

Patient Name : Mrs.RAMYA K	Collected : 23/Mar/2024 07:32AM
Age/Gender : 32 Y 2 M 25 D/F	Received : 23/Mar/2024 11:53AM
UHID/MR No : CTNA.0000152492	Reported : 23/Mar/2024 01:04PM
Visit ID : CTNAOPV196662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13963	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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

SIN No:BED240078571

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

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

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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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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	11.7	g/dL	12-15	Spectrophotometer
PCV	34.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.05	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.7	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	15.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.0	%	40-80	Electrical Impedance
LYMPHOCYTES	31.4	%	20-40	Electrical Impedance
EOSINOPHILS	9.6	%	1-6	Electrical Impedance
MONOCYTES	5.4	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2915	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1727	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	528	Cells/cu.mm	20-500	Calculated
MONOCYTES	297	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.69		0.78- 3.53	Calculated
PLATELET COUNT	279000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR				
METHODOLOGY	: Microscopic			

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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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



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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	96	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)	97	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.



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



SIN No:PLP1436029

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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	125	mg/dL	<200	CHO-POD
TRIGLYCERIDES	80	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	91	mg/dL	<130	Calculated
LDL CHOLESTEROL	75	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.68		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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.

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- 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	75.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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



SIN No:SE04671651

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

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Patient Name : Mrs.RAMYA K	Collected : 23/Mar/2024 07:32AM
Age/Gender : 32 Y 2 M 25 D/F	Received : 23/Mar/2024 11:46AM
UHID/MR No : CTNA.0000152492	Reported : 23/Mar/2024 12:45PM
Visit ID : CTNAOPV196662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13963	

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	0.69	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	14.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.30	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated



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



SIN No:SE04671651

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Patient Name : Mrs.RAMYA K	Collected : 23/Mar/2024 07:32AM
Age/Gender : 32 Y 2 M 25 D/F	Received : 23/Mar/2024 11:46AM
UHID/MR No : CTNA.0000152492	Reported : 23/Mar/2024 12:34PM
Visit ID : CTNAOPV196662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13963	

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	13.00	U/L	<38	IFCC



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



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Patient Name : Mrs.RAMYA K	Collected : 23/Mar/2024 07:32AM
Age/Gender : 32 Y 2 M 25 D/F	Received : 23/Mar/2024 12:03PM
UHID/MR No : CTNA.0000152492	Reported : 23/Mar/2024 12:44PM
Visit ID : CTNAOPV196662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13963	

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)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.2	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.240	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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



SIN No: SPL24052509

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Patient Name : Mrs.RAMYA K	Collected : 23/Mar/2024 07:32AM
Age/Gender : 32 Y 2 M 25 D/F	Received : 23/Mar/2024 12:03PM
UHID/MR No : CTNA.0000152492	Reported : 23/Mar/2024 12:44PM
Visit ID : CTNAOPV196662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13963	

DEPARTMENT OF IMMUNOLOGY

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



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



SIN No:SPL24052509

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Patient Name : Mrs.RAMYA K	Collected : 23/Mar/2024 07:32AM
Age/Gender : 32 Y 2 M 25 D/F	Received : 23/Mar/2024 04:02PM
UHID/MR No : CTNA.0000152492	Reported : 23/Mar/2024 04:40PM
Visit ID : CTNAOPV196662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13963	

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	7.0		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
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	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 16



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

SIN No:UR2312993

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Patient Name : Mrs.RAMYA K	Collected : 23/Mar/2024 07:32AM
Age/Gender : 32 Y 2 M 25 D/F	Received : 23/Mar/2024 12:55PM
UHID/MR No : CTNA.0000152492	Reported : 23/Mar/2024 01:18PM
Visit ID : CTNAOPV196662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13963	

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

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



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Patient Name : Mrs.RAMYA K	Collected : 23/Mar/2024 02:31PM
Age/Gender : 32 Y 2 M 25 D/F	Received : 24/Mar/2024 05:14PM
UHID/MR No : CTNA.0000152492	Reported : 26/Mar/2024 05:14PM
Visit ID : CTNAOPV196662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13963	

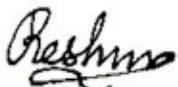
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	7176/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. 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
c	NON NEOPLASTIC FINDINGS	INFLAMMATORY SMEAR
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 ***



Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

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SIN No:CS077451

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

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

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Patient Name	: Mrs. Ramya K	Age/Gender	: 32 Y/F
UHID/MR No.	: CTNA.0000152492	OP Visit No	: CTNAOPV196662
Sample Collected on	:	Reported on	: 25-03-2024 13:28
LRN#	: RAD2277487	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE13963		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

NORMAL STUDY.



Dr. RASHEED ARAFATH HIDAYATHULLAH
MBBS, DNB (RD)
Radiology

Ms. Ramya.

23.3.24.

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

General Examination / Allergies
History

Adh
Pge

C/O allergy, see. cold.

Ins: Saus: B/c Tm intact.

NOSE: nasal ↓
throat ↓

FF: Heavy rhinorrhea.

Δ - ? Allergic Rhinitis.

APOLLO MEDICAL CENTRE
11/4, Sivaprakasam Street, Pandy Bazaar
T. Nagar, Chennai - 600 017.
Phone : 044 - 2434 1066 / 95001 66355



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Name <i>Ramya. K</i>	Date <i>23/03/24</i>
Age <i>32</i>	UHID No. <i>152492</i>
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

	RE	LE
DV-UCVA :	<i>(6/36P)</i>	<i>(6/18P)</i>
DV-BCVA (P4) :	<i>(6/6P)</i>	<i>(6/6)</i>
NEAR VISION :	<i>N6</i>	<i>N6</i>
ANTERIOR SEGMENT :	<i>full</i>	<i>full</i>
IOP :		
FIELDS OF VISION :		
E O M :		
COLOUR VISION :	<i>Normal</i>	<i>Normal</i>
FUNDUS :		
IMPRESSION :		
ADVICE :	<i>Review on 1 year</i>	

APOLLO MEDICAL CENTRE
11/4, Sivaprasadam Street, Pondy Bazaar
T. Nagar, Chennai - 600 017.
Phone: 044 - 2434 1066 / 95001 66355

Physical Examination			
Name Mr / Mrs / Miss		MR. Ramya. K	
Age / Gender		32y	Male / Female <input checked="" type="checkbox"/>
HEIGHT	153		Cms
WEIGHT	64		Kgs
BLOOD PRESSURE (if above 140/90 need 3 readings)	1)	110/80	mm/Hg
	2)		
	3)		
EIN	27.3		
WAIST	88		
HIP	94		
WAIST HIP RATIO	0.93		Min
RESPIRATORY RATE	18		Min
PULSE	74		
CHEST	INSPIRATION	Ins:	Cms
	EXPIRATION	Exp:	Cms

OPHTHAL EXAMINATION					COLOUR VISION		
VISION	FAR VISION RIGHT	FAR VISION LEFT	NEAR VISION RIGHT	NEAR VISION LEFT	RIGHT	LEFT	
WITHOUT GLASS							
WITH GLASS							
REMARKS IF ANY							

APOLLO MEDICAL CENTRE
11/4, Sivaprakasam Street, Pondy Bazaar
T. Nagar, Chennai - 600 017.
Phone: 044 - 2434 1066 / 95001 66355

Patient Name	: Mrs. Ramya K	Age/Gender	: 32 Y/F
UHID/MR No.	: CTNA.0000152492	OP Visit No	: CTNAOPV196662
Sample Collected on	:	Reported on	: 23-03-2024 20:13
LRN#	: RAD2277487	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE13963		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.
Intra and extra hepatic biliary passages are not dilated.

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

Pancreas and spleen appear normal. Spleen measures 7.6 cms.
Portal and splenic veins appear normal.

No evidence of ascites or lymphadenopathy. Diaphragmatic movements are satisfactory.
There is no evidence of sub diaphragmatic pathology or pleural effusion.
Aorta and IVC appear normal.

Right kidney measures 10.6 cms.

Left kidney measures 9.9 cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus is anteverted and measures 7.7 x 5.4 x 3.6 cms.
It shows normal endometrial and myometrial echoes.
Endometrium thickness measures 8 mm.
Cervix and vagina appears normal.

Right ovary measures 3.0 x 2.3 x 1.2 cms (volume 4 cc).

Left ovary measures 3.1 x 2.5 x 1.5 cms (volume 5 cc).

Both ovaries are normal in size and echotexture.

Patient Name : Mrs. Ramya K

Age/Gender : 32 Y/F

Both the parametria are free. No mass lesion seen in the pelvis.
Bladder is normal in contour. Both iliac fossae appear normal.

IMPRESSION:

NORMAL STUDY.



Dr. RASHEED ARAFATH HIDAYATHULLAH
MBBS, DNB (RD)
Radiology

Name: Mrs. Ramya K
Age/Gender: 32 Y/F
Address: tambaram
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. REKHA SANJAY

MR No: CTNA.0000152492
Visit ID: CTNAOPV196662
Visit Date: 23-03-2024 07:25
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. Ramya K
Age/Gender: 32 Y/F
Address: tambaram
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. NARASSA NARAYANI

MR No: CTNA.0000152492
Visit ID: CTNAOPV196662
Visit Date: 23-03-2024 07:25
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. Ramya K
Age/Gender: 32 Y/F
Address: tambaram
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. HARI K

MR No: CTNA.0000152492
Visit ID: CTNAOPV196662
Visit Date: 23-03-2024 07:25
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. Ramya K
Age/Gender: 32 Y/F
Address: tambaram
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VASANTHI SACHIDHANAND

MR No: CTNA.0000152492
Visit ID: CTNAOPV196662
Visit Date: 23-03-2024 07:25
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. Ramya K
Age/Gender: 32 Y/F
Address: tambaram
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. T DEVI SHANMUGA PRIYA

MR No: CTNA.0000152492
Visit ID: CTNAOPV196662
Visit Date: 23-03-2024 07:25
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
23-03-2024 16:22	Beats/min	110/80 mmHg	Rate/min	F	153 cms	64 Kgs	%	%	Years	27.34	cms	cms	cms		AHLL04091

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

Vitals

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23-03-2024 16:22	Beats/min	110/80 mmHg	Rate/min	F	153 cms	64 Kgs	%	%	Years	27.34	cms	cms	cms		AHLL04091

Established Patient: No

Vitals

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23-03-2024 16:22	Beats/min	110/80 mmHg	Rate/min	F	153 cms	64 Kgs	%	%	Years	27.34	cms	cms	cms		AHLL04091

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
23-03-2024 16:22	Beats/min	110/80 mmHg	Rate/min	F	153 cms	64 Kgs	%	%	Years	27.34	cms	cms	cms		AHLL04091

Fwd: Health Check up Booking Confirmed Request(bobE13963),Package Code-PKG10000377, Beneficiary Code-309831

ramya kesavan <ramyakesavan91@gmail.com>

Sat 3/23/2024 7:20 AM

To:Tnagar Apolloclinic <tnagar@apolloclinic.com>

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

From: **Mediwheel** <wellness@mediwheel.in>

Date: Fri, Mar 22, 2024, 11:46 AM

Subject: Health Check up Booking Confirmed Request(bobE13963),Package Code-PKG10000377, Beneficiary Code-309831

To: <ramyakesavan91@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **MS. K RAMYA**,

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 Above 40

Name of Diagnostic/Hospital : Apollo Clinic - T Nagar

Address of Diagnostic/Hospital : Apollo Clinic, Door No 11, 4, Sivaprakasam St, opposite to Brilliant Tutorial, Pondy Bazaar, Parthasarathi Puram, T Nagar - 600017

City : Chennai

State :

Pincode : 600017

Appointment Date : 23-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 09:00 am - 09:30 am

Booking Status : Booking Confirmed

Member Information

Booked Member Name	Age	Gender
MS. K RAMYA	32 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).

- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team
Please Download Mediwheel App

You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

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

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




नाम : RAMYA.K
Name

कर्मचारी कूट क्र : 125297
E.C. No.

जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder

 **India Driving Licence(Tamilnadu)**
Form 7 DOI 05/07/2008

D.L.No : TN22Z20080006663
Name SARAVANA KUMAR R
S D W of RAJENDRAN P
Address :
1.SAKTHI NAGAR 7TH STREET
WEST TAMBARAM
CHENNAI 600045
Temp.Addr:
SRI VIGNESH DRIVING SCHOOL
D.O.B : 10/05/1990 B.G. :

Punishments:



152492
32 Years

MRS. RAMYA .K
Female

23/03/2024 07:23:04 AM

APOLLO CLINIC T NAGAR

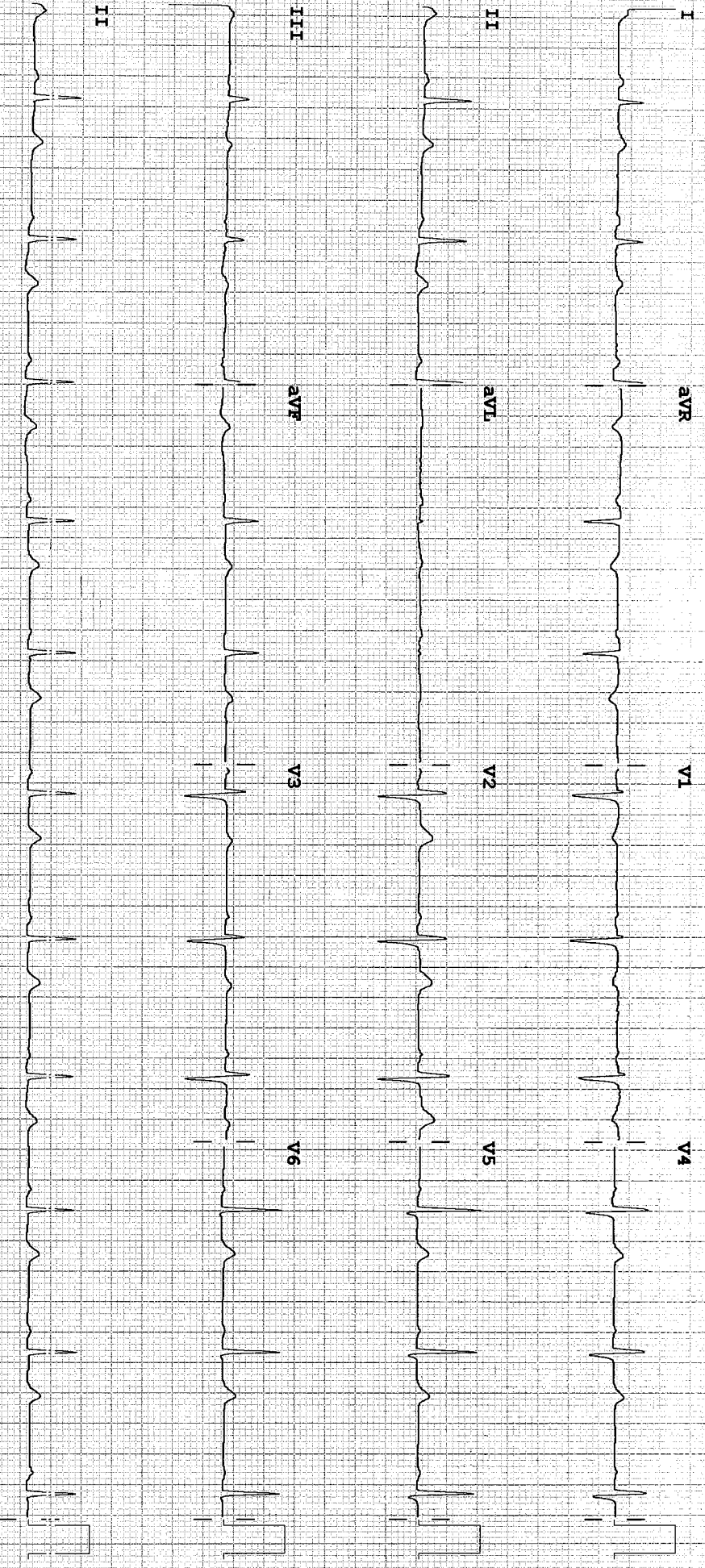
Rate 66 Sinus rhythm.....normal p axis, V-rate 50- 99

PR 161
QRS 56
T 39

--AXIS--
P 11
QRS 56
T 39

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W

PH100B CI? P?

PHILIPS

REORDER M3708A

Patient Name : Mrs. Ramya K Age : 32 Y/F
UHID : CTNA.0000152492 OP Visit No : CTNAOPV196662
Conducted By: : Dr. ASHA MAHILMARAN Conducted Date : 23-03-2024 14:23
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.7 CM
LA (es)	2.9 CM
LVID (ed)	4.4 CM
LVID (es)	2.8 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.8 CM
EF	75.00%
%FD	44.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

Patient Name	: Mrs. Ramya K	Age	: 32 Y/F
UHID	: CTNA.0000152492	OP Visit No	: CTNAOPV196662
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 23-03-2024 14:23
Referred By	: SELF		

DOPPLER STUDIES

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.6m/sec A: 0.5m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO 0.4m/sec

VELOCITY ACROSS THE AV UPTO 1.1m/sec

IMPRESSION:

NO REGIONAL WALL MOTION ABNORMALITIES

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

NORMAL LEFT VENTRICULAR IN SIZE

NO : PE/PAH

DONE BY
NIRMALA

Patient Name : Mrs. Ramya K Age : 32 Y/F
UHID : CTNA.0000152492 OP Visit No : CTNAOPV196662
Conducted By: : Dr. ASHA MAHILMARAN Conducted Date : 23-03-2024 14:23
Referred By : SELF



Dr.ASHA
MAHILMARAN.

Patient Name	: Mrs. Ramya K	Age	: 32 Y/F
UHID	: CTNA.0000152492	OP Visit No	: CTNAOPV196662
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 23-03-2024 14:23
Referred By	: SELF		

Patient Name	: Mrs. Ramya K	Age	: 32 Y/F
UHID	: CTNA.0000152492	OP Visit No	: CTNAOPV196662
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 23-03-2024 14:23
Referred By	: SELF		

Patient Name	: Mrs. Ramya K	Age	: 32 Y/F
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Referred By	: SELF		

Patient Name	: Mrs. Ramya K	Age	: 32 Y/F
UHID	: CTNA.0000152492	OP Visit No	: CTNAOPV196662
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 23-03-2024 14:23
Referred By	: SELF		

Patient Name	: Mrs. Ramya K	Age	: 32 Y/F
UHID	: CTNA.0000152492	OP Visit No	: CTNAOPV196662
Reported By:	: Dr. HARI K	Conducted Date	: 23-03-2024 13:28
Referred By	: SELF		


ECG REPORT

Impression:

NORMAL SINUS RHYTHM

NORMAL ECG.

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



Dr. HARI K