

Patient Name	: Mrs.KALAI V CHAKRAVARTHY	Collected	: 23/Sep/2024 07:46AM
Age/Gender	: 55 Y 4 M 8 D/F	Received	: 23/Sep/2024 12:16PM
UHID/MR No	: CANN.0000241670	Reported	: 23/Sep/2024 02:40PM
Visit ID	: CANNOPV424029	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7615		

### DEPARTMENT OF HAEMATOLOGY

#### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



Dr.MARQUESS RAJ  
M.D,DipRCPath,D.N.B(PATH)  
Consultant Pathologist

SIN No:CAG240904377

This test has been performed at Apollo Health and Lifestyle Ltd, Chennai, Diagnostics Laboratory.

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**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.9	g/dL	12-15	Spectrophotometer
PCV	36.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.4	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>82.7</b>	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	<b>35.5</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,700	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57.8	%	40-80	Electrical Impedance
LYMPHOCYTES	34.2	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5028.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2975.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	113.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	565.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.69		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	297000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	19	mm/hour	0-20	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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**Dr. MARQUESS RAJ**  
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232**

**WBC MORPHOLOGY** : Normal in number, morphology and distribution. No abnormal cells seen.

**PLATELETS** : Adequate in number.

**PARASITES** : No haemoparasites seen.

**IMPRESSION** : Normocytic normochromic blood picture.

**NOTE/ COMMENT** : Please correlate clinically.



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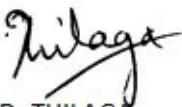
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	110	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**


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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	125	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



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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)



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>202</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>201</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>158</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>117.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>40.2</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.59		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.30</b>		<0.11	Calculated

**Comment:**

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

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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.81	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<50	UV with P5P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC Without Pyridoxal phosphate Activation
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	<b>1.4</b>		<1.15	Calculated
ALKALINE PHOSPHATASE	99.00	U/L	30-120	IFCC AMP Buffer
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		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 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.



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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)



Patient Name : Mrs.KALAI V CHAKRAVARTHY  
Age/Gender : 55 Y 4 M 8 D/F  
UHID/MR No : CANN.0000241670  
Visit ID : CANNOPV424029  
Ref Doctor : Self  
Emp/Auth/TPA ID : 35E7615

Collected : 23/Sep/2024 07:46AM  
Received : 23/Sep/2024 12:49PM  
Reported : 23/Sep/2024 02:38PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232**

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:CAG240904375

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.78	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	17.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.9</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.50	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated

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Age/Gender	: 55 Y 4 M 8 D/F	Received	: 23/Sep/2024 12:49PM
UHID/MR No	: CANN.0000241670	Reported	: 23/Sep/2024 01:28PM
Visit ID	: CANNOPV424029	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7615		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	99.00	U/L	30-120	IFCC AMP Buffer

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.00	U/L	<38	IFCC



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Patient Name : Mrs.KALAI V CHAKRAVARTHY	Collected : 23/Sep/2024 07:46AM
Age/Gender : 55 Y 4 M 8 D/F	Received : 23/Sep/2024 12:41PM
UHID/MR No : CANN.0000241670	Reported : 23/Sep/2024 05:00PM
Visit ID : CANNOPV424029	Status : Final Report
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Emp/Auth/TPA ID : 35E7615	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232**


Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.65	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.984	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



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Age/Gender	: 55 Y 4 M 8 D/F	Received	: 23/Sep/2024 12:41PM
UHID/MR No	: CANN.0000241670	Reported	: 23/Sep/2024 05:00PM
Visit ID	: CANNOPV424029	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232**

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



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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	24.5	ng/mL	30 -100	CLIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption.

Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.

**Increased levels:**

Vitamin D intoxication.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	465	pg/mL	190-900	CLIA

**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



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Patient Name : Mrs.KALAI V CHAKRAVARTHY	Collected : 23/Sep/2024 07:46AM
Age/Gender : 55 Y 4 M 8 D/F	Received : 23/Sep/2024 02:06PM
UHID/MR No : CANN.0000241670	Reported : 23/Sep/2024 02:39PM
Visit ID : CANNOPV424029	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.021		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	2	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	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.



**Dr. MARQUESS RAJ**  
M.D, DipRCPATH, D.N.B (PATH)  
Consultant Pathologist

SIN No: CAG240904373

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Patient Name : Mrs.KALAI V CHAKRAVARTHY	Collected : 23/Sep/2024 07:46AM
Age/Gender : 55 Y 4 M 8 D/F	Received : 23/Sep/2024 02:00PM
UHID/MR No : CANN.0000241670	Reported : 23/Sep/2024 02:44PM
Visit ID : CANNOPV424029	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232**

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



**Dr. MARQUESS RAJ**  
M.D, DipRCPath, D.N.B (PATH)  
Consultant Pathologist

SIN No: CAG240904379

This test has been performed at Apollo Health and Lifestyle Ltd, Chennai, Diagnostics Laboratory.



Patient Name : Mrs.KALAI V CHAKRAVARTHY	Collected : 23/Sep/2024 07:46AM
Age/Gender : 55 Y 4 M 8 D/F	Received : 23/Sep/2024 02:06PM
UHID/MR No : CANN.0000241670	Reported : 23/Sep/2024 02:42PM
Visit ID : CANNOPV424029	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7615	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232**

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



**Dr. MARQUESS RAJ**  
M.D, DipRCPath, D.N.B (PATH)  
Consultant Pathologist

SIN No: CAG240904380

This test has been performed at Apollo Health and Lifestyle Ltd, Chennai, Diagnostics Laboratory.



Patient Name	: Mrs.KALAI V CHAKRAVARTHY	Collected	: 23/Sep/2024 07:47AM
Age/Gender	: 55 Y 4 M 8 D/F	Received	: 23/Sep/2024 06:35PM
UHID/MR No	: CANN.0000241670	Reported	: 24/Sep/2024 05:40PM
Visit ID	: CANNOPV424029	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7615		

**DEPARTMENT OF CYTOLOGY**

**LBC PAP SMEAR , CERVICAL SAMPLE**

	<b>CYTOLOGY NO.</b>	LBC-2366/2024
<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 & intermediate squamous cells noted. Inflammation present.Doderlein bacilli noted.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<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 \*\*\*

Page 19 of 19



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:CAG240904381

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.  
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:  
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,  
Phone - 044-26224504 / 05



**1860 500 7788**  
www.apolloclinic.com

**APOLLO CLINICS NETWORK**

**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)



Patient Name : Mrs.KALAI V CHAKRAVARTHY  
Age/Gender : 55 Y 4 M 8 D/F  
UHID/MR No : CANN.0000241670  
Visit ID : CANNOPV424029  
Ref Doctor : Self  
Emp/Auth/TPA ID : 35E7615

Collected : 23/Sep/2024 07:47AM  
Received : 23/Sep/2024 06:35PM  
Reported : 24/Sep/2024 05:40PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

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.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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



SIN No:CAG240904381

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Patient Name	: Mrs. KALAI V CHAKRAVARTHY	Age	: 55Yrs 4Mths 9Days
UHID	: CANN.0000241670	OP Visit No.	: CANNOPV424029
Printed On	: 23-09-2024 09:38 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35E7615		

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## DEPARTMENT OF CARDIOLOGY

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### 2D ECHO COLOR DOPPLER

#### DIMENSIONS:

AO (ed) 2.0 CM  
LA (es) 3.3 CM  
LVID (ed) 4.6 CM  
LVID (es) 3.1 CM  
IVS (Ed) 0.8 CM  
LVPW (Ed) 0.9 CM  
EF 65%  
% FD 35%

#### MORPHOLOGICAL DATA :

MITRAL VALVE NORMAL  
**AML** NORMAL  
**PML** NORMAL  
AORTIC VALVE SCLEROSED  
TRICUSPID VALVE NORMAL  
PULMONARY VALVE NORMAL  
RIGHT VENTRICLE NORMAL  
INTER ATRIAL SEPTUM INTACT  
INTER VENTRICULAR  
SEPTUM INTACT  
PULMONARY ARTERY NORMAL  
AORTA NORMAL  
RIGHT ATRIUM NORMAL  
LEFT ATRIUM NORMAL

---

LEFT VENTRICLE            NORMAL

PERICARDIUM            NORMAL

**DOPPLER STUDIES MITRAL INFLOW :**

VALVE                      VELOCITY (m / sec)

PULMONARY VALVE        1.0

AORTIC VALVE            1.1

TRICUSPID VALVE        0.8

MITRAL VALVE : E WAVE : 0.7

MITRAL VALVE : A WAVE : 0.4

**IMPRESSION :**

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION (EF - 65%)

NORMAL CARDIAC CHAMBERS

SCLEROSED AORTIC VALVE

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT

TRACE PERICARDIAL EFFUSION ALL AROUND THE HEART

---End Of The Report---

Dr. RAKESH GOPAL  
MD, DM (Cardio) , Interventional Cardio  
20820  
Cardiology

---

Patient Name	: Mrs. KALAI V CHAKRAVARTHY	Age	: 55Yrs 4Mths 9Days
UHID	: CANN.0000241670	OP Visit No.	: CANNOPV424029
Printed On	: 23-09-2024 09:19 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35E7615		

---

**DEPARTMENT OF CARDIOLOGY**

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Observation :-

Heart rate is 93 beats per minutes.

**Impression:**

LOW QRS COMPLEX

---End Of The Report---

Dr. ARULNITHI AYYANATHAN  
MBBS., MRCP, AB, MBA  
63907  
Cardiology

Patient Name	: Mrs. KALAI V CHAKRAVARTHY	Age	: 55Yrs 4Mths 9Days
UHID	: CANN.0000241670	OP Visit No.	: CANNOPV424029
Printed On	: 23-09-2024 03:29 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35E7615		

---

**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

**Degenerative changes in Dorsal spine**

Domes of diaphragm are well delineated.

---End Of The Report---

Dr.A R RAGHUL  
MBBS MD Radiodiagnosis  
139605  
Radiology



---

Patient Name	: Mrs. KALAI V CHAKRAVARTHY	Age	: 55Yrs 4Mths 9Days
UHID	: CANN.0000241670	OP Visit No.	: CANNOPV424029
Printed On	: 23-09-2024 12:58 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35E7615		

---

## DEPARTMENT OF RADIOLOGY

---

### ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and shows increase in echotexture.  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.  
Wall thickness appear normal.

Pancreas and spleen appear normal.  
Spleen measures 8.0 cms.

Portal and splenic veins appear normal.  
No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.  
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 9.5 x 3.9 cms.  
Left kidney measures 8.6 x 3.6 cms.  
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

---

---

Uterus measures 6.0 x 2.4 cms and shows normal endometrial and myometrial echoes.

The endometrial thickness 2.2 mm.

Both ovaries not visualized - probably atrophied

No mass lesion seen in the pelvis.

Bladder is normal in contour.

**IMPRESSION:**

**\* FATTY LIVER - GRADE -I**

---End Of The Report---

Dr.A R RAGHUL  
MBBS MD Radiodiagnosis  
139605  
Radiology

CANN-241670  
OCR-106840

यूनियन बैंक Union Bank  
of India



नाम : कलै वी. चक्रवर्ती  
Name : Kalai.V.Chakravarthy  
कर्मचारी संख्या / Employee No. : 628513  
जन्म दिन / Birth Date : 15.05.1969  
ब्लड ग्रुप / Blood Group : 'O'+I've

*Kalai V. Chakravarthy*  
हस्ताक्षर / Signature

जारी करने का स्थान  
Place of Issue : Chennai

जारी करने की तारीख  
Date of Issue : 30.08.2020

*[Signature]*  
जारीकर्ता प्राधिकारी / Issuing Authority

*[Handwritten signature]*

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter

Employee Request for Health Checkup at Tie-up Centre/Clinic

Employee Id 628513

Name KALAI V CHAKRAVARTHY, Date of Birth 15/05/1969 Gender Female

Designation CustomerService Associate(CSA) Grade CLERK

Department RO - CHENNAI SOUTH Location CHENNAI-KOYEMBEDU

I wish to undergo Health Checkup at M/S Mediwheel under tie up arrangement with our bank for the FinancialYear 2024-2025

The health checkup charges payable to above Centre as per bank's agreement with them is Rs. 5000.00

Kindly make the payment to them towards their health checkup charges after deducting TDS and Service Tax as applicable.

\*\*As bank is making payment to the above Centre/Clinic as per my request, I will undergo health checkup at above mentioned Centre only.

Submit

Date of Request 19/09/2024 Status of the application Sanctioned

Approve

Decline

Approved by: 767253

Date 20/09/2024

Remarks, if declined

Approved

Approver Name KRUTHIKA P.,

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter





55 Years  
Female

Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

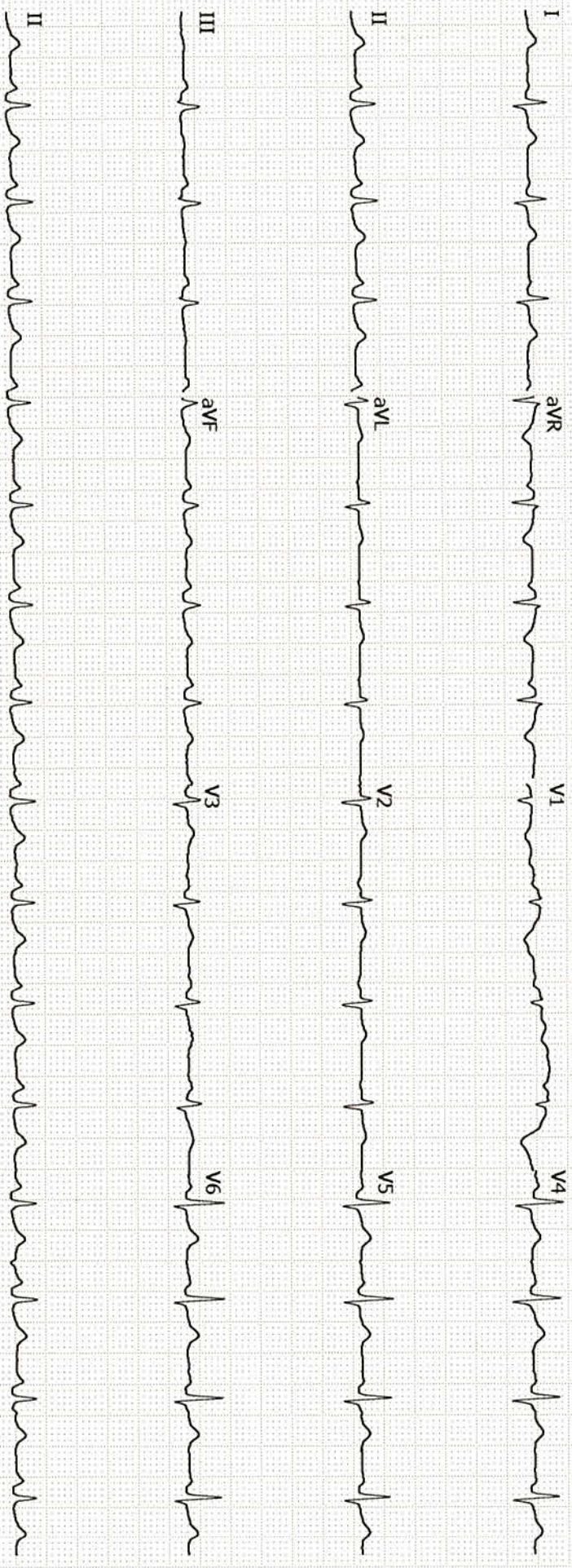
Room:

93 bpm  
--/-- mmHg

Technician:  
Referring Ph:  
Attending Ph:

QRS : 70 ms  
QT / QTcBaz : 352 / 437 ms  
PR : 136 ms  
P : 102 ms  
RR / PP : 644 / 645 ms  
P / QRS / T : 71 / 70 / 53 degrees

*Handwritten signature*



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4X2.5X3\_25\_R1 1/1

Unconfirmed

*Handwritten signature*



Name: Kalai V Chakravarthy Date: 23/9/24 Reg. No.: 246470  
 Occupation: .....  
 Age: 55y Sex: Male  Female   
 Address: .....  
 Ph: .....

Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History: having thyroid past 3 months  
Existing glass wear past 10 years

Present Complaint: Comfortable with present glass  
with glass BE 6/6 NB

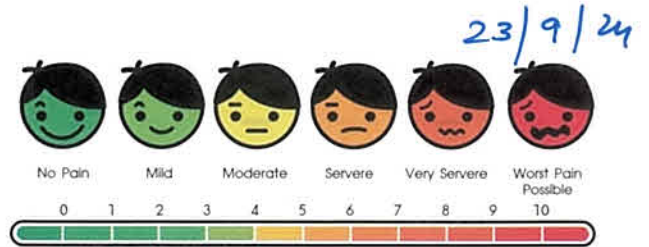
**ON EXAMINATION:**

	RE	LE
Ocular Movements :		
Anterior Segment :	<u>Free</u>	<u>Free</u>
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		
Without Glass :	<u>N</u>	<u>N</u>
With Glass :	<u>6/18</u>	<u>6/18</u>
N.V. :		
Visual Fields :		
Fundus :	<u>N8</u>	<u>N8</u>
Impression :		
Advice :	<u>Free</u>	<u>Free</u>
Colour Vision :	<u>N</u>	<u>N</u>

**OPHTHALMOLOGY / OPTOMETRIST**

*(Signature)*

Kalai V Chakravarthy SS/F



Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies

History

of E  
MPD (+)  
HT (+)  
OR  
Ear / (N)

Clinical Diagnosis & Management Plan

of on (L) sided headache  
PND

Imp: Chr. Sinusitis

Adv: X-ray PNS



Follow up date:

Doctor Signature



**Apollo Clinic**  
Expertise. Closer to you.

# Apollo Clinic

## CONSENT FORM

Patient Name: KALAI V CHAI RAJATHI Age: 55

UHID Number: 241670 Company Name: ARC OF EMU

I Mr/Mrs/Ms KALAI V CHAI RAJATHI Employee of ARC OF EMU

(Company) Want to inform you that I am not interested in getting MAMMO

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: [Signature]

Date: 23/9/2024