SE04836344





Patient Name : Mrs.VALLI N  
Age/Gender : 45 Y 5 M 27 D/F  
UHID/MR No : SKOR.0000205493  
Visit ID : SKOROPV310508  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177888

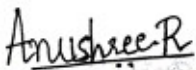
Collected : 17/Oct/2024 08:15AM  
Received : 17/Oct/2024 08:44AM  
Reported : 17/Oct/2024 10:05AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.42	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	23.10	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>6.90</b>	mg/dL	3.0-5.5	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.00	g/dL	6.7-8.3	BIURET
ALBUMIN	3.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated

Result is rechecked.



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

SIN No:SE04836344



Patient Name : Mrs.VALLI N  
Age/Gender : 45 Y 5 M 27 D/F  
UHID/MR No : SKOR.0000205493  
Visit ID : SKOROPV310508  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:15AM  
Received : 17/Oct/2024 08:44AM  
Reported : 17/Oct/2024 10:05AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM</b>	<b>14.00</b>	U/L	16-73	Glycylglycine Kinetic method

*Anushree R*

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

SIN No:SE04836344





Patient Name : Mrs.VALLI N  
Age/Gender : 45 Y 5 M 27 D/F  
UHID/MR No : SKOR.000205493  
Visit ID : SKOROPV310508  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:13AM  
Received : 17/Oct/2024 01:18PM  
Reported : 17/Oct/2024 02:07PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.1	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.245	µIU/mL	0.34-5.60	CLIA

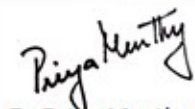
**Comment:**

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies

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

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



SIN No:SPL24143830

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel, Koramangala, Bengaluru



MC-61/6

Patient Name	: Mrs.VALLI N	Collected	: 17/Oct/2024 08:13AM
Age/Gender	: 45 Y 5 M 27 D/F	Received	: 17/Oct/2024 01:18PM
UHID/MR No	: SKOR.0000205493	Reported	: 17/Oct/2024 02:07PM
Visit ID	: SKOROPV310508	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 177888		

**DEPARTMENT OF IMMUNOLOGY**

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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

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



SIN No:SPL24143830

Patient Name : Mrs.VALLI N  
Age/Gender : 45 Y 5 M 27 D/F  
UHID/MR No : SKOR.0000205493  
Visit ID : SKOROPV310508  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:15AM  
Received : 17/Oct/2024 10:05AM  
Reported : 17/Oct/2024 11:17AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

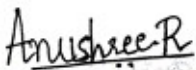
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	5 - 6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy
OTHERS	ABSENT			Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Page 13 of 15



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

SIN No:UR2416697



**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

Address:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel,  
Koramangala, Bengaluru

Patient Name : Mrs.VALLI N  
 Age/Gender : 45 Y 5 M 27 D/F  
 UHID/MR No : SKOR.0000205493  
 Visit ID : SKOROPV310508  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177888

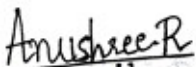
Collected : 17/Oct/2024 08:15AM  
 Received : 17/Oct/2024 10:05AM  
 Reported : 17/Oct/2024 11:17AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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



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

SIN No:UF012134



Patient Name : Mrs.VALLI N	Collected : 17/Oct/2024 01:02PM
Age/Gender : 45 Y 5 M 27 D/F	Received : 18/Oct/2024 12:05PM
UHID/MR No : SKOR.0000205493	Reported : 19/Oct/2024 01:02PM
Visit ID : SKOROPV310508	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 177888	

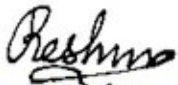
**DEPARTMENT OF CYTOLOGY**

**LBC PAP SMEAR , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	22881/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

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



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



SIN No:CS085563

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

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62, 5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

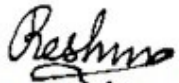
143, 1st Cross, 5th Block, Near Nagarjuna Hotel, Koramangala, Bengaluru

Patient Name : Mrs.VALLI N  
Age/Gender : 45 Y 5 M 27 D/F  
UHID/MR No : SKOR.0000205493  
Visit ID : SKOROPV310508  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 01:02PM  
Received : 18/Oct/2024 12:05PM  
Reported : 19/Oct/2024 01:02PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. 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 (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



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



SIN No: CS085563

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

#### Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,  
Begumpet, Hyderabad, Telangana - 500016

Address:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel,  
Koramangala, Bengaluru



From  
Valli.N  
Bank of baroda  
General checkup

Monday 21 Oct. 2024

To

The Apollo Spectra

Sub: Cancellation of opthal checkup due  
to unavailability of Scheduled time

I am Valli.N, Patient for  
General checkup, due to unavailability of  
doctor today, other appointment Scheduled  
but due to personal reasons, I can't  
able to attend the Scheduled checkup.

Thank you

Yours Sincerity  
Valli.N

Mrs. Valli 45/F

DM2

1. Avoid white rice, sugar, jaggery, honey, dates and artificial sweeteners.

— Brown Rice — 1 cup — weekly 2-3 times

2. Avoid starchy veg :- Potato / sweet potato / beet / carrot / corn / Tapioca.

3. fruits (✓) — Apple / Guava / Pear / Orange / Morambi / Berries / Anzado.

— No fruit juices

— Only 1 fruit/d

— Post bfast / Post lunch — fruit

(Amla Juice) ✓

— PA :- 30-40 min of brisk walking

— water intake — 2.5 L/d  
— 3

— Work on the portion sizes!

A/A 3 months = HbA1c, FBS/PPBS

HT :- 152 cms

WT - 71 kgs.

(BMI - 30.7 kg/m<sup>2</sup>)

K/O Hypothyroidism

✓ HbA1c - 6.2

FBS - 89

PPBS - 146

✓ Bulky ulcers + fibrosis of (USG findings)

— Working :- 10-6 pm.

— Non Veg

— Sex - Males.

— Sleep hours - 6-8 hours.

  
22/10/24

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Valli GSF on 21/10/24

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

	Tick
<ul style="list-style-type: none"> <li>• <input checked="" type="checkbox"/> Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <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"> <li>• Currently Unfit. Review after _____ recommended</li> <li>• Unfit</li> </ul>	

Dr. RAVISHANKAR

**Medical Officer**

**The Apollo Spectra, Koramangala**

**APOLLO SPECTRA HOSPITALS**  
(A Unit of Apollo Spectra Hospitals Pvt. Ltd.)  
 Opus, 143, 1st Cross, 5th Block,  
 Koramangala, Bangalore - 560 034, India  
 Tel: +91 804348555, Fax: +91 8043485556

Date : 21/10/24  
 MRNO : 205498  
 Name : Ms. Valli N  
 Age / Gender : 45 / F  
 Mobile No :

Department :  
 Consultant : Dr. Ravi  
 Reg. No : KMC106,430  
 Qualification :  
 Consultation Timing :

Pulse :	B.P. : 113/73 mm/Hg	Resp :	Temp :
Weight : 71.1kg	Height : 152 cm	BMI : 30.7	Waist Circum :

General Examination / Allergies History

Hb - 11.3  
 HbA1C - 6.2  
 mic acid - 6.9  
 H/O Hypothyroidism  
 TSH - 2.2  
 - Referred to OB/Gyn opinion.  
 - TSH every 6 months

Clinical Diagnosis & Management Plan

Adm  
 ① DT-Sovil 1-0-0 x 30 days  
 A/F  
 ② T. Thyronam 1-0-0  
 somey  
 (empty stomach)  
 - Avoid Maida, white Rice & Sugar & non veg  
 - Brisk walking 30min. daily.  
 - Repeat CBC, HbA1C & mic acid after 3 months & urine  
 PV

Follow up date:

Doctor Signature

<b>Patient Name</b>	: Mrs. Valli N	<b>Age/Gender</b>	: 45 Y/F
<b>UHID/MR No.</b>	: SKOR.0000205493	<b>OP Visit No</b>	: SKOROPV310508
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 17-10-2024 10:40
<b>LRN#</b>	: RAD2426251	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 177888		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

**Impression:** Essentially Normal Study.

**Dr. ABID HUSSAIN GULLENPET**  
MBBS, DMRD, FRCR  
Radiology

**\* Restorative Procedures**

**\* Root Canal Treatment**

**\* Teeth replacement**

**\* Oral Surgery**

**\* Preventive Dentistry**

**\* Orthodontics / Braces**

**\* Dental Implants**

**\* Pedodontics**

**\* Esthetics and Smile design**

**\* Periodontics**

**\* Veneers**

**\* Tooth jewellery**

Mr Valli M 45+1a

26/10/2021

TMJ → HAD

Hard Tissue →

Soft Tissue → Glucosyl stau

DC 17, 25, 26, 27 (36 DDC)  
 38, 48, 47, 46

Inu

OPG.

myra

R<sub>1</sub>

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

AYNPV2831P

नाम/ Name  
VALLIN

पिता का नाम/ Father's Name  
NARAYANASWAMY

जन्म की तारीख/ Date of Birth  
20/04/1979

valli N  
हस्ताक्षर/ Signature



23/10/2017

इस कार्ड के खोने / पाने पर कृपया सूचित करें / लौटएं:  
आयकर पैन सेवा इकाई, एन एस डी एल  
5 वीं मंजिल, मन्त्री स्टर्लिंग, प्लॉट नं. 341, सर्वे नं. 997/8,  
मॉडल कालोनी, दीप बंगला चौक के पास,  
पुणे - 411 016.

If this card is lost / someone's lost card is found,  
please inform / return to :  
Income Tax PAN Services Unit, NSDL  
5th floor, Mantri Sterling,  
Plot No. 341, Survey No. 997/8,  
Model Colony, Near Deep Bungalow Chowk,  
Pune - 411 016.

Tel: 91-20-2721 8080, Fax: 91-20-2721 8081  
e-mail: timinfo@nsdl.co.in

valli N



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ವಲ್ಲಿ ಎನ್  
Valli N  
ಜನ್ಮ ದಿನಾಂಕ/DOB: 20/04/1979  
ಪ್ರಿ/FEMALE

Issue Date: 30/12/2013

7298 9844 6974

VID : 9100 3043 9386 1360

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು

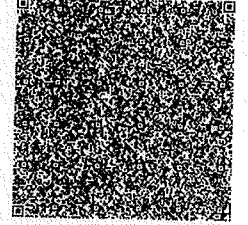


ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India



Download Date: 11/04/2023

ವಿಳಾಸ:  
ವೇಲುಮುರುಗನ್ ಜೀ, 72 ಮಹಾವೀರ ನಿವಾಸ, 2ನೇ  
ಫ್ಲೋರ್ 2ನೇ ಮುಖ್ಯ ರಸ್ತೆ 3ನೇ ಬೀದಿ ಆಡ್, ಎಸ್ ಬಿ  
ಎಮ್ ಶಾಲೆಯ ಸುತ್ತ, ಚಾಮುಂಡೇಶ್ವರಿ ನಗರ ಲಗ್ಗೆರೆ,  
ಬೆಂಗಳೂರು ಉತ್ತರ, ಬೆಂಗಳೂರು,  
ಕರ್ನಾಟಕ - 560058



Address:  
W/O, Velumurugan G, 72 Mahaveer Nivas, 2nd  
Floor 2nd Main Road 3rd B Cross, Near S B M  
School, Chamundeshwari Nagara Laggere,  
Bangalore North, Bengaluru,  
Karnataka - 560058

7298 9844 6974

VID : 9100 3043 9386 1360

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



<b>Pt. Name: MRS. VALLI N</b>	<b>MR. NO 205493</b>	<b>Age/Sex: 45 Y / F</b>
<b>Ref By: DR. H.C</b>		<b>Date: 17 - 10 - 2024</b>

### ULTRASOUND ABDOMEN AND PELVIS

- LIVER:** Normal in size measures 13.8 cms, and normal in echotexture. No focal lesion is seen. No IHBR dilatation is seen. Portal vein and CBD are normal.
- GALL BLADDER:** Is well distended with normal wall thickness. No pericholecystic collection is seen. No intraluminal content or calculi are seen.
- PANCREAS:** Normal in size and echotexture. No focal lesion is seen. Peri-pancreatic fat planes are well preserved
- SPLEEN:** Normal in size measures 8.4 cms and normal in echotexture. No focal lesion is seen. Splenic vein is normal.
- KIDNEYS:** Right Kidney measures 9.9 x 1.1 cms, Left Kidney measures 10.2 x 1.1 cms. Both kidneys are normal in size, shape, position, contour and echotexture. Cortico-medullary differentiation is well maintained. No calculi / hydronephrosis are seen.
- URINARY BLADDER:** Is well-distended with normal wall thickness. No intraluminal content or calculi are seen.
- UTERUS:** **Bulky in size measures 8.1 x 5.5 x 7.7 cms, ET: 7.0 mm. Shows fibroid in anterior wall measuring 4.2 x 2.1 cm.**
- OVARIES:** RO measures 2.7 x 2.6 cms. LO measures 2.5 x 2.4 cms. Both ovaries are normal in size and echotexture. No focal lesion is seen.

Both the adnexa are clear. No lymphadenopathy or ascites are seen.

---

**IMPRESSION: BULKY UTERUS WITH FIBROID.**

---

Thanks for reference.

  
**DR. ABID HUSSAIN**  
M.B.B.S., D.M.R.D., F.R.C.R(LOND)  
CONSULTANT RADIOLOGIST



बैंक ऑफ बड़ोदा Bank of Baroda



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. N VALLI
EC NO.	177888
DESIGNATION	CUSTOMER SERVICE ASSOCIATE
PLACE OF WORK	BANGALORE, SUBRAMANYA NAGAR
BIRTHDATE	20-04-1979
PROPOSED DATE OF HEALTH CHECKUP	17-10-2024
BOOKING REFERENCE NO.	24D177888100116536E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **08-10-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM & Marketing Department**  
**Bank of Baroda**



(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

Customer Pending with ophthal physician and diet client is coming on 21-10-2024

**2D ECHOCARDIOGRAPHY REPORT**

<b>NAME</b>	<b>MRS. VALLI N</b>		<b>DATE:17/10/2024</b>
<b>AGE</b>	<b>45YRS</b>	<b>KRM NUMBER</b>	
<b>GENDER</b>	<b>FEMALE</b>	<b>REFERRED BY</b>	

**DIMENSIONS:**

<b>AORTA: 2.7cms</b>	<b>IVSD: 1.03 cms</b>	<b>LVDd: 4.2cms</b>	<b>LVPWD :1.02 cms</b>
<b>LA : 3.0cms</b>	<b>IVSS : 1.10 cms</b>	<b>LVDs: 3.0cms</b>	<b>LVPWS:1.16cms</b>
<b>EF : 60%</b>			<b>EDV : 89 ML</b>
			<b>ESV :36ML</b>

**VALVES:**

**MITRAL : NORMAL.**  
**TRICUSPID : NORMAL.**  
**AORTIC : NORMAL**  
**PULMONARY : NORMAL.**

**2D – ECHO:**

**IAS : Intact.**  
**IVS : Intact.**  
**RA : Normal.**  
**RV : Normal.**  
**LA : NORMAL.**  
**LV : NORMAL**  
**IVC, AORTA AND PULMONARY ARTERY: NORMAL.**  
**PERICARDIUM : NORMAL.**

**DOPPLER DAT**

**Mitral valve : E-0.5M/sec A-0.7m/sec,**  
**Tricuspid valve : NO TR**  
**Aortic valve : V max –1.0 m /sec**  
**Pulmonary valve : NO PR.**

**FINAL IMPRESSION:**

**NORMAL CHAMBERS AND DIMESNIONS**  
**NO LV REGIONAL WALL MOTION ABNORMALITIES AT REST**  
**NORMAL LV & RV SYSTOLIC FUNCTION, EF- 60%**  
**GRADE I DIASTOLIC DYSFUNCTION**  
**NO PERICARDIAL EFFUSION/CLOT/ VEGETATION.**

  
**DR. MOHAN MURALI**  
**Consultant Cardiologist**

17/10/24

M/C

Ms Valli 45yo

No gynae complaint

mm. irr-regular menses 30/9

OBG - P. 4 P. 0 D. 0

Post op Hypothyroid on 50 mcg

Family H-emolysis - 200

O/E. P/A soft

P/S Cx | ⊖ lactates

vagina

PV - ut bulky

L

Customer Pending with papsure report it will take 3 to 4 days



Patient Name : Mrs.VALLI N  
 Age/Gender : 45 Y 5 M 27 D/F  
 UHID/MR No : SKOR.0000205493  
 Visit ID : SKOROPV310508  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177888



Collected : 17/Oct/2024 08:15AM  
 Received : 17/Oct/2024 08:44AM  
 Reported : 17/Oct/2024 10:04AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs shows anisopoikilocytosis. Anisocytes seen are predominantly microcytic hypochromic RBC's. Poikilocytes seen are elliptocytes.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

**IMPRESSION:MICROCYTIC HYPOCHROMIC ANEMIA**

*Anushree R*

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

SIN No:BED240238950





Patient Name : Mrs.VALLI N  
 Age/Gender : 45 Y 5 M 27 D/F  
 UHID/MR No : SKOR.0000205493  
 Visit ID : SKOROPV310508  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177888



Collected : 17/Oct/2024 08:15 AM  
 Received : 17/Oct/2024 08:44 AM  
 Reported : 17/Oct/2024 10:04 AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	11.3	g/dL	12-15	Spectrophotometer
PCV	36.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.59	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	64	fL	83-101	Calculated
MCH	20.2	pg	27-32	Calculated
MCHC	31.5	g/dL	31.5-34.5	Calculated
R.D.W	16.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	72	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4320	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1440	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	60	Cells/cu.mm	20-500	Calculated
MONOCYTES	180	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3		0.78- 3.53	Calculated
PLATELET COUNT	283000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westergren

**PERIPHERAL SMEAR**

RBCs shows anisopoikilocytosis. Anisocytes seen are predominantly microcytic hypochromic RBC's. Poikilocytes seen are elliptocytes.

WBCs are normal in number with normal distribution and morphology.

*Anushree R*

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



SIN No:BED240238950





Patient Name : Mrs.VALLI N  
Age/Gender : 45 Y 5 M 27 D/F  
UHID/MR No : SKOR.0000205493  
Visit ID : SKOROPV310508  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177888



Collected : 17/Oct/2024 08:15AM  
Received : 17/Oct/2024 08:44AM  
Reported : 17/Oct/2024 10:04AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

Platelets are adequate.

No hemoparasites or abnormal cells seen.

**IMPRESSION:MICROCYTIC HYPOCHROMIC ANEMIA**

*Anushree R*

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

SIN No:BED240238950





Patient Name : Mrs.VALLI N  
 Age/Gender : 45 Y 5 M 27 D/F  
 UHID/MR No : SKOR.0000205493  
 Visit ID : SKOROPV310508  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177888



Collected : 17/Oct/2024 08:15AM  
 Received : 17/Oct/2024 08:44AM  
 Reported : 17/Oct/2024 10:04AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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

*Anushree R*

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

SIN No:BED240238950





Patient Name : Mrs.VALLI N  
 Age/Gender : 45 Y 5 M 27 D/F  
 UHID/MR No : SKOR.0000205493  
 Visit ID : SKOROPV310508  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 11:01AM  
 Received : 17/Oct/2024 11:15AM  
 Reported : 17/Oct/2024 11:33AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED



DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	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 > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	146	mg/dL	70-140	GOD - POD

Result is rechecked.

**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.

*Anushree R*

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

SIN No:PLP1487100





Patient Name : Mrs.VALLI N  
 Age/Gender : 45 Y 5 M 27 D/F  
 UHID/MR No : SKOR.0000205493  
 Visit ID : SKOROPV310508  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:15AM  
 Received : 17/Oct/2024 01:10PM  
 Reported : 17/Oct/2024 03:14PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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

*Govinda Raju N L*

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

*Priya Murthy*

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



SIN No:EDT240092883

Patient Name : Mrs.VALLI N  
 Age/Gender : 45 Y 5 M 27 D/F  
 UHID/MR No : SKOR.0000205493  
 Visit ID : SKOROPV310508  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:15AM  
 Received : 17/Oct/2024 08:44AM  
 Reported : 17/Oct/2024 10:05AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	141	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	117	mg/dL	<150	
HDL CHOLESTEROL	60	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	81	mg/dL	<130	Calculated
LDL CHOLESTEROL	57.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.35		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.02		<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

*Anushree R*

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

SIN No:SE04836344



Patient Name : Mrs.VALLI N  
 Age/Gender : 45 Y 5 M 27 D/F  
 UHID/MR No : SKOR.0000205493  
 Visit ID : SKOROPV310508  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:15AM  
 Received : 17/Oct/2024 08:44AM  
 Reported : 17/Oct/2024 10:05AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	70.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.7-8.3	BIURET
ALBUMIN	3.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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:\*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.

*Anushree R*

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





Patient Name : Mrs.VALLI N  
 Age/Gender : 45 Y 5 M 27 D/F  
 UHID/MR No : SKOR.0000205493  
 Visit ID : SKOROPV310508  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:15AM  
 Received : 17/Oct/2024 08:44AM  
 Reported : 17/Oct/2024 10:05AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED



DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.42	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	23.10	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>6.90</b>	mg/dL	3.0-5.5	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.00	g/dL	6.7-8.3	BIURET
ALBUMIN	3.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated

Result is rechecked.

*Anushree R*

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

SIN No:SE04836344





Patient Name : Mrs.VALLI N  
 Age/Gender : 45 Y 5 M 27 D/F  
 UHID/MR No : SKOR.0000205493  
 Visit ID : SKOROPV310508  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:15AM  
 Received : 17/Oct/2024 08:44AM  
 Reported : 17/Oct/2024 10:05AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	16-73	Glycylglycine Kinetic method

*Anushree R*

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

SIN No:SE04836344







Patient Name : Mrs.VALLI N  
 Age/Gender : 45 Y 5 M 27 D/F  
 UHID/MR No : SKOR.0000205493  
 Visit ID : SKOROPV310508  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:10AM  
 Received : 17/Oct/2024 01:10PM  
 Reported : 17/Oct/2024 02:07PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.1	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.245	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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

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



SIN No:SPL24143830



Patient Name : Mrs.VALLI N  
 Age/Gender : 45 Y 5 M 27 D/F  
 UHID/MR No : SKOR.0000205493  
 Visit ID : SKOROPV310508  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:16 AM  
 Received : 17/Oct/2024 01:16 PM  
 Reported : 17/Oct/2024 02:07 PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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

SIN No:SPL24143830

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





Patient Name : Mrs.VALLI N  
 Age/Gender : 45 Y 5 M 27 D/F  
 UHID/MR No : SKOR.0000205493  
 Visit ID : SKOROPV310508  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:15AM  
 Received : 17/Oct/2024 10:05AM  
 Reported : 17/Oct/2024 11:17AM  
 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 - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	5 - 6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy
OTHERS	ABSENT			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.

*Anushree R*

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

SIN No:UR2416697





Patient Name : Mrs.VALLI N  
 Age/Gender : 45 Y 5 M 27 D/F  
 UHID/MR No : SKOR.0000205493  
 Visit ID : SKOROPV310508  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177888

Collected : 17/Oct/2024 08:15AM  
 Received : 17/Oct/2024 10:05AM  
 Reported : 17/Oct/2024 11:17AM  
 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 - FY2324**

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

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

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

Result/s to Follow:  
LBC PAP SMEAR

*Anushree R*

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

SIN No:UF012134





Patient Name : Mrs.VALLI N  
Age/Gender LIVES : 45 Y 5 M 27 D/F  
UHID/MR No : SKOR.0000205493  
Visit ID : SKOROPV310508  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177888



Collected : 17/Oct/2024 08:15 AM  
Received : 17/Oct/2024 10:05 AM  
Reported : 17/Oct/2024 11:17 AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. 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 (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

*Anushree R*

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

SIN No: UF012134



ID: 205493

17-10-2024 09:13:32

mrs valli n

Female 45Years

Req. No. :

Diagnosis Information:

Sinus Rhythm

Nonspecific T wave abnormality(II,III,aVF,V3,V4,V5,V6)

HR : 82 bpm

P : 113 ms

PR : 133 ms

QRS : 91 ms

QT/QTcBz : 365/428 ms

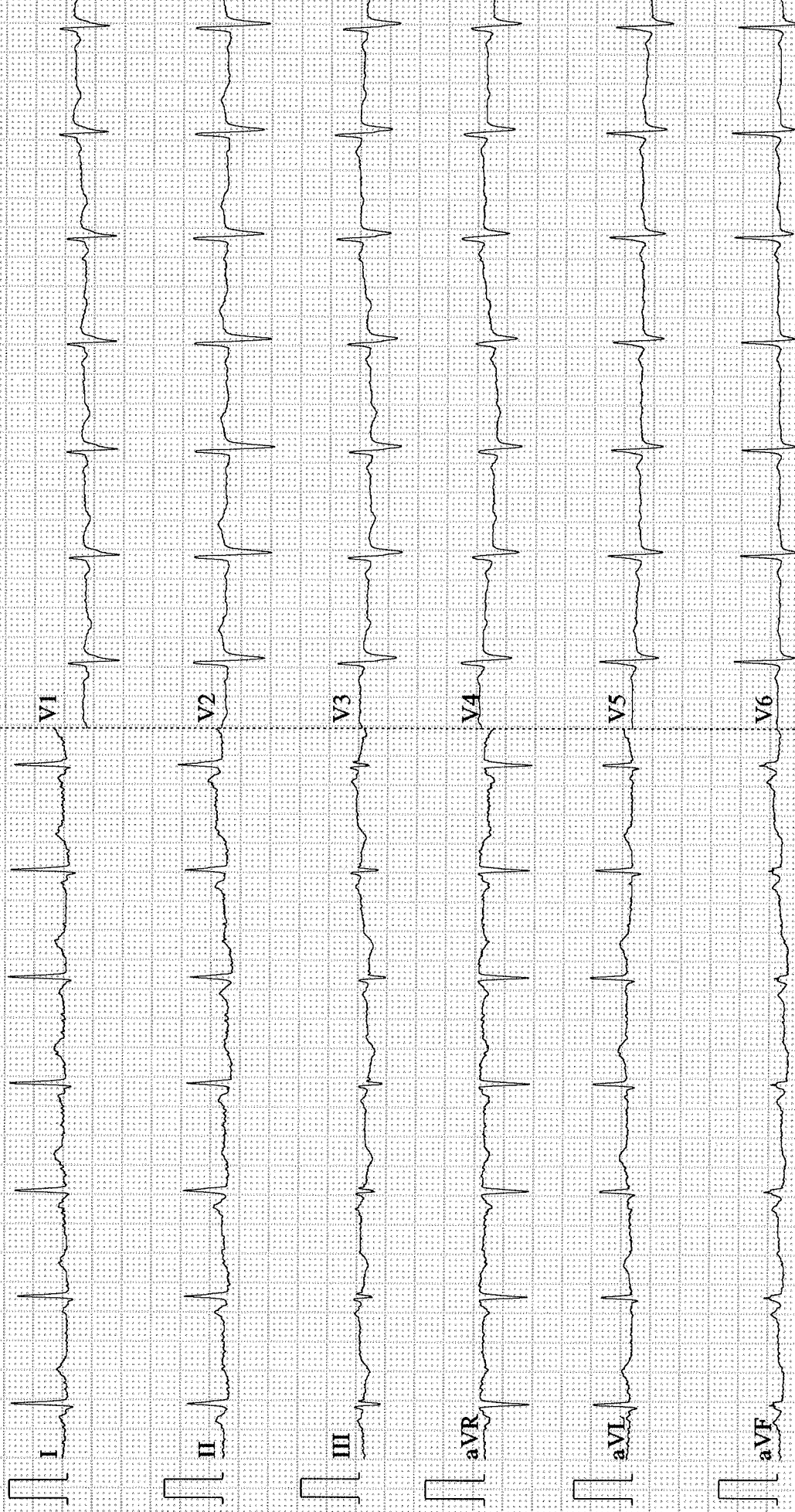
P/QRS/T : 62/23/-23 °

RV5/SV1 : 0.600/0.527 mV

BP - 113/73 mmHg

*pr*

Report Confirmed by:



<b>Pt. Name: MRS. VALLI N</b>	<b>MR. NO 205493</b>	<b>Age/Sex: 45 Y / F</b>
<b>Ref By: DR. H.C</b>		<b>Date: 17 - 10 - 2024</b>

**SONOMAMMOGRAPHY OF BOTH BREASTS**

Both the breasts show normal parenchymal and stromal architecture.

No evidence of SOL seen. No evidence of cyst seen. No calcifications seen.

No duct dilatation or increased vascularity.

The subcutaneous and retro mammary areas are normal.

The mammary lobules, surrounding connective tissue are normal.

No evidence of axillary lymphadenopathy on either side.

---

**IMPRESSION: NORMAL STUDY - BIRADS - I**

---

**BIRADS - BREAST IMAGING REPORTING AND DATA SYSTEM**

- BIRADS Category 0 - Assessment incomplete. Need additional imaging evaluation.
- BIRADS Category 1 - Negative. Routine mammogram in one year recommended.
- BIRADS Category 2 - Benign finding. Routine mammogram in one year recommended.
- BIRADS Category 3 - Probably Benign finding. Short interval follow-up Suggested.
- BIRADS Category 4 - Suspicious for Malignancy. Biopsy should be considered.
- BIRADS Category 5 - Highly suggestive of Malignancy. Appropriate action should be taken.
- BIRADS Category 6 - Known Biopsy proven Malignancy.



**DR. ABID HUSSAIN**  
**M.B.B.S., D.M.R.D., F.R.C.R(LOND)**  
**CONSULTANT RADIOLOGIST**

Patient Name	: Mrs. Valli N	Age	: 45 Y F
UHID	: SKOR.0000205493	OP Visit No	: SKOROPV310508
Reported on	: 17-10-2024 10:40	Printed on	: 17-10-2024 10:40
Adm/Consult Doctor	:	Ref Doctor	: SELF

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

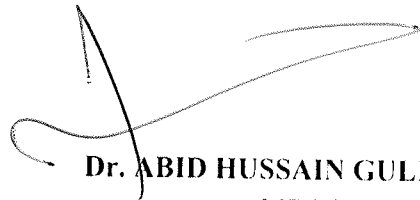
Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

**Impression:** Essentially Normal Study.

Printed on: 17-10-2024 10:40

---End of the Report---



**Dr. ABID HUSSAIN GULLENPET**  
MBBS, DMRD, FRCR  
Radiology



**Dr. Manaswini Ramachandra, MBBS, MS (ENT)**  
Consultant ENT and Head & Neck Surgeon  
Fellowship in Endoscopic Sinus Surgery  
Trained in Allergy (AASC)  
Email : manaswiniramachandra@gmail.com

Max. VALLI  
u

17-10-24.

① ear block + rotary discharge  
(1 month back)

W/O of  
① ear sy.

O/O:  
u

② CSOM  
+ fungal infection (ear)



R  
u

① Keep ear dry - X.

② CANDIBIOTIC ear drops 2<sup>o</sup> - 2<sup>o</sup> - 2<sup>o</sup>  
+ 10g.

③ R/A 10g.



बैंक ऑफ बरोडा  
Bank of Baroda



नाम  
Name  
वल्ली एन  
Valli N  
E.C. No. 177888

*Valli N*

जारीकर्ता प्राधिकारी  
Issuing Authority

बॉस & मॅनेजर  
Secretary of Police

बैंक ऑफ बरोडा, बरोडा कॉर्पोरेट सेंटर  
बैंक ऑफ बरोडा, बरोडा कॉर्पोरेट सेंटर  
C-28, G Block, Bandra-Kurla Complex, मुंबई - ४०० ०५१, भारत  
फोन : ११ २२ २६५२ ५११६

If found, please return to:  
The General Manager (Security)  
Bank of Baroda, Baroda Corporate Centre  
C-28, G Block, Bandra-Kurla Complex  
Mumbai-400 051, India  
Phone: 91 22 2652 5196 Fax: 91 22 2652 5747

Blood Group  
Identification Marks  
**B+ve**  
**A Black Mole on Left Hand**  
**A Black Mole on Left Arm**

*Valli N*