

Patient Name : Mrs.K MALINI B	Collected : 09/Mar/2024 09:47AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 09/Mar/2024 12:34PM
UHID/MR No : CBAS.0000091945	Reported : 09/Mar/2024 05:02PM
Visit ID : CBASOPV100944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 383435	

DEPARTMENT OF HAEMATOLOGY

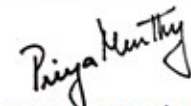
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.8	g/dL	12-15	Spectrophotometer
PCV	33.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.32	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	77.3	fL	83-101	Calculated
MCH	25	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	15.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,630	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	70.6	%	40-80	Electrical Impedence
LYMPHOCYTES	21	%	20-40	Electrical Impedence
EOSINOPHILS	0.7	%	1-6	Electrical Impedence
MONOCYTES	7.6	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4680.78	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1392.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	46.41	Cells/cu.mm	20-500	Calculated
MONOCYTES	503.88	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.63	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.36		0.78- 3.53	Calculated
PLATELET COUNT	294000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 16



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SIN No:BED240063114

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 |
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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

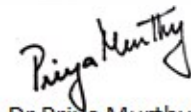
IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA.

Note: Kindly evaluate for iron deficiency status.

Kindly correlate clinically.



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			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	102	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)	98	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				

Page 4 of 16


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SIN No:EDT240028736

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HBA1C, GLYCATED HEMOGLOBIN	5.7	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL	Calculated


Comment:

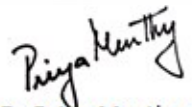
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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SIN No: EDT240028736

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	143	mg/dL	<200	CHO-POD
TRIGLYCERIDES	116	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	103	mg/dL	<130	Calculated
LDL CHOLESTEROL	79.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.58		0-4.97	Calculated


Comment:

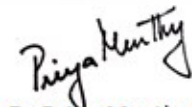
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.

Page 6 of 16


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SIN No:SE04655694

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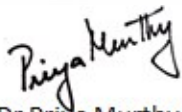
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	51.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.04	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.78	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'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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 CONSULTANT BIOCHEMIST


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



SIN No:SE04655694

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.K MALINI B	Collected : 09/Mar/2024 09:47AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 09/Mar/2024 03:38PM
UHID/MR No : CBAS.0000091945	Reported : 09/Mar/2024 07:12PM
Visit ID : CBASOPV100944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 383435	

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.67	mg/dL	0.51-0.95	Jaffe's, Method
UREA	16.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.75	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.94	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	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.04	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.78	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		0.9-2.0	Calculated



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APOLLO CLINICS NETWORK

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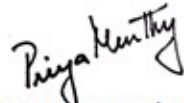
DEPARTMENT OF BIOCHEMISTRY

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	18.00	U/L	<38	IFCC



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Patient Name : Mrs.K MALINI B	Collected : 09/Mar/2024 09:47AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 09/Mar/2024 03:38PM
UHID/MR No : CBAS.0000091945	Reported : 09/Mar/2024 06:31PM
Visit ID : CBASOPV100944	Status : Final Report
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Emp/Auth/TPA ID : 383435	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.16	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.3	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.671	µIU/mL	0.34-5.60	CLIA

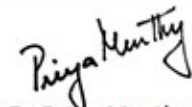
Comment:

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:SPL24041922

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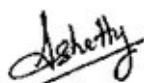
APOLLO CLINICS NETWORK
 Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie)
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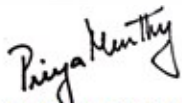
DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Karnataka- 560034

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Patient Name : Mrs.K MALINI B	Collected : 09/Mar/2024 09:46AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 09/Mar/2024 02:41PM
UHID/MR No : CBAS.0000091945	Reported : 09/Mar/2024 04:37PM
Visit ID : CBASOPV100944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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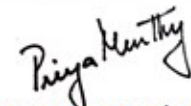
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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



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Consultant Pathologist



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SIN No:UR2301335

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

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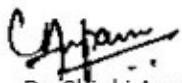
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Patient Name : Mrs.K MALINI B	Collected : 09/Mar/2024 12:01 PM
Age/Gender : 33 Y 6 M 0 D/F	Received : 09/Mar/2024 05:09 PM
UHID/MR No : CBAS.0000091945	Reported : 09/Mar/2024 10:24 PM
Visit ID : CBASOPV100944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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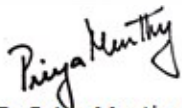
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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Dr Priya Murthy
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SIN No:UPP017004

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Patient Name : Mrs.K MALINI B	Collected : 09/Mar/2024 09:47AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 09/Mar/2024 02:41PM
UHID/MR No : CBAS.0000091945	Reported : 09/Mar/2024 04:41PM
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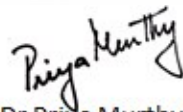
DEPARTMENT OF CLINICAL PATHOLOGY

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
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Consultant Pathologist



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Consultant Pathologist



SIN No:UF011067

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Patient Name : Mrs.K MALINI B	Collected : 09/Mar/2024 02:17PM
Age/Gender : 33 Y 6 M 0 D/F	Received : 10/Mar/2024 07:02PM
UHID/MR No : CBAS.0000091945	Reported : 14/Mar/2024 10:19AM
Visit ID : CBASOPV100944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CYTOLOGY

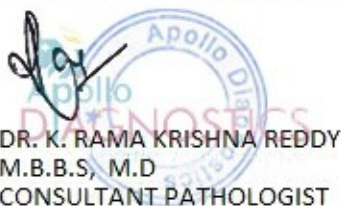
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	5458/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



DR. K. RAMA KRISHNA REDDY
M.B.B.S., M.D
CONSULTANT PATHOLOGIST

SIN No:CS076109

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



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

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

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

Customer Pending Tests
DIET,DENTAL,ENT,FITNESS BY GP PENDING

Name : Mrs. K MALINI B

Age: 33 Y

Sex: F

UHID:CBAS.0000091945



OP Number:CBASOPV100944

Bill No :CBAS-OCR-61260

Date : 09.03.2024 09:36

Address : blr

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	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	
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	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

= Physio

= ALP - VIT D & B12

- Dental -

Ht - 155

Wt - 61.6 kg

BP - 105/60

PR - 73

WB - 82

HR - 92

ECHOCARDIOGRAPHY REPORT

Name: MRS MALINI

Age: 33 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	1.01	m/sec	A	0.55	m/sec	No MR
Tricuspid Valve	E	0.67	m/sec	A	0.41	m/sec	No TR
Aortic Valve	Vmax	1.28	m/sec				No AR
Pulmonary Valve	Vmax	1.01	m/sec				No PR
Diastolic Dysfunction							

LINE MODE MEASUREMENTS

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.8	2.6-3.6	cm
LI	left Atrium	3.6	2.7-3.8	cm
A	Aortic Cusp Separation	1.6	1.4-1.7	cm
II	IVS - Diastole	1.1	0.9-1.1	cm
L	left Ventricle-Diastole	4.3	4.2-5.9	cm
P	Posterior wall-Diastole	1.0	0.9-1.1	cm
I	IVS-Systole	1.2	1.3-1.5	cm
LL	left Ventricle-Systole	3.3	2.1-4.0	cm
P	Posterior wall-Systole	1.0	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.5	2.0-3.3	cm

Impression -

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

DR. VISHAL KUMAR .H

CLINICAL CARDIOLOGIST

Date: IST: 2024-03-09 11:56:03

Personal Details

UHID: 01P3FGAT6TF0X4Z
PatientID: 467771
Name: MRS MALINI
Age: 33
Gender: Female
Mobile: 67686868686686

Pre-Existing Medical-Conditions

Symptoms

Vitals

Measurements

HR: 68 BPM
PR: 141 ms
PD: 111 ms
QRSD: 78 ms
QRS Axis: 59 deg
QT/QTc: 385/385 ms

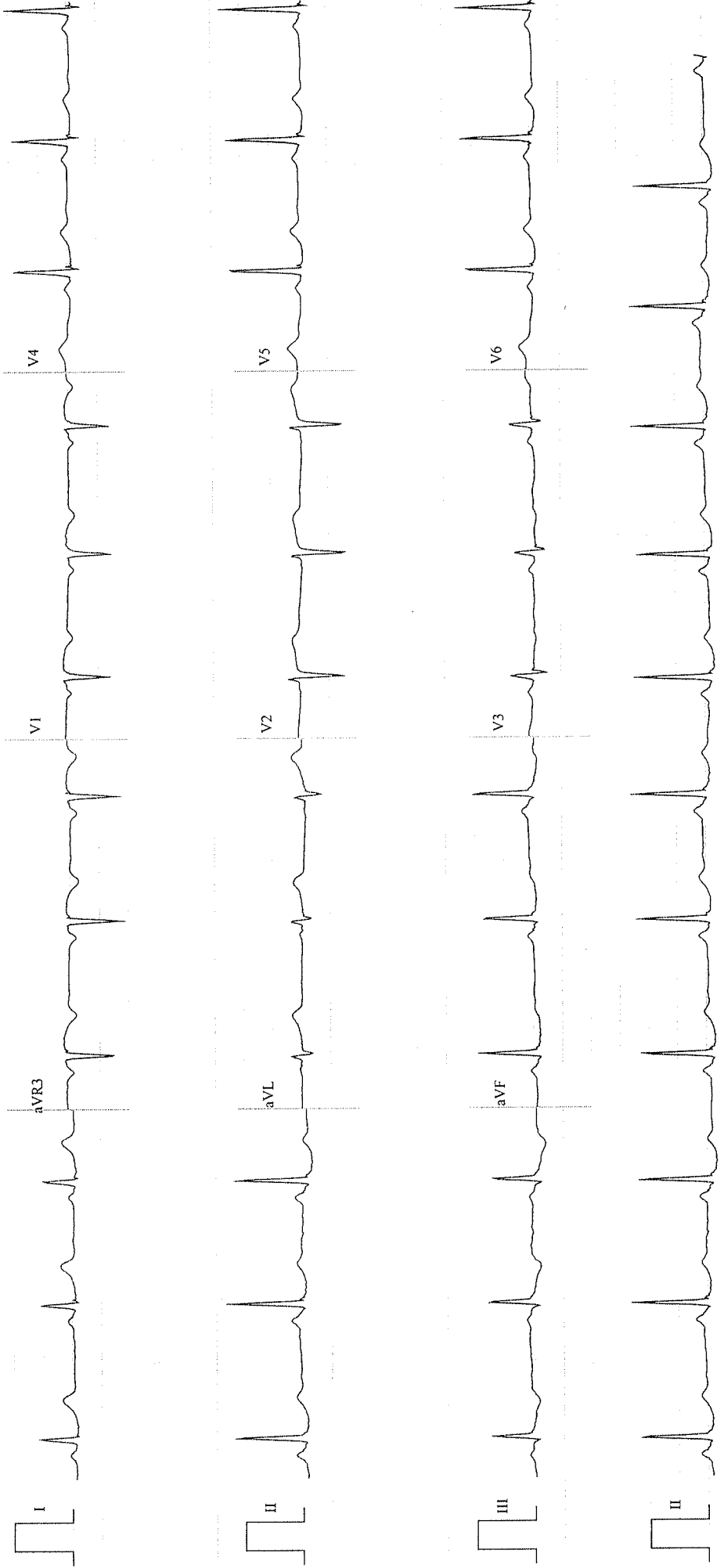
Interpretation

Normal sinus rhythm
Normal axis

Authorized by

Yogesh

Dr. Yogesh Kothari
MD, DNB, FESC, FEP
Reg No- KMC-44065



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV
Disclaimer: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician.
2. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data, clinical correlation is important.

PAP SMEAR CONSENT FORM

PATIENT NAME:

Mahim

AGE:

GENDER:

33y

DATE:

9/2

MENSTRUAL AND REPRODUCTIVE HISTORY

AGE OF MENARCHE

: *17y*

AGE OF MENOPAUSAL IF APPLICABLE

: */*

MENSTRUAL REGULARITY

: REGULAR/ IRREGULAR

*3-4d.
23d*

FIRST DAY OF LAST MENSTRUATION PERIOD:

22-2-24

AGE AT MARRIAGE

: *22y*

YEAR'S OF MARRIED LIFE

: *11y*

CONTRACEPTION

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

Condom

HORMONAL TREATMENT

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

GRAVIDA (NO OF TIME'S CONCEIVED)

:

PARA(NO OF CHILDBIRTH)

:

LIVE(NO OF LIVING CHILDREN)

:

ABORTIONS

:

MISCARRIAGES/ABORTION

:

AGE OF FIRST CHILD

:

AGE OF LAST CHILD

:

PREVIOUS PAP SMEAR REPORT

:

*P2L2 T 10y } USS.
5y }
not tubectomized
USG → fibroid*

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

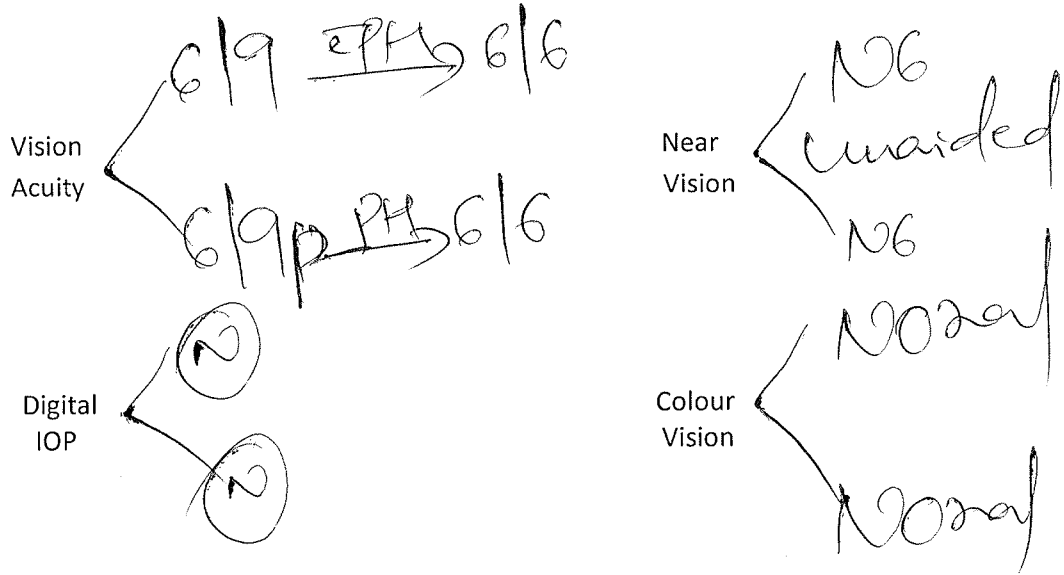
[Signature]

SIGNATURE OF THE DOCTOR

[Signature]

Mrs. Mahini B. 33/F 91945 9/3/24

EYE CHECK UP REPORT



• Fundus: normal @ steady

• Ant. Segment :- none

• Media: normal

• Pupil: none

BCVA / 0.25 SPH 6/6, N6.
0.50 SPH 6/6, N6

[Signature]



भारत सरकार



आधार

ಭಾರತೀಯ ಏಕೈಕ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 2086/13072/00756

To

ಮಾಲಿನಿ ಬಿ ಕೆ

Malini B K

W/O Gokulnath Varadhan

Flat No 0312 SLV Sannidhi Classic Agara Main Road

Jayanthi Nagar Circle Horamavu

Horamavu Agara

Horamavu

Bangalore South Bengaluru

Karnataka 560043

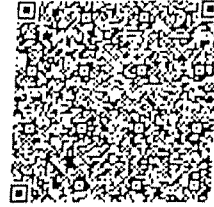
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13/01/2015

92338498



MD923384983FH



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3973 8527 9056

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ

Government of India

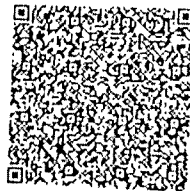


ಮಾಲಿನಿ ಬಿ ಕೆ

Malini B K

ಜನ್ಮ ದಿನಾಂಕ / DOB : 07/04/1990

ಸ್ತ್ರೀ / Female



3973 8527 9056

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

Fwd: Health Check up Booking Confirmed Request(bobE13409),Package Code-PKG10000377, Beneficiary Code-302514 -Malini

MALINI B K <MALINI.K@bankofbaroda.com>

Sat 3/9/2024 9:08 AM

To:Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>

📎 1 attachments (347 KB)

Malini aadhaar (2).pdf;

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From: Mediwheel <wellness@mediwheel.in>

Sent: Wednesday, March 6, 2024 4:20:54 PM

To: MALINI B K <MALINI.K@bankofbaroda.com>

Cc: customercare@mediwheel.in <customercare@mediwheel.in>

Subject: Health Check up Booking Confirmed Request(bobE13409),Package Code-PKG10000377, Beneficiary Code-302514

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

हीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.

THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU

011-41195959

Dear **Malini B K**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Annual Plus Check

Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40

Name of Diagnostic/Hospital : Apollo Clinic - Basavanagudi

Address of Diagnostic/Hospital- : Apollo Clinic, # 99, Bull Temple Road , Next to Ramakrishna mutt, Basavanagudi - 560019

City : Bangalore

State :

Patient Name : Mrs. K MALINI B

Age/Gender : 33 Y/F

UHID/MR No. : CBAS.0000091945

OP Visit No : CBASOPV100944

Sample Collected on :

Reported on : 09-03-2024 19:16

LRN# : RAD2261783

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 383435

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.

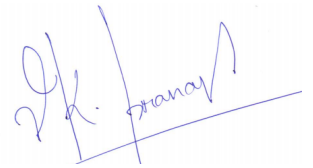
Both costophrenic and cardiophrenic angles are clear.

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 PRNAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mrs. K MALINI B

Age/Gender : 33 Y/F

UHID/MR No. : CBAS.0000091945

OP Visit No : CBASOPV100944

Sample Collected on :

Reported on : 09-03-2024 17:13

LRN# : RAD2261783

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 383435

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (14.0 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 well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

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

Pancreas appears normal in 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 9.7x1.4 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 9.6x1.5 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 8.0x3.5x4.3 cm. Anterior wall intramural fibroid measuring 2.3x2.0 cm. Endometrial echo-complex appears normal and measures 0.6 cm.

Both ovaries Right ovary appear normal in size, shape and echotexture. Right ovary measuring 2.2x1.8 cm. Left ovary is obscured. No evidence of any adnexal pathology noted.

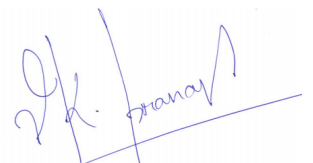
- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-

GRADE I FATTY LIVER.
FIBROID UTERUS.

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. K MALINI B

Age/Gender : 33 Y/F

Radiology