

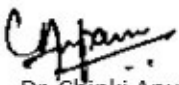
Patient Name : Mrs.RASHMI R NAYAK	Collected : 08/Mar/2024 09:51AM
Age/Gender : 42 Y 11 M 13 D/F	Received : 08/Mar/2024 12:14PM
UHID/MR No : CBAS.0000047545	Reported : 08/Mar/2024 02:57PM
Visit ID : CJPNOPV190361	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919901682661	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.4	g/dL	12-15	Spectrophotometer
PCV	36.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.02	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	91	fL	83-101	Calculated
MCH	30.8	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	12.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,800	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	42.9	%	40-80	Electrical Impedance
LYMPHOCYTES	39.7	%	20-40	Electrical Impedance
EOSINOPHILS	11.2	%	1-6	Electrical Impedance
MONOCYTES	6.1	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2917.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2699.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	761.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	414.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.08		0.78- 3.53	Calculated
PLATELET COUNT	235000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-20	Modified Westgren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



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



Dr Priya Murthy  
M.B.B.S.,M.D(Pathology)  
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SIN No:BED240061378

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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)

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

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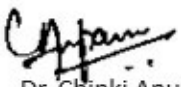
WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate in number.

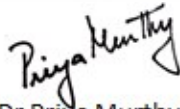
HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.**

**Kindly correlate clinically.**



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Consultant Pathologist



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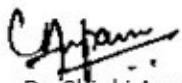
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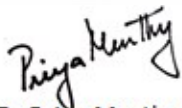
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**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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



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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	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  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	96	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				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC

Page 4 of 16

  
**DR.SHIVARAJA SHETTY**  
 M.B.B.S.,M.D(Biochemistry)  
 CONSULTANT BIOCHEMIST

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



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ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL	Calculated
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Comment:

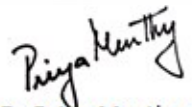
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	175	mg/dL	<200	CHO-POD
TRIGLYCERIDES	84	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>107</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.43		0-4.97	Calculated

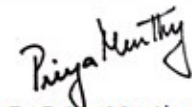
**Comment:**

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. 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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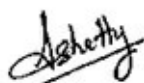
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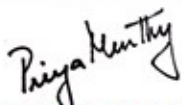
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.09	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	44.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.27	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		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 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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Patient Name : Mrs.RASHMI R NAYAK	Collected : 08/Mar/2024 09:51AM
Age/Gender : 42 Y 11 M 13 D/F	Received : 08/Mar/2024 01:02PM
UHID/MR No : CBAS.0000047545	Reported : 08/Mar/2024 02:49PM
Visit ID : CJPNOPV190361	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919901682661	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.72	mg/dL	0.51-0.95	Jaffe's, Method
UREA	<b>10.60</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>5.0</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.97	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	<b>8.70</b>	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.95	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.27	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		0.9-2.0	Calculated



DR.SHIVARAJA SHETTY  
M.B.B.S.,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST



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



SIN No:SE04653891

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

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

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Karnataka- 560034

 1860 500 7788  
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Patient Name : Mrs.RASHMI R NAYAK	Collected : 08/Mar/2024 09:51AM
Age/Gender : 42 Y 11 M 13 D/F	Received : 08/Mar/2024 01:02PM
UHID/MR No : CBAS.0000047545	Reported : 08/Mar/2024 02:49PM
Visit ID : CJPNOPV190361	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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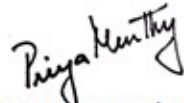
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.00	U/L	<38	IFCC



DR.SHIVARAJA SHETTY  
M.B.B.S.,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST



Dr Priya Murthy  
M.B.B.S.,M.D(Pathology)  
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SIN No:SE04653891

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Patient Name : Mrs.RASHMI R NAYAK	Collected : 08/Mar/2024 09:51AM
Age/Gender : 42 Y 11 M 13 D/F	Received : 08/Mar/2024 12:18PM
UHID/MR No : CBAS.0000047545	Reported : 08/Mar/2024 01:28PM
Visit ID : CJPNOPV190361	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919901682661	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.43	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.79	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.547	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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma




DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:SPL24040593

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

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

Patient Name : Mrs.RASHMI R NAYAK  
Age/Gender : 42 Y 11 M 13 D/F  
UHID/MR No : CBAS.0000047545  
Visit ID : CJPNOPV190361  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 919901682661

Collected : 08/Mar/2024 09:51AM  
Received : 08/Mar/2024 12:18PM  
Reported : 08/Mar/2024 01:28PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:SPL24040593

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Karnataka - 560034

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Patient Name : Mrs.RASHMI R NAYAK	Collected : 08/Mar/2024 09:50AM
Age/Gender : 42 Y 11 M 13 D/F	Received : 08/Mar/2024 01:16PM
UHID/MR No : CBAS.0000047545	Reported : 08/Mar/2024 02:47PM
Visit ID : CJPNOPV190361	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919901682661	

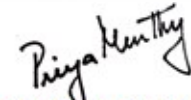
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	8.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/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



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



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



SIN No:UR2299921

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

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APOLLO CLINICS NETWORK

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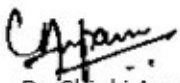
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Patient Name : Mrs.RASHMI R NAYAK	Collected : 08/Mar/2024 12:08PM
Age/Gender : 42 Y 11 M 13 D/F	Received : 08/Mar/2024 05:46PM
UHID/MR No : CBAS.0000047545	Reported : 08/Mar/2024 06:00PM
Visit ID : CJPNOPV190361	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919901682661	

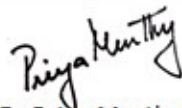
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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



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



SIN No:UPP016923

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

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Patient Name : Mrs.RASHMI R NAYAK	Collected : 08/Mar/2024 09:51AM
Age/Gender : 42 Y 11 M 13 D/F	Received : 08/Mar/2024 01:16PM
UHID/MR No : CBAS.0000047545	Reported : 08/Mar/2024 02:43PM
Visit ID : CJPNOPV190361	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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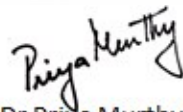
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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



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



SIN No:UF010964

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Patient Name : Mrs.RASHMI R NAYAK	Collected : 08/Mar/2024 12:11PM
Age/Gender : 42 Y 11 M 13 D/F	Received : 09/Mar/2024 10:12AM
UHID/MR No : CBAS.0000047545	Reported : 11/Mar/2024 05:31PM
Visit ID : CJPNOPV190361	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919901682661	

DEPARTMENT OF CYTOLOGY


LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	5226/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

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

Result/s to Follow:  
PERIPHERAL SMEAR



Dr.A. Kalyan Rao  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

Page 16 of 16  
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ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS075895

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Karnataka- 560034

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Name : Mrs. Rashmi R Nayak

Age: 42 Y

Sex: F

UHID:CBAS.0000047545



OP Number:CJPNOPV190361

Bill No :CJPN-OCR-69831

Date : 08.03.2024 09:44

Address : bengluru  
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST - PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION - 2d.	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X RAY CHEST PA	
19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN - front.	
25	ULTRASOUND, WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Physio - ok.

Audi - 21 \* (R)

B.P - 113/77 mmHg  
Wt - 60.2 kg.  
Ht - 162 cm  
waist - 79 cm  
Hip - 92 cm  
Pulse - 76 bpm

# PATIENT CASE SHEET



Name: Rashmi R. Nayak Age: 42 Gender: F

Address: \_\_\_\_\_

UHID / Emp Id: CBAS. 0000047545

Ref. by Doctor

CHC

Treating Doctor

Dr. Sijo

Past Dental History: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Chief Complaint(s): Regular dental check up

Investigation:

RVG

OPG

CBCT

ashmi  
as47545

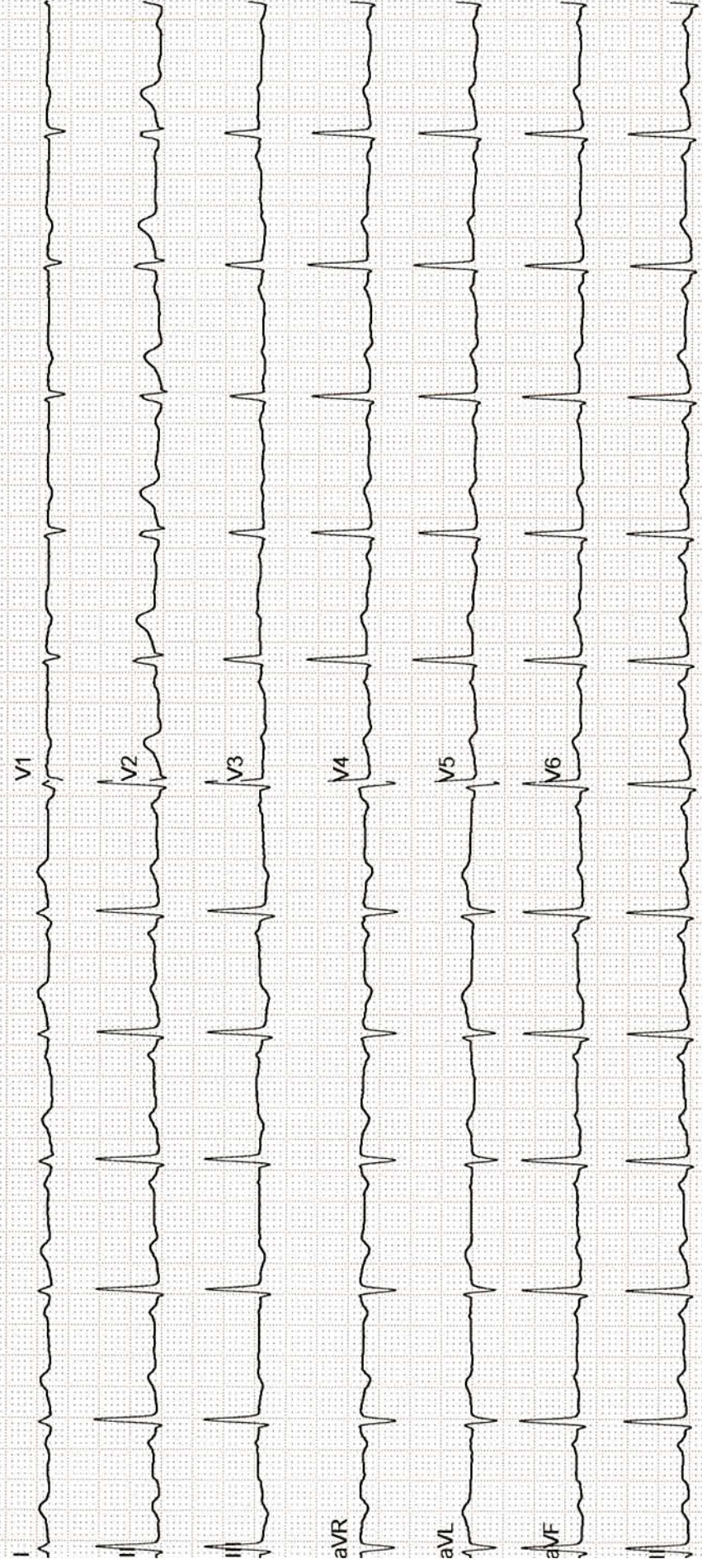
162 cm Female  
60.0 kg

08.03.2024 10:28:48  
Apollo Clinic  
J.P. Nagar  
Bangalore

73 bpm  
113 / 77 mmHg

QRS : 76 ms  
 QT / QTcBaz : 394 / 434 ms  
 PR : 166 ms  
 P : 114 ms  
 RR / PP : 824 / 821 ms  
 P / QRS / T : 43 / 80 / 15 degrees

Normal sinus rhythm  
 Normal ECG



Name - - Rashmi K Nayak

Age - 42yrs F

Date - 09/03/21

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

C/O - Routine Eye

checkup

H/O PUP - No

H/O Eye sx - No

UNVH { 6/6 N6  
6/36 N24

∴ glass vision is not improving

Follow up date:

Doctor Signature

Mrs. Rashmi Nayak 32yrs

8/3/24

MS - 54m P/L

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Lump: 15/2/24  
 M.I.H: 3-4 days → irregular  
 30-32 → mod pain  
 M.I.H pain

O.I.H: P/L

♀, 29M, (FWD)

Skil Breast feeding

For Health check

P.I.H: → mod - NS  
 → Sx - NS

P.I.H: father - ? STD + HIV  
 mother - Hypertension

O.I.ZI

Ac hiza

Myoblast

P.I.H: Soft

P.I.S: Ex 1 healthy  
 vag

P.I.V: ut pr, NS  
 BIL ovaries / my  
 NS

Breast → Right -  
 upper outer quadrant -  
 2x 2cm lump, firm, mobile, not tender

Advice

Private reports

Sono mammogram

Follow up date:

Dr. Anitha G. Palappa  
 M.D. MS (OBGY) DNB  
 Fellowship in Gynaecological Endoscopy (FGE)  
 Consultant Obstetrician & Gynaecologist  
 Apollo Hospitals  
 KMC: 106075 Mysore: 222512851

NAME: Mrs. RASHMI R NAYAK      AGE: 42YRS/ F      DATE: 09/03/2024      CBAS: 47545

### 2D ECHO WITH COLOR DOPPLER

Ao Diam : 2.6cm , LA Diam : 2.0cm,  
IVSd : 1.1cm , IVSs:1.0cm, LVIDd : 4.1cm, LVIDs: 2.0 cm LVPWd:1.0cm,  
LVPWS : 1.0cm , EF – 72% , FS – 40% , RVIDd – 0.9cm

### 2DVALVES

MITRAL VALVE -----: NORMAL  
TRICUSPID VALVE-----: NORMAL  
AORTIC VALVE-----: NORMAL  
PULMONARY VALVE-----: NORMAL

### CHAMBERS

LEFT ATRIUM-----: NORMAL.  
RIGHT ATRIUM-----: NORMAL  
LEFT VENTRICULAR-----: NORMAL  
RIGHT VENTRICULAR---:NORMAL

### DOPPLER

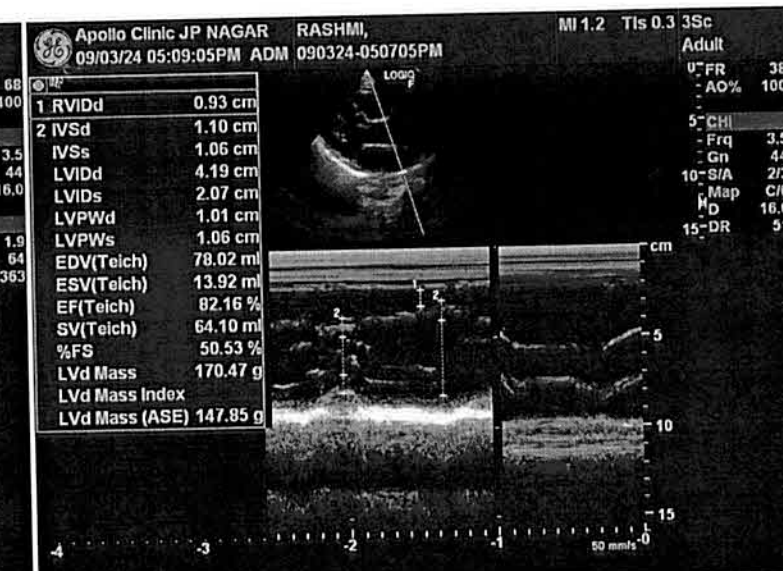
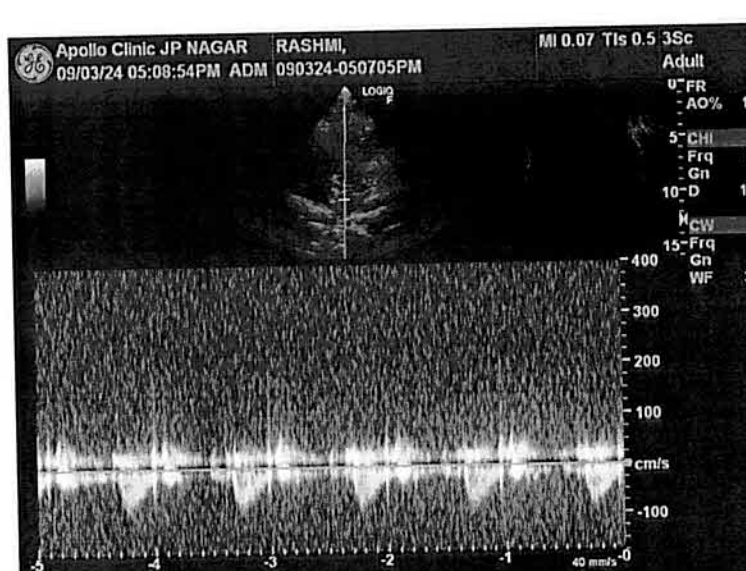
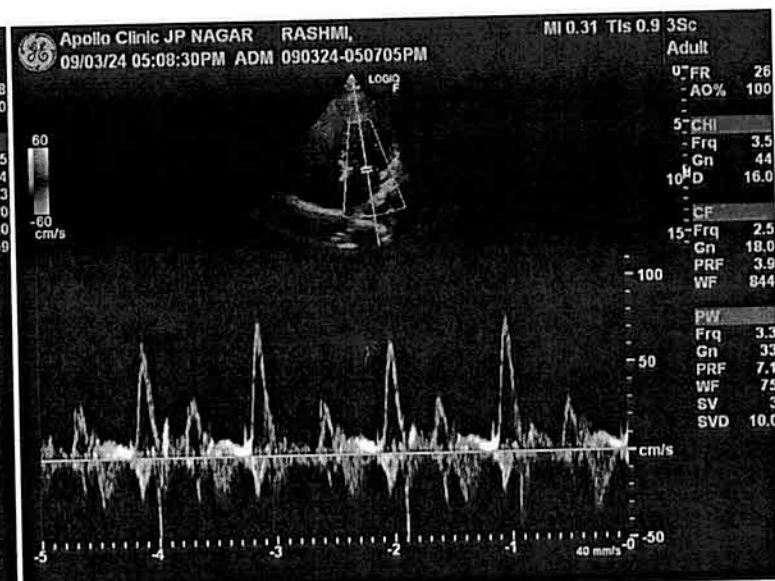
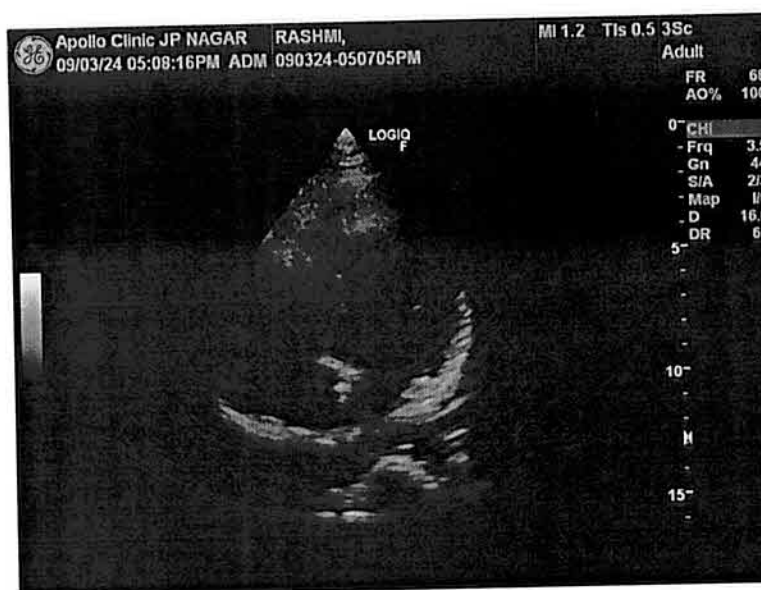
MV E Vel---- : 0.8m/s , MV A Vel : 0.4 m/s  
TRICUSPID VALVE : NORMAL  
PERICARDIUM-----: NORMAL  
CLOT/VEGETATION----- : NIL

### IMPRESSION

NORMAL VALVES AND CHAMBERS  
NORMAL LV SYSTOLIC FUNCTION  
NO CLOT /VEGETATION/EFFUSION/PAH  
NO REGIONAL WALL MOTION ABNORMALITIES



**DR. SHILPA JAYAPRAKASH, MD,DM**  
**CONSULTANT CARDIOLOGIST**

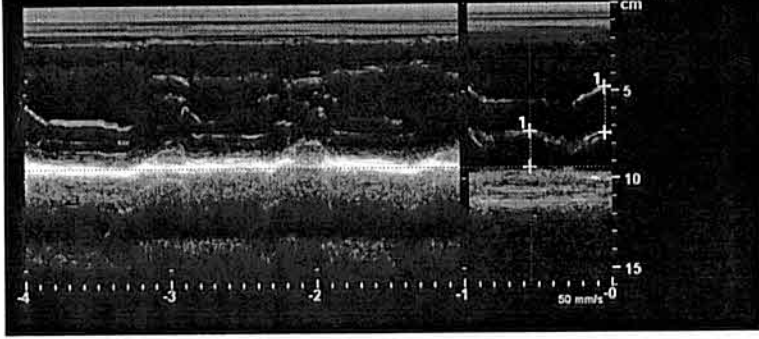
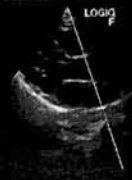


Apollo Clinic JP NAGAR RASHMI,  
09/03/24 05:09:05PM ADM 090324-050705PM

MI 1.2 TIs 0.3 3Sc

Adult  
VFR 38  
AO% 100  
5-CHI  
- Frq 3.5  
- Gn 44  
10-S/A 2/3  
Map C/0  
M-D 16.0  
15-DR 51

Ao Diam 2.60 cm  
LA Diam 2.07 cm  
AV Cusp 0.00 cm  
LA/Ao 0.80  
Ao/LA 1.26





**Patient Name** : Mrs. Rashmi R Nayak

**Age/Gender** : 42 Y/F

**UHID/MR No.** : CBAS.0000047545

**OP Visit No** : CJPNOPV190361

**Sample Collected on** :

**Reported on** : 09-03-2024 19:06

**LRN#** : RAD2260020

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 919901682661

---

**DEPARTMENT OF RADIOLOGY**

---

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : Normal in size(13.0cm) and echotexture. No focal lesion seen.  
No intra hepatic biliary / venous radicular dilation.  
CBD and Main Portal vein appear normal.

**GALL BLADDER** : Well distended. Normal in internal contents. Wall Thickness is normal.

**SPLEEN** : Normal in size(10.0cm) and echotexture. No focal lesion was seen.

**PANCREAS** : Normal to the visualized extent.

**KIDNEYS** : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.

Right kidney measures: 8.5 x 3.5cm.

Left kidney measures : 10.0 x 4.5cm.

**URINARY BLADDER** : Well distended. Normal in internal contents. Wall thickness is normal.

**UTERUS** : Normal in size and echotexture. It measures : 8.0 x 3.7 x 4.5 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring- mm.

No focal lesion was noted.

**OVARIES** : Both ovaries are normal in size, shape and echotexture.

Right ovary measures : 1.8 x 3.6cm.

Left ovary measures : 2.0 x 3.4cm.

Mild free fluid is seen in the peritoneum. No lymphadenopathy.

**Patient Name** : Mrs. Rashmi R Nayak

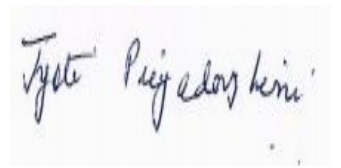
**Age/Gender** : 42 Y/F

---

**IMPRESSION : NORMAL STUDY.**

Please Note :No preparation done before scanning.

(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. JYOTI PRIYADARSHINI**  
MBBS, MD

**Patient Name** : Mrs. Rashmi R Nayak

**Age/Gender** : 42 Y/F

**UHID/MR No.** : CBAS.0000047545

**OP Visit No** : CJPNOPV190361

**Sample Collected on** :

**Reported on** : 09-03-2024 15:45

**LRN#** : RAD2260020

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 919901682661

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

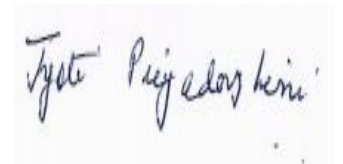
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. JYOTI PRIYADARSHINI**  
**MBBS, MD**



Corporate Health  
Checks

0/34

Search for appointments using the search bar below

Search with Mobile No. or Appointment ID

Choose Date

08-03-2024



Patient Details

Patient First Name

MS.

Patient Last Name

NAYAK RASHMI

Patient Mobile Number

9901682661

Patient E-mail ID

rashminayak91@gmail.com

Date of Birth

01-03-1992

Gender

female

Client

ARCOFEMI HEALTHCARE LIMITED

Agreement Name

(1) ARCOFEMI MEDIWHEEL FEMALE AHC



बँक ऑफ बरोडा  
Bank of Baroda

नाम  
Name

रमेश रमेश नायक  
Ramesh R. Nayak

E.C. No.

103884

उत्पादन प्राधिकरण  
Issuing Authority



दिनांक  
Date

10/10/2023



Name : Mrs. Rashmi R Nayak

Age: 42 Y

Sex: F

UHID:CBAS.0000047545



OP Number:CJPNOPV190361

Bill No :CJPN-OCR-69831

Date : 08.03.2024 09:44

Address : bengluru

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

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<del>2</del>	<del>2 D ECHO</del>	
<del>3</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
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<del>5</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>6</del>	<del>GYNAECOLOGY CONSULTATION</del>	
<del>7</del>	<del>DIET CONSULTATION</del>	
<del>8</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>9</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>10</del>	<del>PERIPHERAL SMEAR</del>	
<del>11</del>	<del>ECG</del>	
<del>12</del>	<del>LBC PAP TEST - BAPSURE</del>	
<del>13</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
✓14	DENTAL CONSULTATION = 22.	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
<del>16</del>	<del>URINE GLUCOSE(FASTING)</del>	
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<del>22</del>	<del>LIPID PROFILE</del>	
<del>23</del>	<del>BODY MASS INDEX (BMI)</del>	
24	OPHTHAL BY GENERAL PHYSICIAN - front.	
<del>25</del>	<del>ULTRASOUND, WHOLE ABDOMEN</del>	
<del>26</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	

Physio - 04.

Audio - 21 \* (N)

B.P - 113/77 mmHg  
Wt - 60.2 kg.  
Ht - 162 cm  
waist - 79 cm  
Hip - 92 cm  
Pulse - 76 bpm

# PATIENT CASE SHEET



Name: Rashmi R. Nayak Age: 42 Gender: f

Address: \_\_\_\_\_

UHID / Emp Id: CBAS.0000047545

Ref. by Doctor

Treating Doctor

CHC

Dr. Sijo

Past Dental History: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Chief Complaint(s): Regular dental check up

Investigation:

RVG

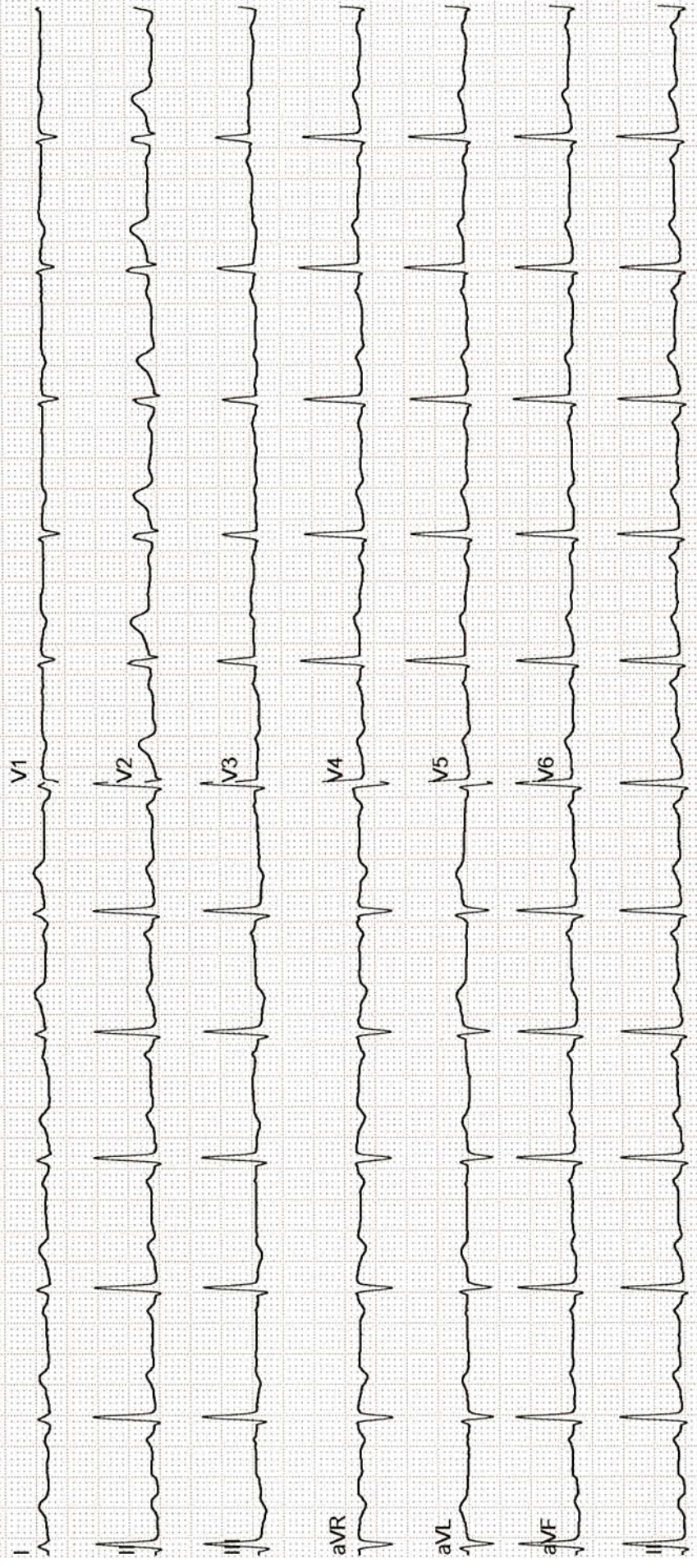
OPG

CBCT

162 cm Female  
60.0 kg

Normal sinus rhythm  
Normal ECG

QRS : 76 ms  
QT / QTcBaz : 394 / 434 ms  
PR : 166 ms  
P : 114 ms  
RR / PP : 824 / 821 ms  
P / QRS / T : 43 / 80 / 15 degrees





echo,ent,ophthal and ultrasound is pending