

Patient Name	: Ms.SAMAL RASHMI	Collected	: 09/Nov/2024 09:10AM
Age/Gender	: 44 Y 10 M 2 D/F	Received	: 09/Nov/2024 04:15PM
UHID/MR No	: CSAR.0000146276	Reported	: 09/Nov/2024 05:45PM
Visit ID	: CSAROPV361559	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34539		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.9	g/dL	12-15	Spectrophotometer
PCV	33.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.34	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	63.5	fL	83-101	Calculated
MCH	20.3	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	16.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,110	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	68.3	%	40-80	Electrical Impedance
LYMPHOCYTES	21.2	%	20-40	Electrical Impedance
EOSINOPHILS	3	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6222.13	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1931.32	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	273.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	655.92	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.33	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.22		0.78- 3.53	Calculated
PLATELET COUNT	320000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	89	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: Show mild anisocytosis with Microcytic hypochromic RBCs. Tear drop cells, microcytes and pencil cells seen

WBCs: are normal in total number with normal distribution and morphology.

Dr.Rajalakshmi D
M.B.B.S,M.D
Consultant Pathologist

Dr.Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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Visit ID : CSAROPV361559	Status : Final Report
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Emp/Auth/TPA ID : 22E34539	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	70-100	HEXOKINASE

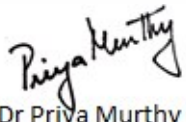
Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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



Patient Name : Ms.SAMAL RASHMI	Collected : 09/Nov/2024 01:55PM
Age/Gender : 44 Y 10 M 2 D/F	Received : 09/Nov/2024 05:26PM
UHID/MR No : CSAR.0000146276	Reported : 09/Nov/2024 06:37PM
Visit ID : CSAROPV361559	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34539	

DEPARTMENT OF BIOCHEMISTRY

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

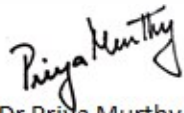
Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	108	mg/dL	70-140	HEXOKINASE

Comment:

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



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



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



SIN No: SAR241100544

Apollo Health and Lifestyle Limited

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

APOLLO HEALTH AND LIFESTYLE LIMITED - RRL BANGALORE

APOLLO CLINIC'S NETWORK

Telangana: Hyderabad | AS Rao Nagar | Chanda Nagar | Korlaga | Falakurba | Hyderabad | Varadola | Upper | Andhra Pradesh: Mangalagiri | Karnataka: Bangalore | East Bengal: Solanika | Electronics City | Traver Town | HR Layout | India

Other Pradesh: Chandigarh | Gujarat: Ahmedabad | Kerala: Kochi | Karnataka: Bangalore | Maharashtra: Mumbai | Madhya Pradesh: Indore | Odisha: Bhubaneswar | Punjab: Ludhiana | Rajasthan: Jaipur | Tamil Nadu: Chennai | West Bengal: Kolkata | Uttar Pradesh: Lucknow | India

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Visit ID : CSAROPV361559	Status : Final Report
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Emp/Auth/TPA ID : 22E34539	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	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.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

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



SIN No: SAR241100449

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

APOLLO HEALTH AND LIFESTYLE LIMITED - 101E BANGALORE

APOLLO Health and Lifestyle Limited

Regd Office: 101E BANGALORE, Apollo Health and Lifestyle Limited, 101E BANGALORE, Bangalore, Karnataka, India. Phone: 080-4561 7777, Fax: 080-4561 7788

APOLLO CLINIC'S NETWORK

Telangana: Hyderabad | Andhra Pradesh: Vizag | Karnataka: Bangalore | Kerala: Kochi | Maharashtra: Mumbai | Odisha: Bhubaneswar | West Bengal: Kolkata | Gujarat: Gandhinagar | Tamil Nadu: Chennai | Punjab: Ludhiana | Haryana: Faridkot | Rajasthan: Jaipur | Uttar Pradesh: Lucknow | Bihar: Patna | Jharkhand: Ranchi | Assam: Dispur | West Bengal: Kolkata | Odisha: Bhubaneswar | Maharashtra: Mumbai | Karnataka: Bangalore | Andhra Pradesh: Vizag | Telangana: Hyderabad | Gujarat: Gandhinagar | Tamil Nadu: Chennai | Punjab: Ludhiana | Haryana: Faridkot | Rajasthan: Jaipur | Uttar Pradesh: Lucknow | Bihar: Patna | Jharkhand: Ranchi | Assam: Dispur

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	175	mg/dL	<200	CHO-POD
TRIGLYCERIDES	79	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	107.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.36		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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

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



SIN No: SAR241100445

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	118.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.14	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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 diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Patten:*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.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.62	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	29.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.42	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.13	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.14	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated

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

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	<38	IFCC

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



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.6	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	15.4	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<0.01	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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

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

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



SIN No: SAR241100444

Patient Name : Ms.SAMAL RASHMI	Collected : 09/Nov/2024 09:10AM
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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Govinda Raju
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: SAR241100444

Patient Name : Ms.SAMAL RASHMI	Collected : 09/Nov/2024 01:50PM
Age/Gender : 44 Y 10 M 2 D/F	Received : 10/Nov/2024 02:29PM
UHID/MR No : CSAR.0000146276	Reported : 12/Nov/2024 04:47PM
Visit ID : CSAROPV361559	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CYTOLOGY

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

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	24576/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

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

Result/s to Follow:
PERIPHERAL SMEAR

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



SIN No: SAR241100543

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

Regd. Office: 102/202, Anand Nagar, Rajaganga 4th Cross, Rajanganga, Hyderabad, Telangana - 500016 | www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, Ph: No: 040-6661 7777, Fax No: 4661 7766

APOLLO CLINIC'S NETWORK

Telangana: Hyderabad (45 Rao Nagar) | Chandigarh (Sector 22) | Karnataka: Bangalore (Banashankari) | Kerala: Kochi (Palarivayal) | Maharashtra: Mumbai (Bandra) | Odisha: Bhubaneswar (Bhubaneswar) | West Bengal: Kolkata (Salt Lake) | Andhra Pradesh: Hyderabad (Banjara Hills) | Gujarat: Ahmedabad (Vastrapur) | Haryana: Gurgaon (Sector 14) | Rajasthan: Jaipur (Malviya Nagar) | Uttar Pradesh: Lucknow (Sector 10) | Punjab: Chandigarh (Sector 22) | Himachal Pradesh: Shimla (Sector 10) | Jammu & Kashmir: Srinagar (Sector 10) | Jharkhand: Ranchi (Sector 10) | Bihar: Patna (Sector 10) | Assam: Dispur (Sector 10) | Arunachal Pradesh: Itanagar (Sector 10) | Manipal: Imphal (Sector 10) | Mizoram: Aizawl (Sector 10) | Nagaland: Kohima (Sector 10) | Tripura: Agartala (Sector 10) | Meghalaya: Shillong (Sector 10) | Assam: Dispur (Sector 10) | Arunachal Pradesh: Itanagar (Sector 10) | Manipal: Imphal (Sector 10) | Mizoram: Aizawl (Sector 10) | Nagaland: Kohima (Sector 10) | Tripura: Agartala (Sector 10) | Meghalaya: Shillong (Sector 10)



Patient Name	: Ms. SAMAL RASHMI	Age	: 44Yrs 10Mths 3Days
UHID	: CSAR.0000146276	OP Visit No.	: CSAROPV361559
Printed On	: 09-11-2024 10:12 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E34539		

DEPARTMENT OF RADIOLOGY

ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER : Normal in size & echotexture normal. No focal lesion. No intra hepatic biliary duct dilatation. Portal & hepatic veins appear normal. PV: Normal. CBD: Normal.

GALL BLADDER : Completely contracted (post prandial).

PANCREAS : Obscured by bowel gas. However the visualized parts of the pancreas appear grossly normal. Para-Aortic areas could not be seen.

SPLEEN : Normal in size & echotexture normal. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY : 10.2 x 4.2 cms, LEFT KIDNEY : 9.6 x 4.7 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture. No calculi.

No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Normal in wall thickness and lumen are normal. Contents clear. No calculus seen.

UTERUS : Anteverted. Bulky in size and echotexture. Endometrial thickness: 8 mm. POD – clear.

OVARIES : Both ovaries are normal in size & echopattern. No obvious mass noted.

IMPRESSION : 1. Few fibroids seen in uterus largest measuring 1.7 x 1.3 cm.

2. Uterus Bulky in size.

3. Gall bladder completely contracted (post prandial).

(The sonography findings should always be considered in correlation with the clinical and other investigation findings where applicable). It is only a professional opinion. Not valid for medico-legal purpose) Higher imaging techniques to be done, depending on the condition of the patient, if clinically needed.

---End Of The Report---



Dr. RAMESH G
MBBS, DMRD
27462
Radiology



Patient	Ms. SAMAL RASHMI	Appt ID	CSARAPT6477
Age/Gender	44Y Female	Consult Date	14 Nov 2024
UHID	CSAR.0000146276	Order Bill ID	CSAR-OCR-49777
		Visit Display ID	CSAROPV361559

VITALS

Weight : 68Kgs	Height : 171Cms
Pulse : 69 BPM	Spo2 : 98%
BP : 120 / 78 MmHg	Respiratory Rate : 22 BPM
Temperature : 98.6 °F	

Apollo Health and Lifestyle Limited

(CIN-U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7* Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

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Patient Name	: Ms. SAMAL RASHMI	Age	: 44Yrs 10Mths 3Days
UHID	: CSAR.0000146276	OP Visit No.	: CSAROPV361559
Printed On	: 09-11-2024 10:12 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E34539		

DEPARTMENT OF RADIOLOGY

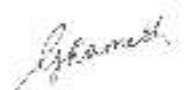
CHEST PA VIEW

Trachea central.
Mediastinum is central.
Cardiac silhouette appear normal.
visualized lung fields appear normal.
Bilateral hilum appear normal.
CP angles are clear.

IMPRESSION : No obvious gross abnormality noted in the x-ray.

ADVICE : Higher imaging techniques to be done, if clinically needed, depending on the clinical condition of the patient for further evaluation.

---End Of The Report---



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Breast Health Report

Thermalytix® 180

Patient ID: CSAR_146276

General Details

Name:	Samal Rashmi	Centre:	Apollo Clinic Sarjapur
Age:	44	Report Generation Date:	Nov 9, 2024, 11:07 AM
Gender:	Female	Scan Date:	Nov 9, 2024, 10:30 AM

Clinical Details


LMP:	09/10/2024	Hormone Therapy:	None.
Pregnant/Lactating:	No.	Number of children breast-fed:	1
Patient Complaints:	None		
Cancer History:	No patient cancer history. No family cancer history.		
Surgeries:	None		

Thermalytix Scores

Body Temperature:	27.10 °C to 33.86 °C		
Hotspot Score:	0.08	Hotspot Symmetry:	100 %
Areolar Score:	0.02	Areolar Symmetry:	100 %
Vascular Score:	0.17	Ensemble Score:	0.03
B Score:	1		

Thermal Analysis

Thermal Parameters	Right Breast	Left Breast
Number of Hotspots	0	0
Extent	N/A	N/A
Hotspot Shape	N/A	N/A
Temperature	N/A	N/A
Areolar Hotspot Detected	No	No
Lump Detected	N/A	N/A



Dr. K.V. ADHIKARI MBBS DMRD MCh.
 Sr. Consultant, Breast Imaging
 Apollo Hospitals

Disclaimer: Thermalytix® does not replace mammography or any other anatomical imaging test. It is not intended for use by individuals for self-diagnosis or for self-evaluation. This report requires clinical correlation and should be presented to a Qualified Healthcare Professional to determine the nature of the appropriate follow-up and course of action/evaluation.

Breast Health Report
Thermalytix® 180Patient ID: CSAR_146276

Impression

Right Breast No focal thermal increase is seen. No significant thermal pattern is seen.

Left Breast No focal thermal increase is seen. Warm thermal pattern is noted.

Recommendation

Normal Thermal Scan


Dr. H.V. RAMPRAKASH MBBS, DMRD, MD.
CI. Thermography (ACCT, USA)
IMAGING SPECIALISTWrite to support@niramai.com for detailed report. Additional charges may apply.

Breast Health Report

Thermalytix® 180

Patient ID: CSAR_146276




About Niramai

Indication of Use :

Thermalytix® is a medical device intended to be used for screening and early diagnosis of breast cancer in women above 18 years in a hospital, healthcare practitioner facilities, or in an environment where patient care is provided by healthcare personnel. It can also be used as an adjunct to screening mammography or breast ultrasound. Women who are found to be suspicious for malignancy by Thermalytix® should be referred for a confirmatory diagnostic test. Primary diagnostic and patient management decisions are made by a qualified healthcare professional.

Intended Use :

Thermalytix® is a medical device for the detection of breast lesions with suspected malignancy. The device is intended to assist a trained healthcare professional in risk assessment, screening, and early diagnosis of breast cancer in both asymptomatic and symptomatic women.

-  No Touch
-  No Pain
-  No See
-  No Radiation

This report has been generated using novel algorithm developed by Niramai which uses artificial intelligence for quantitative analysis of thermal images.

NIRAMAI is a healthtech company with a mission to save lives by enabling early detection of breast cancer. Thermalytix® is an AI-based computer-aided diagnostic engine developed by Niramai that detects breast abnormalities in privacy aware manner.

Thermalytix® uses a high resolution thermal sensing device and an intelligent software solution for analysing thermal images for reliable, early and accurate breast cancer screening.

To know more about Thermalytix® <https://www.niramai.com/about/thermalytix/>

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