

Patient Name : Mrs.CHAITRA L R	Collected : 09/Mar/2024 08:37AM
Age/Gender : 49 Y 10 M 19 D/F	Received : 09/Mar/2024 12:35PM
UHID/MR No : CBAS.0000037870	Reported : 09/Mar/2024 05:01PM
Visit ID : CBASOPV100917	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369120	

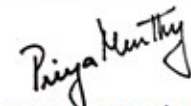
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.9	g/dL	12-15	Spectrophotometer
PCV	41.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.24	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	97.5	fL	83-101	Calculated
MCH	32.8	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,660	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.9	%	40-80	Electrical Impedence
LYMPHOCYTES	33.9	%	20-40	Electrical Impedence
EOSINOPHILS	3.4	%	1-6	Electrical Impedence
MONOCYTES	7.3	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3107.34	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1918.74	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	192.44	Cells/cu.mm	20-500	Calculated
MONOCYTES	413.18	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.3	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.62		0.78- 3.53	Calculated
PLATELET COUNT	219000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	21	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				



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SIN No:BED240062388

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

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

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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)

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RBCs: are normocytic normochromic

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

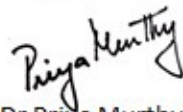
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	101	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	130	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. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				

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HBA1C, GLYCATED HEMOGLOBIN	5.6	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL	Calculated


Comment:

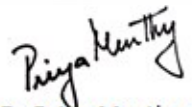
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	279	mg/dL	<200	CHO-POD
TRIGLYCERIDES	384	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	227	mg/dL	<130	Calculated
LDL CHOLESTEROL	150	mg/dL	<100	Calculated
VLDL CHOLESTEROL	76.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.36		0-4.97	Calculated


Comment:

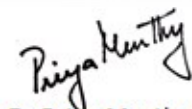
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.

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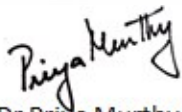
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.63	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	55.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.47	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.13	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		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.



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SIN No:SE04654943

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Karnataka- 560034

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www.apolloclinic.com

Patient Name : Mrs.CHAITRA L R	Collected : 09/Mar/2024 08:37AM
Age/Gender : 49 Y 10 M 19 D/F	Received : 09/Mar/2024 03:51PM
UHID/MR No : CBAS.0000037870	Reported : 09/Mar/2024 07:57PM
Visit ID : CBASOPV100917	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369120	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.55	mg/dL	0.51-0.95	Jaffe's, Method
UREA	11.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.89	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.47	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.13	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated



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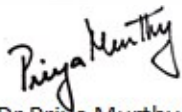
DEPARTMENT OF BIOCHEMISTRY

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

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



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UHID/MR No : CBAS.0000037870	Reported : 09/Mar/2024 06:48PM
Visit ID : CBASOPV100917	Status : Final Report
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Emp/Auth/TPA ID : 369120	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.3	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.277	µIU/mL	0.34-5.60	CLIA

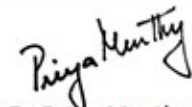
Comment:

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


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SIN No:SPL24041316

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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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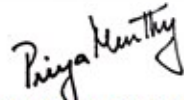
DEPARTMENT OF IMMUNOLOGY

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



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Patient Name : Mrs.CHAITRA L R	Collected : 09/Mar/2024 08:37AM
Age/Gender : 49 Y 10 M 19 D/F	Received : 09/Mar/2024 12:27PM
UHID/MR No : CBAS.0000037870	Reported : 09/Mar/2024 01:41PM
Visit ID : CBASOPV100917	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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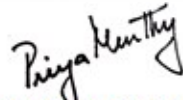
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6-8	/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



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SIN No:UR2300667

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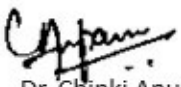
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Patient Name : Mrs.CHAITRA L R	Collected : 09/Mar/2024 10:54AM
Age/Gender : 49 Y 10 M 19 D/F	Received : 09/Mar/2024 05:09PM
UHID/MR No : CBAS.0000037870	Reported : 09/Mar/2024 10:22PM
Visit ID : CBASOPV100917	Status : Final Report
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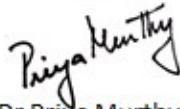
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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SIN No:UPP016961

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Patient Name : Mrs.CHAITRA L R	Collected : 09/Mar/2024 08:37AM
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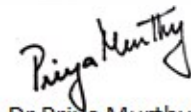
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

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



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SIN No:UF011011

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Patient Name : Mrs.CHAITRA L R	Collected : 09/Mar/2024 02:26PM
Age/Gender : 49 Y 10 M 19 D/F	Received : 10/Mar/2024 07:00PM
UHID/MR No : CBAS.0000037870	Reported : 14/Mar/2024 10:17AM
Visit ID : CBASOPV100917	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369120	

DEPARTMENT OF CYTOLOGY

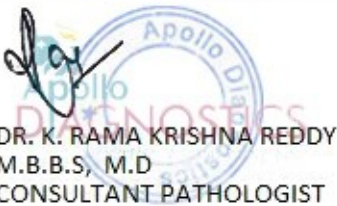
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	5460/24
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	Parabasal and basal cells with reactive nuclear changes. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHELIAL 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:CS076126

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

Page 16 of 16
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE


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

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)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

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

Name : Mrs. CHAITRA L R Address : RNM ENLCAVE GAVIPURAM Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age: 49 Y Sex: F	UHID: CBAS.0000037870  <small>*CBAS.0000037870*</small> OP Number: CBASOPV100917 Bill No : CBAS-OCR-61236 Date : 09.03.2024 08:22
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 2D ECHO, / TMT	
<input checked="" type="checkbox"/>	3 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	4 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	5 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	6 GYNAECOLOGY CONSULTATION	
<input checked="" type="checkbox"/>	7 DIET CONSULTATION	
<input checked="" type="checkbox"/>	8 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	9 URINE GLUCOSE(POST PRANDIAL)	
<input checked="" type="checkbox"/>	10 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	11 ECG	
<input checked="" type="checkbox"/>	12 LBC PAP TEST- PAPSURE ✓	
<input checked="" type="checkbox"/>	13 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	14 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	15 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
<input checked="" type="checkbox"/>	16 URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	17 SONO MAMOGRAPHY - SCREENING	
<input checked="" type="checkbox"/>	18 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	19 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	20 ENT CONSULTATION	
<input checked="" type="checkbox"/>	21 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	22 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	23 LIPID PROFILE	
<input checked="" type="checkbox"/>	24 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	25 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	26 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	27 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Dental
 TMT skip
 ALP Level → ①
 Physio

HT - 165
 wt - 67.5
 BP - 117/66
 PR - 69
 w.d - 89
 H-P - 98

ECHOCARDIOGRAPHY REPORT

Name: MRS CHAITRA

Age: 50 YEARS

GENDER: FEMALE

Consultant: Dr.VISHAL KUMAR.H.

Date : 09/03/2024

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.98	m/sec	A	0.62	m/sec	MILD MR
Tricuspid Valve	E	0.51	m/sec	A	0.36	m/sec	TRIVIAL TR
Aortic Valve	Vmax	1.01	m/sec				No AR
Pulmonary Valve	Vmax	0.91	m/sec				No PR
astolic Dysfunction							

Multiple Measurements

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.6	2.6-3.6	cm
L	left Atrium	3.4	2.7-3.8	cm
A	Aortic Cusp Separation	1.5	1.4-1.7	cm
II	IVS - Diastole	1.0	0.9-1.1	cm
L	left Ventricle-Diastole	4.5	4.2-5.9	cm
P	Posterior wall-Diastole	0.9	0.9-1.1	cm
I	IVS-Systole	1.2	1.3-1.5	cm
LL	left Ventricle-Systole	2.4	2.1-4.0	cm
P	Posterior wall-Systole	1.2	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.7	2.0-3.3	cm

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- MILD mR NO PAH
- No Pericardial Effusion/Vegetation/Clot
-

DR. VISHAL KUMAR .H

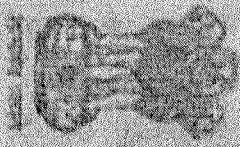
CLINICAL CARDIOLOGIST

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	✓ Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

CHAITRAL R

R S LINGADAHALLI

20/04/1974

Permanent Account Number

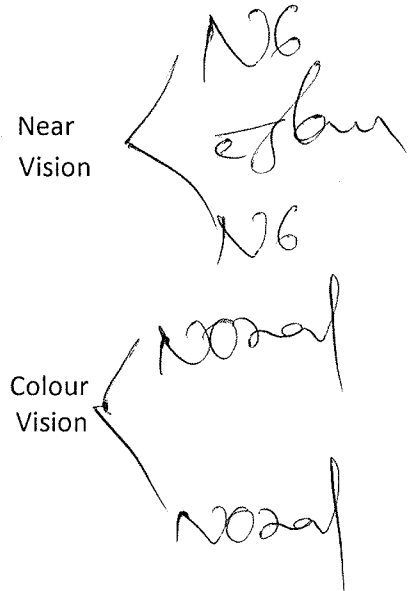
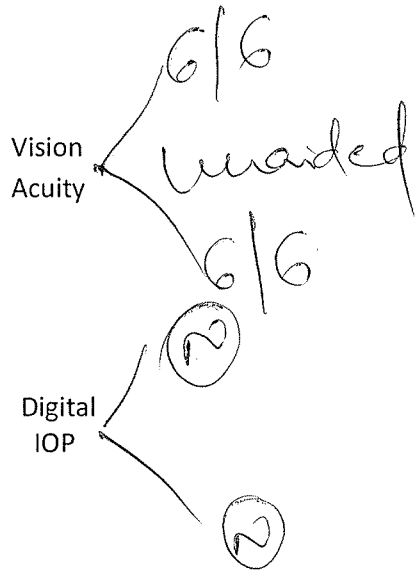
ACRPL6220C

Signature



Mrs. Chaitan R H9/R 37870 9/8/24

EYE CHECK UP REPORT



• Fundus: Normal @ study

• Ant. Segment :- WNL

• Media: Normal

• Pupil: N/A

Rx +1.50 SPH N26. ADV glasses for
near reading vision only.

KALB

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
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Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
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HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
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2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

PAP SMEAR CONSENT FORM

PATIENT NAME:

Chaithe

AGE:

50Y

GENDER:

DATE:

9-2-29

MENSTRUAL AND REPRODUCTIVE HISTORY

AGE OF MENARCHE

: *Chaithe ; 14Y*

AGE OF MENOPAUSAL IF APPLICABLE

: *- 34 (47Y)*

MENSTRUAL REGULARITY

: *REGULAR/IRREGULAR*

FIRST DAY OF LAST MENSTRUATION PERIOD:

34 6am

AGE AT MARRIAGE

: *25Y*

YEAR'S OF MARRIED LIFE

: *25Y*

CONTRACEPTION

: YES()NO()IF YES WHAT KIND?

tubectomized

HORMONAL TREATMENT

: YES() NO() IF YES WHAT KIND?

GRAVIDA (NO OF TIME'S CONCEIVED)

:

PARA(NO OF CHILDBIRTH)

:

P2L2A1

T

*22Y
21460/56
16Y*

LIVE(NO OF LIVING CHILDREN)

:

ABORTIONS

:

MISCARRIAGES/ABORTION

:

AGE OF FIRST CHILD

:

AGE OF LAST CHILD

:

PREVIOUS PAP SMEAR REPORT

:

SPECULUM EXAMINATION FINDINGS

EXTERNAL GENITALIA

VAGINA

CERVIX

SMEAR THAKEN FROM - ENDOCERVIX

ECTOCERVIX

POSTERIOR VAGINA



HEREBY DECLARE THAT THE ABOVE INFORMINFORMATION TRUE I HAVE BEEN EXPLAINED THE PROCEDURE AND GIVEN MY CONSENT TO UNDERGO THE SAME.

SIGNATURE OF THE PATEINT

[Signature]

SIGNATURE OF THE DOCTOR

[Signature]

Tom. Chaitra, 50yr

9/3/24

Menopause (3yr back)

HT, 165cm

Hypertension (borderline)

WT = 67.5kg

Aches -> 1600ml high juice low
Jubalid.

IBW -> 65-68kg

Brisk walk -> 60mins / yoga
of dance walk, 30mins.

Dinner -> 7pm -> Wheat - 1kg / Raji / Panner /
millet

1600ml
200ml - 64-66kg
200ml - 60-61kg

Very salt -> 100ml
Pre diet from -> 100ml

60kg - (200ml /
200ml)

* Jhark -> upto 15lit
* cut joints

oil -> < 200ml / full
lyhu -> 200ml

D. K. Singh
9459349333

Customer Pending Tests
ENT,FITNESS BY GP PENDING

Patient Name : Mrs. CHAITRA L R

Age/Gender : 49 Y/F

UHID/MR No. : CBAS.0000037870

OP Visit No : CBASOPV100917

Sample Collected on :

Reported on : 09-03-2024 19:23

LRN# : RAD2260934

Specimen :

Ref Doctor : Dr.sanjana

Emp/Auth/TPA ID : 369120

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Both breasts show normal echotexture and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

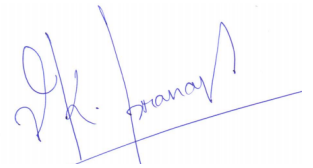
No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

IMPRESSION

No significant abnormality is seen in this study.

(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.



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mrs. CHAITRA L R

Age/Gender : 49 Y/F

UHID/MR No. : CBAS.0000037870

OP Visit No : CBASOPV100917

Sample Collected on :

Reported on : 09-03-2024 19:06

LRN# : RAD2260934

Specimen :

Ref Doctor : Dr.sanjana

Emp/Auth/TPA ID : 369120

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mrs. CHAITRA L R

Age/Gender : 49 Y/F

UHID/MR No. : CBAS.0000037870

OP Visit No : CBASOPV100917

Sample Collected on :

Reported on : 09-03-2024 16:52

LRN# : RAD2260934

Specimen :

Ref Doctor : Dr.sanjana

Emp/Auth/TPA ID : 369120

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (13.0 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is contracted.

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

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

Right kidney appear normal in size 10.8x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 10.6x1.6 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

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

Uterus appears normal in size with anteverted position and measuring 6.1x2.8x3.6 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 0.3 cm. Post menopause status..

Both ovaries appear normal in size, shape and echotexture. Right ovary measuring 2.2x1.4 cm and left ovary measuring 3.1x1.6 cm. No evidence of any adnexal pathology noted.

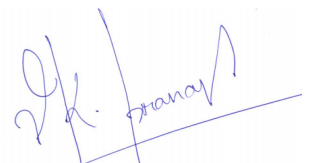
- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-

GRADE I FATTY LIVER.

Suggested clinical correlation.

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.



Dr. V K PRNAV VENKATESH
MBBS, MD



Patient Name : Mrs. CHAITRA L R

Age/Gender : 49 Y/F

Radiology