

Patient Name	: Mrs.GOWRI G	Collected	: 29/Mar/2024 09:02AM
Age/Gender	: 55 Y 9 M 24 D/F	Received	: 29/Mar/2024 12:51PM
UHID/MR No	: CANN.0000235122	Reported	: 29/Mar/2024 02:31PM
Visit ID	: CANNOPV398910	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE17788		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: 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.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240086802

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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APOLLO CLINICS NETWORK

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.5	g/dL	12-15	Spectrophotometer
PCV	39.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.19	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	94.3	fL	83-101	Calculated
MCH	32.3	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.2	%	40-80	Electrical Impedance
LYMPHOCYTES	34.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.0	%	1-6	Electrical Impedance
MONOCYTES	9.3	%	2-10	Electrical Impedance
BASOPHILS	1.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2168	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1372	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	40	Cells/cu.mm	20-500	Calculated
MONOCYTES	372	Cells/cu.mm	200-1000	Calculated
BASOPHILS	48	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.58		0.78- 3.53	Calculated
PLATELET COUNT	250000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	29	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

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DEPARTMENT OF HAEMATOLOGY

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

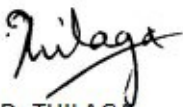
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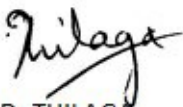
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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



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Patient Name : Mrs.GOWRI G	Collected : 29/Mar/2024 09:02AM
Age/Gender : 55 Y 9 M 24 D/F	Received : 29/Mar/2024 12:54PM
UHID/MR No : CANN.0000235122	Reported : 29/Mar/2024 01:28PM
Visit ID : CANNOPV398910	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	121	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.



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



SIN No:PLF02136512

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Patient Name	: Mrs.GOWRI G	Collected	: 29/Mar/2024 11:43AM
Age/Gender	: 55 Y 9 M 24 D/F	Received	: 29/Mar/2024 02:10PM
UHID/MR No	: CANN.0000235122	Reported	: 29/Mar/2024 04:31PM
Visit ID	: CANNOPV398910	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	180	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:PLP1439771

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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	143	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:EDT240040202

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	253	mg/dL	<200	CHO-POD
TRIGLYCERIDES	116	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	205	mg/dL	<130	Calculated
LDL CHOLESTEROL	181.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.27		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.02		<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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine

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SIN No:SE04680188

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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).



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



SIN No:SE04680188

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

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

Patient Name : Mrs.GOWRI G	Collected : 29/Mar/2024 09:02AM
Age/Gender : 55 Y 9 M 24 D/F	Received : 29/Mar/2024 01:00PM
UHID/MR No : CANN.0000235122	Reported : 29/Mar/2024 01:50PM
Visit ID : CANNOPV398910	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17788	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.62	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	83.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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Patient Name	: Mrs.GOWRI G	Collected	: 29/Mar/2024 09:02AM
Age/Gender	: 55 Y 9 M 24 D/F	Received	: 29/Mar/2024 01:00PM
UHID/MR No	: CANN.0000235122	Reported	: 29/Mar/2024 01:50PM
Visit ID	: CANNOPV398910	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE17788		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.52	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	17.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated



DR. R. SRIVATSAN
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Patient Name : Mrs.GOWRI G	Collected : 29/Mar/2024 09:02AM
Age/Gender : 55 Y 9 M 24 D/F	Received : 29/Mar/2024 01:00PM
UHID/MR No : CANN.0000235122	Reported : 29/Mar/2024 01:50PM
Visit ID : CANNOPV398910	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17788	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	<38	IFCC



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



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Patient Name : Mrs.GOWRI G	Collected : 29/Mar/2024 09:02AM
Age/Gender : 55 Y 9 M 24 D/F	Received : 29/Mar/2024 01:15PM
UHID/MR No : CANN.0000235122	Reported : 29/Mar/2024 03:27PM
Visit ID : CANNOPV398910	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17788	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.09	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	15.86	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.745	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



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Patient Name : Mrs.GOWRI G	Collected : 29/Mar/2024 09:02AM
Age/Gender : 55 Y 9 M 24 D/F	Received : 29/Mar/2024 04:19PM
UHID/MR No : CANN.0000235122	Reported : 29/Mar/2024 05:14PM
Visit ID : CANNOPV398910	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17788	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2319674

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Patient Name : Mrs.GOWRI G	Collected : 29/Mar/2024 09:02AM
Age/Gender : 55 Y 9 M 24 D/F	Received : 29/Mar/2024 04:18PM
UHID/MR No : CANN.0000235122	Reported : 29/Mar/2024 05:57PM
Visit ID : CANNOPV398910	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17788	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



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SIN No:UF011520

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Patient Name : Mrs.GOWRI G	Collected : 29/Mar/2024 09:02AM
Age/Gender : 55 Y 9 M 24 D/F	Received : 30/Mar/2024 10:39AM
UHID/MR No : CANN.0000235122	Reported : 01/Apr/2024 02:54PM
Visit ID : CANNOPV398910	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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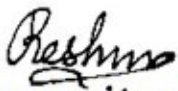
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	7882/24
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	Parabasal and basal cells with reactive nuclear changes. 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	ATROPHY
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

SIN No: CS078095

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

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 **1860 500 7788**
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Name: Mrs. GOWRI G
Age/Gender: 55 Y/F
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor: Dr. RAJKUMAR V S
Department: INTERNAL MEDICINE
Rate Plan: ANNANAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RAJKUMAR V S

MR No: CANN.0000235122
Visit ID: CANNOPV398910
Visit Date: 29-03-2024 08:52
Discharge Date:
Referred By: SELF

DRUG ALLERGY

DRUG ALLERGY: Nil,

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

Present Known Illness

No history of: No History of diabetes / Hypertension / Heart Disease,

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: No,

GastroIntestinal System

APPETITE : Normal,

GenitoUrinary System

-: Nil ,

Central Nervous System

SLEEP- : Normal,

**Weight

--->: Stable,

HT-HISTORY

Past Medical History

**Cancer: No,

Personal History

Marital Status	Married,
-->	
No. of Children	3,
-->	

Diet	Mixed Diet,
-->	
Physical Activity	Mild,

Family History

Father	Expired,
-->	
Mother	Alive,

PHYSICAL EXAMINATION

General Examination

Height (in cms): 149,

Weight (in Kgs): 69.5,

Waist: 100,

Hip: 107,

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate(Per Minute):: 68,

Systolic: 130,

Diastolic: 80,

IMPRESSION

Apollo Health check

Findings: 1. Elevated ESR
2. Elevated Fasting sugar / Postprandial sugar
3. Hyperlipidemia ,

RECOMMENDATION

Advice on Diet

Dietician diet advice: Low fat diet / Regularly Exercise ,

Other Recommendations

Test/Investigation: Repeat Lipid Profile after 2 months ,

General advice: ON MEDICATION

TAB STATPURE 10 AFTER DINNER 2 MONTHS ,

DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature

Patient Name	: Mrs. GOWRI G	Age/Gender	: 55 Y/F
UHID/MR No.	: CANN.0000235122	OP Visit No	: CANNOPV398910
Sample Collected on	:	Reported on	: 02-04-2024 19:20
LRN#	: RAD2285962	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE17788		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

CH : No complaints. Routine check up
F/H/O Breast cancer : No
Previous mammogram / USG : No
H/o Breast surgery : No

Report

Tissue composition of both breasts

Heterogenous background echotexture glandular and fatty tissues.

No suspicious solid /cystic lesion in both breasts.

No evidence of duct dilatation / architectural distortion.

The subareolar tissues are normal.

No evidence of retromammary pathology is seen.

The axillary tails are normal.

No axillary lymphadenopathy.

IMPRESSION:

* NO SIGNIFICANT ABNORMALITY DETECTED.

- USG BIRADS - I



Patient Name : Mrs. GOWRI G

Age/Gender : 55 Y/F

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Patient Name	: Mrs. GOWRI G	Age	: 55 Y/F
UHID	: CANN.0000235122	OP Visit No	: CANNOPV398910
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 30-03-2024 15:01
Referred By	: SELF		

ECG REPORT

Observation :-

- 1. Sinus Rhythm.**
- 2. Heart rate is 71 beats per minutes.**

Impression:

LOW QRS COMPLEX.

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

Dr. ARULNITHI AYYANATHAN

Patient Name	: Mrs. GOWRI G	Age/Gender	: 55 Y/F
UHID/MR No.	: CANN.0000235122	OP Visit No	: CANNOPV398910
Sample Collected on	:	Reported on	: 29-03-2024 16:53
LRN#	: RAD2285962	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE17788		

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 10.1 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.

Right kidney measures 9.6 x 3.7 cms.

Left kidney measures 9.8 x 4.7 cms.

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

Uterus and ovaries - Postmenopausal status

The endometrial thickness 2.1 mm.

No mass lesion seen in the pelvis.

Bladder is normal in contour.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED**



Patient Name : Mrs. GOWRI G

Age/Gender : 55 Y/F

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

Patient Name	: Mrs. GOWRI G	Age/Gender	: 55 Y/F
UHID/MR No.	: CANN.0000235122	OP Visit No	: CANNOPV398910
Sample Collected on	:	Reported on	: 29-03-2024 15:01
LRN#	: RAD2285962	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE17788		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Unfolding of aorta.

Bony thorax shows no significant abnormality.

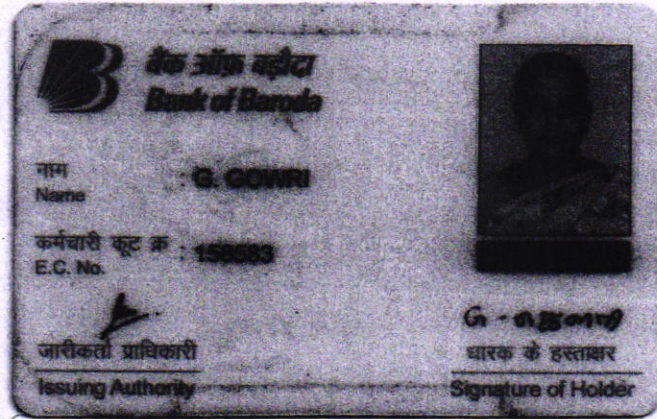
Domes of diaphragm are well delineated.

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

CANN-235122
OCR-101746



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. GOWRI G
EC NO.	158583
DESIGNATION	CASH PEON
PLACE OF WORK	CHENNAI,KILPAUK
BIRTHDATE	05-06-1968
PROPOSED DATE OF HEALTH CHECKUP	29-03-2024
BOOKING REFERENCE NO.	23M158583100104474E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **21-03-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))


Apollo Clinic

CONSENT FORM

Patient Name: Gowri Age: 51/F
 UHID Number: 235122 Company Name: Arco.Pem.

I Mr/Mrs/Ms Gowri Employee of Arco.Pem.
 (Company) Want to inform you that I am not interested in getting He.MRO
 Tests done which is a part of my routine health check package. On Review
 And I claim the above statement in my full consciousness.

Patient Signature: Gowri Date:

 **Apollo Medical Centre**
 No. 30, F-Block, 2nd Avenue,
 Anna Nagar East, Chennai-600 102
 Tel: 044-26224505. Mobile: 7358392880
 Toll No. 1860 500 7788

29/03/2024

MRS. GOWRI. G

55/F

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

General Examination / Allergies
History

Re ✓

Adm Scaring

Dr. Gf

Follow up date:

Doctor Signature & Stamp

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

ENT check up

Gowri

SS/F

29/3/24

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

General Examination / Allergies
History

No complaints

of
/E

ENT - WNL



Follow up date:

Doctor Signature & Stamp

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

Name: Gowri. G.
 Occupation:
 Age: 55y Sex: Male Female
 Address:
 Ph:

Date: 29/3/24 Reg. No.: 225122
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History:

NIL

Present Complaint:

NIL NIL .

ON EXAMINATION:

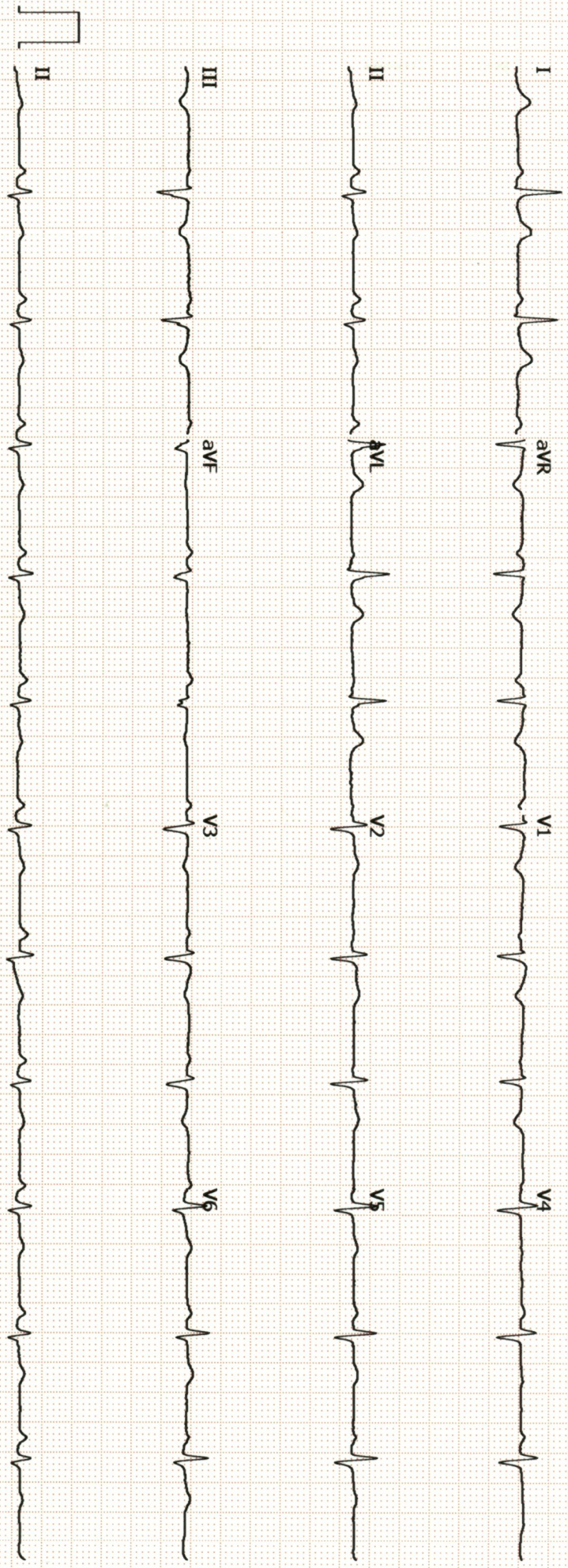
	RE	LE
Ocular Movements :	<u>Full</u>	<u>Full</u>
Anterior Segment :	<u>Full</u>	<u>Full</u>
Intra-Ocular-Pressure :		<u>N</u>
Visual Acuity: D.V. :	<u>N</u>	<u>N</u>
Without Glass :		
With Glass :	<u>-6/12</u>	<u>6/12</u>
N.V. :		
Visual Fields :		<u>NI0</u>
Fundus :	<u>NLO</u>	<u>Full</u>
Impression :	<u>Full</u>	
Advice :	<u>N</u>	
Colour Vision :	<u>N</u>	

OPHTHALMOLOGY / OPTOMETRIST

Sanna

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 88 ms
QT / QTcbaz : 392 / 425 ms
PR : 152 ms
P : 98 ms
RR / PP : 846 / 845 ms
P / QRS / T : 42 / -17 / -5 degrees



GE MAC2000 1.1 125L™ V241

9020179
25 mm/s

10 mm/mV

ADS

0.56-20 Hz

50 Hz

Unconfirmed
4x2.5x3_25_R1

1/1

Handwritten notes and signatures in blue ink, including "Lec" and "Dona".

Patient Name : Mrs. GOWRI G Age : 55 Y/F
UHID : CANN.0000235122 OP Visit No : CANNOPV398910
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 29-03-2024 14:17
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.0CM
LA (es)	3.5CM
LVID (ed)	4.5CM
LVID (es)	3.0CM
IVS (Ed)	0.8CM
LVPW (Ed)	0.9CM
EF	65%
%FD	35%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. GOWRI G	Age	: 55 Y/F
UHID	: CANN.0000235122	OP Visit No	: CANNOPV398910
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 29-03-2024 14:17
Referred By	: SELF		

DOPPLER STUDIES MITRAL INFLOW :

E : 0.7m/sc A: 0.5 m/sc

Velocity / Gradient Across Pulmonic Valve : 1.0m/sc

Velocity / Gradient Across Aortic Valve : 1.0m/sc

IMPRESSION :

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 65%)

NORMAL CARDIAC CHAMBERS & VALVES

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.
RAKESH P
GOPAL

Patient Name	: Mrs. GOWRI G	Age	: 55 Y/F
UHID	: CANN.0000235122	OP Visit No	: CANNOPV398910
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 29-03-2024 14:17
Referred By	: SELF		
