

यूनियन बैंक Union Bank
of India



नाम : कुसेमी सुजाता
Name : Kuseme Sujita
पदनाम : सहायक प्रबंधक
Designation : Assistant Manager
कर्मचारी सं / Employee No. : 646703
जन्म तिथि / Date of Birth : 14-05-1985
रक्त समूह / Blood Group : AB + ve

K. Sujita
हस्ताक्षर
Signature

MR
जारी कर्ता प्राधिकारी
Issuing Authority

From: K Sujita <suji_kusume@yahoo.co.in>
Sent: 08 March 2024 08:51
To: Asraonagar Apolloclinic
Subject: Fwd: Health Check up Booking Re Schedule Request(UBOIE4093),Package Code-PKG10000450, Beneficiary Code-309582

Sent from Android device

----- Forwarded message -----

From: Mediwheel <wellness@mediwheel.in>

Date: Mar 5, 2024 15:42

Subject: Health Check up Booking Re Schedule Request(UBOIE4093),Package Code-PKG10000450, Beneficiary Code-309582

To: suji_kusume@yahoo.co.in

Cc: customercare@mediwheel.in



011-41195959

Dear **SUJITA KUSEME**,

Your Health Checkup has been successfully rescheduled with the following details.

Hospital Package Name : Mediwheel Annual Health Checkup Female Starter

Patient Package Name : MediWheel Full Body Health Checkup Female 35 to 40

Name of Diagnostic/Hospital : Apollo Clinic - AS Rao Nagar

Address of Diagnostic/Hospital : A-12, # 1-9-71/A/12/B, Rishabh heights, above vodafone store, beside KFC, A S Rao Nagar, Hyderabad -500062

Booking Id : UBOIE4093

Appointment Date : 08-03-2024

Preferred Time : 8:30am-9:00am

Booking Status : Booking ReSchedule

Member Information

Booked Member Name	Age	Gender
SUJITA KUSEME	38 year	Female

Thanks,
Mediwheel Team

Please Download Mediwheel App



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Please visit to our [Terms & Conditions](#) for more informaion. [Click here to unsubscribe.](#)

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Patient Name : Mrs. SUJITA KUSEME Age : 38 Y/F
UHID : CASR.0000186324 OP Visit No : CASROPV221967
Reported By: : Dr. MRINAL . Conducted Date : 09-03-2024 14:57
Referred By : SELF

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 82 beats per minutes.
3. No pathological Q wave or ST changes seen.
4. Normal P,QRS waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL SINUS RHYTHM.

'T' INVERSIONS IN LIII.

TO CORRELATE CLINICALLY.

----- END OF THE REPORT -----

Dr. MRINAL .

Patient Name : Mrs. SUJITA KUSEME	Age/Gender : 38 Y/F
UHID/MR No. : CASR.0000186324	OP Visit No : CASROPV221967
Sample Collected on :	Reported on : 08-03-2024 13:07
LRN# : RAD2259867	Specimen :
Ref Doctor : SELF	
Emp/Auth/TPA ID : 646703	

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

Right kidney : 95x42mm **Left kidney : 100x44mm**

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

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

Uterus 51x43x38mm appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures **7mm**.

Right ovary : 24x22mm **Left ovary : 26x23mm**

Both ovaries are normal in size and shows randomly distributed immature follicles

Cervix mildly bulky

IMPRESSION:-Grade 1 Fatty Liver.

Both Ovaries Normal In Size And Shows Randomly Distributed Immature Follicles


Cervicitis Changes

Suggested clinical correlation and further evaluation if necessary .

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Patient Name : Mrs. SUJITA KUSEME

Age/Gender : 38 Y/F




Dr. PRAVEEN BABU KAJA
Radiology

Patient Name : Mrs.SUJITA KUSEME	Collected : 08/Mar/2024 09:08AM
Age/Gender : 38 Y 9 M 25 D/F	Received : 08/Mar/2024 02:45PM
UHID/MR No : CASR.0000186324	Reported : 08/Mar/2024 03:46PM
Visit ID : CASROPV221967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 646703	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.7	g/dL	12-15	Spectrophotometer
PCV	32.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.14	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	77.2	fL	83-101	Calculated
MCH	25.9	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,000	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.1	%	40-80	Electrical Impedence
LYMPHOCYTES	27.9	%	20-40	Electrical Impedence
EOSINOPHILS	1.1	%	1-6	Electrical Impedence
MONOCYTES	6.7	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6410	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2790	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	110	Cells/cu.mm	20-500	Calculated
MONOCYTES	670	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.3		0.78- 3.53	Calculated
PLATELET COUNT	368000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	23	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC- MICROCYTIC HYPOCHROMIC				
WBC WITHIN NORMAL LIMITS				


Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

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SIN No:BED240061203

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

Patient Name : Mrs.SUJITA KUSEME
Age/Gender : 38 Y 9 M 25 D/F
UHID/MR No : CASR.0000186324
Visit ID : CASROPV221967
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 646703

Collected : 08/Mar/2024 09:08AM
Received : 08/Mar/2024 02:45PM
Reported : 08/Mar/2024 03:46PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA
KINDLY CORRELATE WITH IRON STUDIES.



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Age/Gender : 38 Y 9 M 25 D/F	Received : 08/Mar/2024 02:45PM
UHID/MR No : CASR.0000186324	Reported : 08/Mar/2024 05:16PM
Visit ID : CASROPV221967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 646703	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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


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Age/Gender : 38 Y 9 M 25 D/F	Received : 08/Mar/2024 02:45PM
UHID/MR No : CASR.0000186324	Reported : 08/Mar/2024 03:39PM
Visit ID : CASROPV221967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 646703	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	118	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:

- 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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	169	mg/dL		Calculated

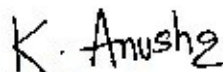
Comment:

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



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Dr. K. Anusha
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Consultant Biochemist



SIN No:EDT240027632

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DEPARTMENT OF BIOCHEMISTRY

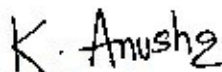
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Note: Dietary preparation or fasting is not required.

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



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Chromatogram Report

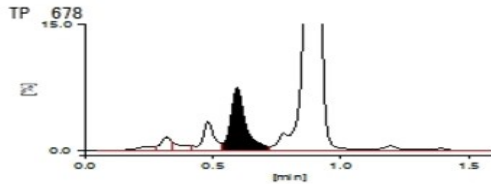
1 V5.28 1 2024-03-08 15:31:17
 ID EDT240027632
 Sample No. 03080122 SL 0002 - 03
 Patient ID
 Name
 Comment

GALIB			
Name	%	Time	Area
A1A	0.5	0.23	7.52
A1B	0.8	0.32	11.57
F	0.6	0.39	9.20
LA1C+	2.2	0.48	31.53
SA1C	7.5	0.60	86.61
AO	90.6	0.89	1318.27
H-V0			
H-V1			
H-V2			

Y = 1.1688X + 0.6532

Total Area 1464.70

HbA1c 7.5 % **IFCC 59 mmol/mol**
HbA1 8.8 % **HbF 0.6 %**



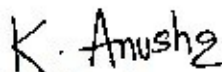
08-03-2024 15:31:17 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

1 / 1



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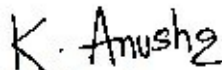
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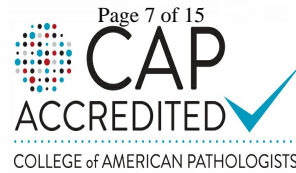
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



Dr. RAJESH BATTINA
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Patient Name : Mrs.SUJITA KUSEME	Collected : 08/Mar/2024 09:08AM
Age/Gender : 38 Y 9 M 25 D/F	Received : 08/Mar/2024 02:59PM
UHID/MR No : CASR.0000186324	Reported : 08/Mar/2024 04:30PM
Visit ID : CASROPV221967	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	156	mg/dL	<200	CHO-POD
TRIGLYCERIDES	138	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	87.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.80		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

Maruthi
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.45	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.35	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	60.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.38	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.28	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		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's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

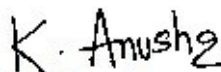
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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



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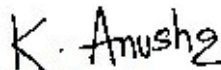
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	20.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.75	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.27	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.38	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.28	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated



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



Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist



Patient Name : Mrs.SUJITA KUSEME	Collected : 08/Mar/2024 09:08AM
Age/Gender : 38 Y 9 M 25 D/F	Received : 08/Mar/2024 02:59PM
UHID/MR No : CASR.0000186324	Reported : 08/Mar/2024 04:30PM
Visit ID : CASROPV221967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 646703	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.00	U/L	<38	IFCC

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

K. Anusha
Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist

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Patient Name : Mrs.SUJITA KUSEME	Collected : 08/Mar/2024 09:08AM
Age/Gender : 38 Y 9 M 25 D/F	Received : 08/Mar/2024 02:57PM
UHID/MR No : CASR.0000186324	Reported : 08/Mar/2024 05:02PM
Visit ID : CASROPV221967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 646703	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.74	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.688	µIU/mL	0.38-5.33	CLIA

Comment:

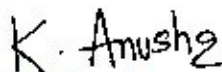
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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

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



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SIN No:SPL24040453

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

Patient Name : Mrs.SUJITA KUSEME
Age/Gender : 38 Y 9 M 25 D/F
UHID/MR No : CASR.0000186324
Visit ID : CASROPV221967
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 646703

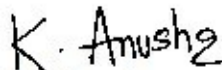
Collected : 08/Mar/2024 09:08AM
Received : 08/Mar/2024 02:57PM
Reported : 08/Mar/2024 05:02PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

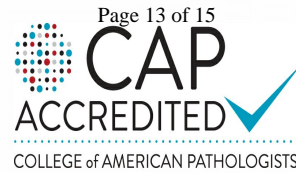
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



Dr. K. Anusha
M.B.B.S., M.D(Biochemistry)
Consultant Biochemist



SIN No: SPL24040453

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

Patient Name : Mrs.SUJITA KUSEME	Collected : 08/Mar/2024 09:08AM
Age/Gender : 38 Y 9 M 25 D/F	Received : 08/Mar/2024 03:32PM
UHID/MR No : CASR.0000186324	Reported : 08/Mar/2024 05:16PM
Visit ID : CASROPV221967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 646703	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Siddhartha.k.
Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

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SIN No:UR2299769

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

Patient Name	: Mrs.SUJITA KUSEME	Collected	: 09/Mar/2024 12:12PM
Age/Gender	: 38 Y 9 M 26 D/F	Received	: 09/Mar/2024 07:04PM
UHID/MR No	: CASR.0000186324	Reported	: 12/Mar/2024 06:16PM
Visit ID	: CASROPV221967	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 646703		

DEPARTMENT OF CYTOLOGY

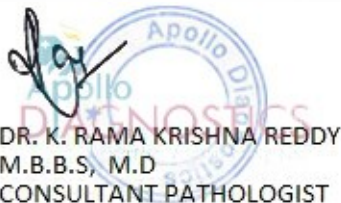
LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	5351/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. 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. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST

SIN No:CS076005

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

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