

Patient Name : Mrs.RITA KUMARI	Collected : 17/Mar/2024 08:21AM
Age/Gender : 35 Y 2 M 22 D/F	Received : 17/Mar/2024 01:42PM
UHID/MR No : CINR.0000164478	Reported : 17/Mar/2024 04:00PM
Visit ID : CINROPV222388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8217589602	

DEPARTMENT OF HAEMATOLOGY

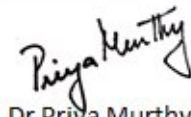
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	11.5	g/dL	12-15	Spectrophotometer
PCV	34.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.37	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	78.1	fL	83-101	Calculated
MCH	26.2	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	15.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,470	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60.8	%	40-80	Electrical Impedance
LYMPHOCYTES	30.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3325.76	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1657.41	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	98.46	Cells/cu.mm	20-500	Calculated
MONOCYTES	377.43	Cells/cu.mm	200-1000	Calculated
BASOPHILS	10.94	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.01		0.78- 3.53	Calculated
PLATELET COUNT	244000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	45	mm at the end of 1 hour	0-20	Modified Westgren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are predominantly normocytic normochromic with few microcytic hypochromic RBCs exhibiting mild anisocytosis.



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



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



SIN No:BED240072073

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

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

APOLLO CLINICS NETWORK

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

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

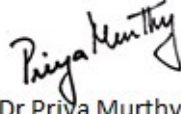
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: MILD MICROCYTIC HYPOCHROMIC ANEMIA**



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



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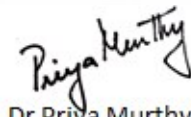
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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M.B.B.S,M.D(Pathology)  
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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)	127	mg/dL	70-140	HEXOKINASE


Comment:

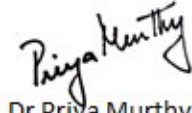
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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	5.6	%		HPLC

Page 4 of 15

  
**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:EDT240033001

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ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL	Calculated
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Comment:

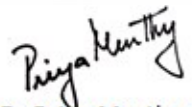
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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 M.B.B.S.,M.D(Biochemistry)  
 CONSULTANT BIOCHEMIST

  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	140	mg/dL	<200	CHO-POD
TRIGLYCERIDES	81	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	100	mg/dL	<130	Calculated
LDL CHOLESTEROL	83.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.43		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


**Comment:**

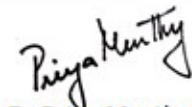
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.

  
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 M.B.B.S.,M.D(Biochemistry)  
 CONSULTANT BIOCHEMIST

  
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SIN No:SE04665094

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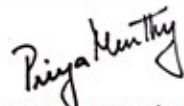
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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.
- 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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.80	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.65	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>37</b>	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	101.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	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 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.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:SE04665094

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.RITA KUMARI	Collected : 17/Mar/2024 08:21AM
Age/Gender : 35 Y 2 M 22 D/F	Received : 17/Mar/2024 02:49PM
UHID/MR No : CINR.0000164478	Reported : 17/Mar/2024 05:37PM
Visit ID : CINROPV222388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8217589602	

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	0.52	mg/dL	0.51-0.95	Jaffe's, Method
UREA	<b>16.20</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.89	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.78	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	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	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



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Karnataka- 560034

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UHID/MR No : CINR.0000164478	Reported : 17/Mar/2024 04:01PM
Visit ID : CINROPV222388	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	24.00	U/L	<38	IFCC



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CONSULTANT BIOCHEMIST

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Patient Name : Mrs.RITA KUMARI	Collected : 17/Mar/2024 08:21AM
Age/Gender : 35 Y 2 M 22 D/F	Received : 17/Mar/2024 02:48PM
UHID/MR No : CINR.0000164478	Reported : 17/Mar/2024 04:15PM
Visit ID : CINROPV222388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8217589602	

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)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.8	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.738</b>	µIU/mL	0.34-5.60	CLIA

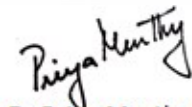
Comment:

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

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



SIN No:SPL24048343

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

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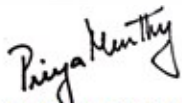
Patient Name	: Mrs.RITA KUMARI	Collected	: 17/Mar/2024 08:21AM
Age/Gender	: 35 Y 2 M 22 D/F	Received	: 17/Mar/2024 02:48PM
UHID/MR No	: CINR.0000164478	Reported	: 17/Mar/2024 04:15PM
Visit ID	: CINROPV222388	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8217589602		

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



Dr Priya Murthy  
M.B.B.S.,M.D(Pathology)  
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Patient Name : Mrs.RITA KUMARI	Collected : 17/Mar/2024 08:20AM
Age/Gender : 35 Y 2 M 22 D/F	Received : 17/Mar/2024 05:08PM
UHID/MR No : CINR.0000164478	Reported : 17/Mar/2024 06:19PM
Visit ID : CINROPV222388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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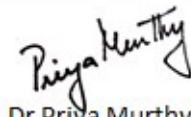
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		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	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



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



SIN No: UR2308024

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

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Patient Name : Mrs.RITA KUMARI	Collected : 17/Mar/2024 08:20AM
Age/Gender : 35 Y 2 M 22 D/F	Received : 17/Mar/2024 05:08PM
UHID/MR No : CINR.0000164478	Reported : 17/Mar/2024 06:14PM
Visit ID : CINROPV222388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8217589602	

**DEPARTMENT OF CLINICAL PATHOLOGY**

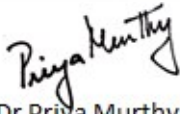
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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



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



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



SIN No:UF011195

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Patient Name : Mrs.RITA KUMARI	Collected : 19/Mar/2024 10:16AM
Age/Gender : 35 Y 2 M 24 D/F	Received : 20/Mar/2024 12:58PM
UHID/MR No : CINR.0000164478	Reported : 21/Mar/2024 02:29PM
Visit ID : CINROPV222388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8217589602	

DEPARTMENT OF CYTOLOGY

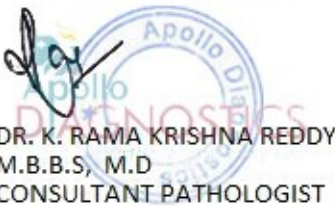
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	6483/24
<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	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  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. K. RAMA KRISHNA REDDY  
M.B.B.S., M.D  
CONSULTANT PATHOLOGIST

SIN No:CS076900

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

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

Page 15 of 15  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



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

**Name** : Mrs. Rita Kumari

**Age**: 35 Y

**UHID**:CINR.0000164478

**Sex**: F

**Address** : BANGALORE

**OP Number**:CINROPV222388

**Plan** : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

**Bill No** :CINR-OCR-95196

**Date** : 17.03.2024 08:14

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



Date HOSPITALS: 17-03-2024

Department : GENERAL

MR NO : CINR.0000164478

Doctor :

Name : Mrs. Rita Kumari

Registration No :

Age/ Gender : 35 Y / Female

Qualification :

Consultation Timing: 08:14

Height : 153cms	Weight : 71.2kg	BMI : 30.3	Waist Circum : 100cm
Temp : 98°F	Pulse : 68bpm	Resp : 18cpm	B.P : 100/60mm

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Ophthalm

6/6 without 6/6

2/6 " 2/6

C.v  $\frac{VA}{VA}$   $\frac{VA}{VA}$

Adv: Protection glass

Follow up date:



Doctor Signature

NAME: MRS Rita Kumari	AGE/SEX: 35/F	OP NUMBER: 164978
Ref By : SLEF	DATE: 17-03-2024	

**M mode and doppler measurements:**

CM	CM	M/sec	
AO: 2.4	IVS(D): 1.0	MV: E Vel: 0.9	A Vel : 0.6
LA: 2.7	LVIDD(D): 4.6	AV Peak: 1.4	
	LVPW(D): 1.1	PV peak: 1.1	
	IVS(S): 1.3		
	LVID(S): 2.7		
	LVPW(S): 1.1		
	LVEF:60 %		
	TAPSE: 2.0		

**Descriptive findings:**

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal

Pericardium:	Normal
IVC:	Normal
Others	---

**IMPRESSION :**

**No Regional wall motion abnormality**

**No MR/AR/TR**

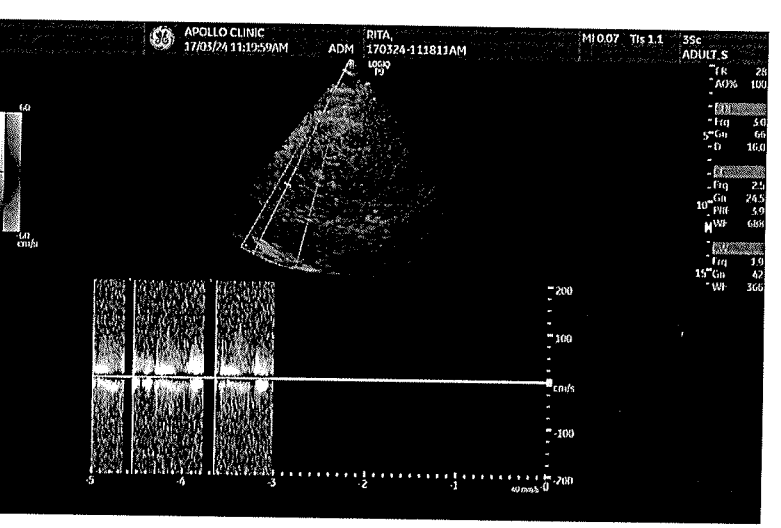
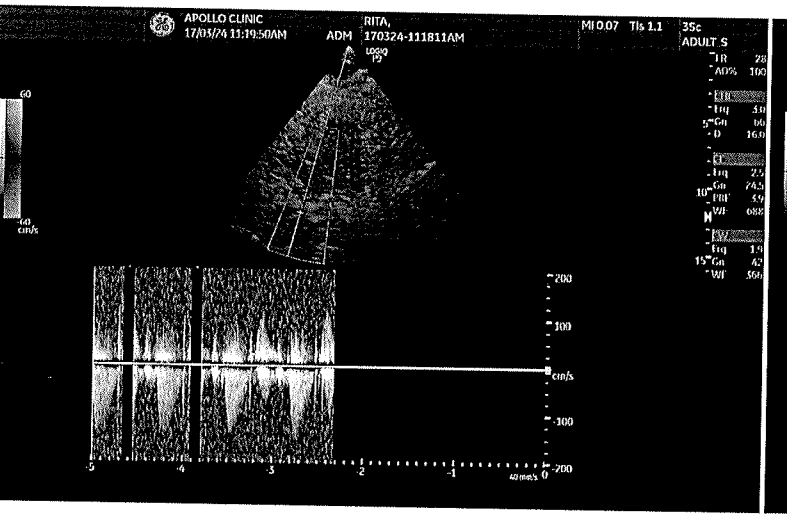
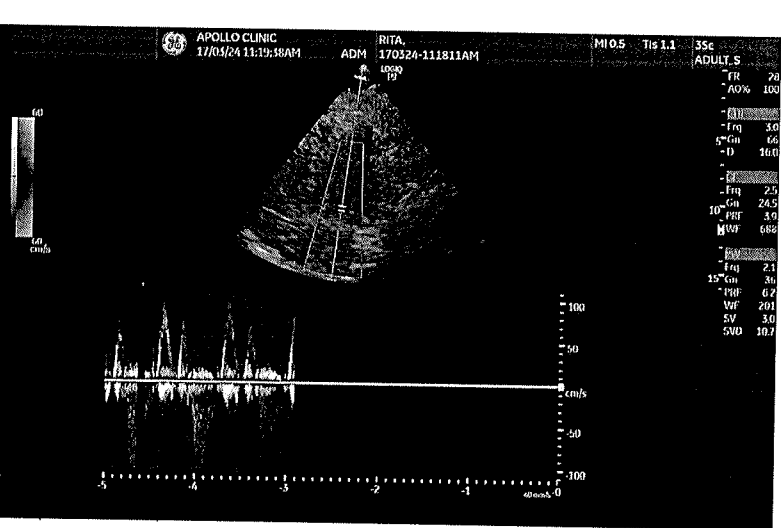
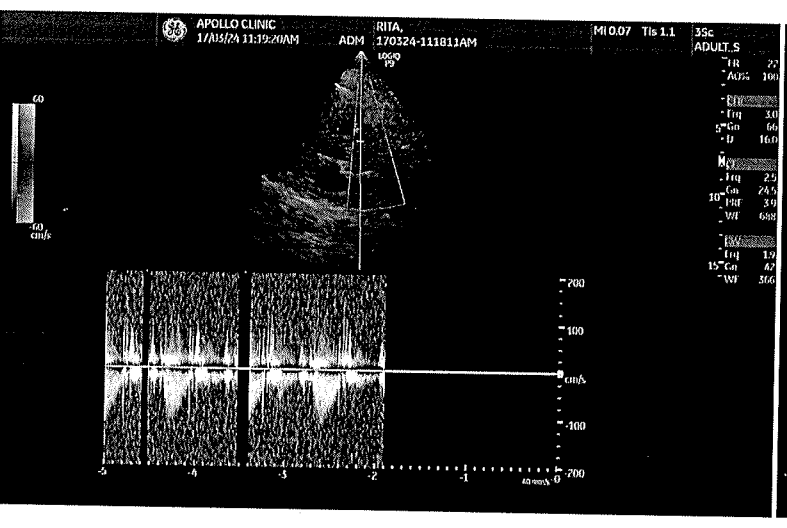
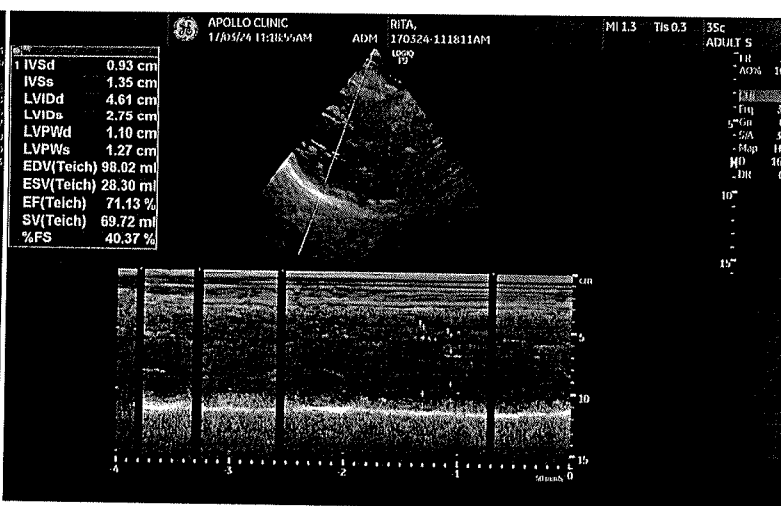
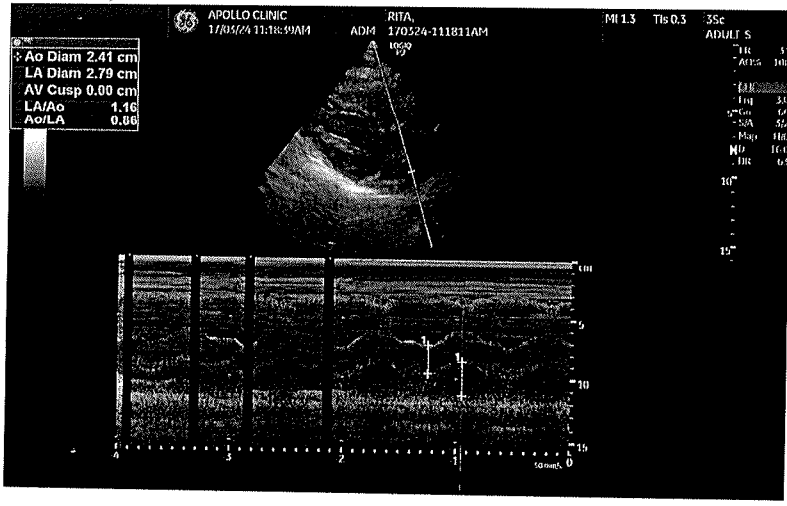
**No clot/vegetation/pericardial effusion**

**Normal LV systolic function - LVEF= 60%**



**DR JAGADEESH H V MD,DM**

**CONSULTANT CARDIOLOGIST**



26.12.1988  
35 Years

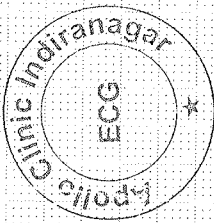
Female

17-03-2024 9:27:08  
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

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

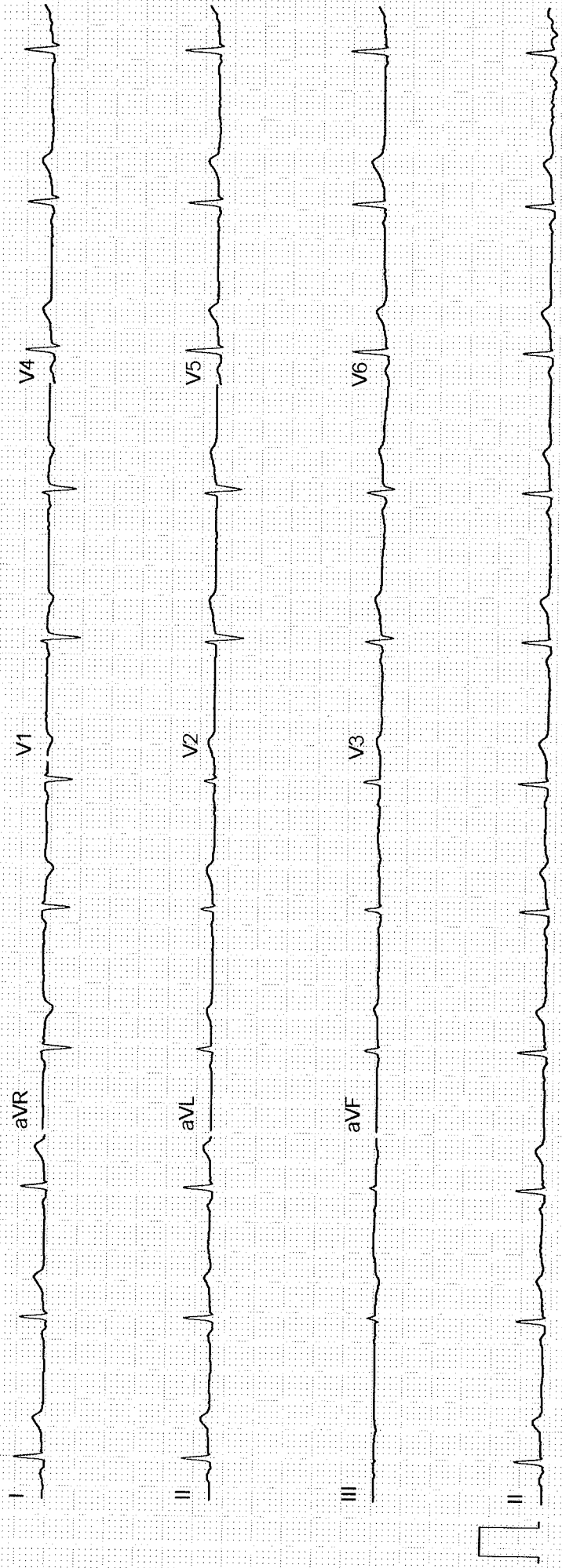
63 bpm  
-- / -- mmHg

QRS 68 ms  
QT / QTcBaz 382 / 390 ms  
PR 128 ms  
P 86 ms  
RR / PP 944 / 952 ms  
P / QRS / T 40 / 37 / 17 degrees



Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*Handwritten signature*



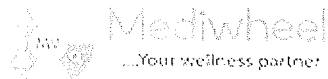
Health Check up Booking Confirmed Request(bobE15444),Package Code-PKG10000377,  
Beneficiary Code-296521

Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Sat 16-03-2024 11:51

To:lifald2012@gmail.com <lifald2012@gmail.com>

Cc:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>



011-41195959

Dear RITA KUMARI,

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 - Indiranagar

**Address of Diagnostic/Hospital-** : 2012,1st floor, Above vision express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038

**City** : Bangalore

**State** :

**Pincode** : 560038

**Appointment Date** : 17-03-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:00am

**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MRS. KUMARI RITA	35 year	Female

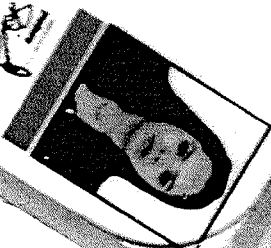
Note - Please note to not pay any amount at the center.

**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.

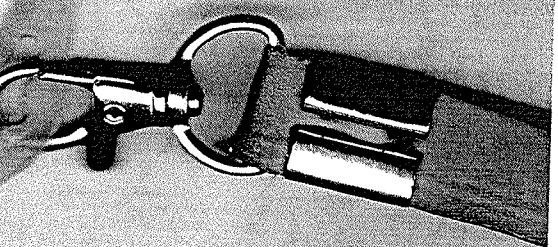


Signature of Holder



The State of New York  
Department of Education

Dr. [Name]  
[Address]  
[City, State, Zip]



<b>Patient Name</b>	: Mrs. Rita Kumari	<b>Age/Gender</b>	: 35 Y/F
<b>UHID/MR No.</b>	: CINR.0000164478	<b>OP Visit No</b>	: CINROPV222388
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 17-03-2024 12:17
<b>LRN#</b>	: RAD2270694	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 8217589602		

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**DEPARTMENT OF RADIOLOGY**

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**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