

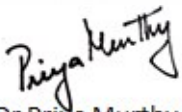
Patient Name : Mrs.S RAJINI	Collected : 23/Mar/2024 08:36AM
Age/Gender : 60 Y 3 M 27 D/F	Received : 23/Mar/2024 12:18PM
UHID/MR No : CSAR.0000046095	Reported : 23/Mar/2024 04:29PM
Visit ID : CSAROPV333715	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17704	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.2	g/dL	12-15	Spectrophotometer
PCV	36.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.04	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	89.7	fL	83-101	Calculated
MCH	30.2	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,880	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67	%	40-80	Electrical Impedance
LYMPHOCYTES	24.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4609.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1671.84	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	123.84	Cells/cu.mm	20-500	Calculated
MONOCYTES	454.08	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.64	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.76		0.78- 3.53	Calculated
PLATELET COUNT	260000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westgren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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



SIN No:BED240078981

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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DEPARTMENT OF HAEMATOLOGY

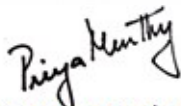
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



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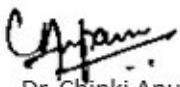
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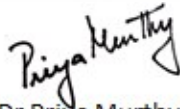
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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



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



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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	110	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)	131	mg/dL	70-140	HEXOKINASE


Comment:

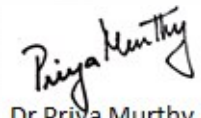
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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	5.8	%		HPLC

Page 4 of 15


Govinda Raju N L
MSc, MPhil, (Phd)
Consultant Biochemist


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



SIN No: EDT240036084

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL	Calculated
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Comment:

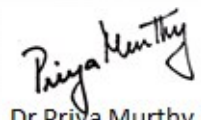
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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)


 Govinda Raju N L
 MSc, MPhil, (Phd)
 Consultant Biochemist


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



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	133	mg/dL	<200	CHO-POD
TRIGLYCERIDES	92	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	80	mg/dL	<130	Calculated
LDL CHOLESTEROL	61.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.51		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.

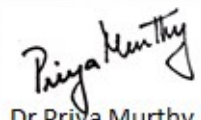
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)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

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.

Page 6 of 15


Govinda Raju N L
 MSc, MPhil, (Phd)
 Consultant Biochemist


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



SIN No:SE04672072

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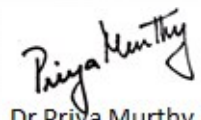
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

- 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).


Govinda Raju N L
 MSc, MPhil, (Phd)
 Consultant Biochemist


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



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UHID/MR No : CSAR.0000046095	Reported : 23/Mar/2024 01:54PM
Visit ID : CSAROPV333715	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17704	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.67	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	50.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		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.

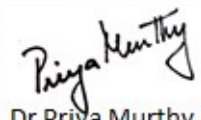
2. Cholestatic Pattern:

- 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.


Govinda Raju N L
 MSc, MPhil, (Phd)
 Consultant Biochemist


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



SIN No:SE04672072

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 Karnataka- 560034



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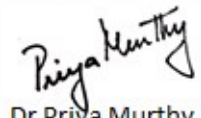
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.85	mg/dL	0.51-0.95	Jaffe's, Method
UREA	21.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.61	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		0.9-2.0	Calculated


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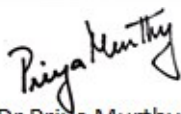
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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



Govinda Raju N L
MSc, MPhil, (Phd)
Consultant Biochemist



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



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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)	12.92	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.086	µIU/mL	0.34-5.60	CLIA

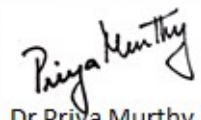
Comment:

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


Govinda Raju N L
 MSc, MPhil, (Phd)
 Consultant Biochemist


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



SIN No: SPL24052858

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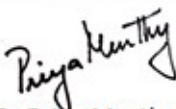

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324


Govinda Raju N L
MSc, MPhil, (Phd)
Consultant Biochemist


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



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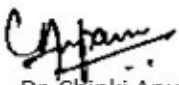
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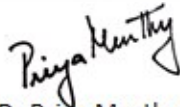
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



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



SIN No:UR2313369

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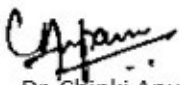
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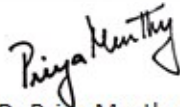
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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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



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



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



SIN No:UF011285

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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)

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

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

Patient Name	: Mrs.S RAJINI	Collected	: 23/Mar/2024 02:51PM
Age/Gender	: 60 Y 3 M 27 D/F	Received	: 25/Mar/2024 03:02PM
UHID/MR No	: CSAR.0000046095	Reported	: 27/Mar/2024 05:17PM
Visit ID	: CSAROPV333715	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE17704		

DEPARTMENT OF CYTOLOGY

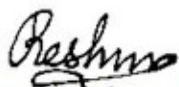
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	7193/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	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 ***

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:CS077480

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

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

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

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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Page 15 of 15
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



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**APOLLO CLINIC
CONSENT FORM**


Patient name S. Rajini Age 60y/12

UHID Number _____ Company Name Mediwheel

Company want to inform u that I am ~~not~~ interested in getting All consultation,

Echo.....And I claim the above statement in my full Consciousness.

Patient signature S. Rajini Date _____

Name : Mrs. S Rajini Address : sarjapur road Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 60 Y Sex : F	UHID :CSAR.0000046095  <small>*CSAR-0000046095*</small> OP Number :CSAROPV333715 Bill No :CSAR-OCR-45084 Date : 23.03.2024 08:04
--	---	---

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING - 8	
4	HEMOGRAM + PERIPHERAL SMEAR	
5	GYNACOLOGY CONSULTATION - 6	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG - 7	
11	LBC PAP TEST- PAPSURE - 6	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION - 15	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 8	
15	URINE GLUCOSE(FASTING)	
16	SONO MAMOGRAPHY - SCREENING - 189 by 8180	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X RAY CHEST PA - 9	
19	ENT CONSULTATION - 3	
20	CARDIAC STRESS TEST(TMT) - 7 Echo - 18	
21	FITNESS BY GENERAL PHYSICIAN - after reports	
22	BLOOD GROUP ABO AND RH FACTOR	
23	LIPID PROFILE	
24	BODY MASS INDEX (BMI)	
25	OPHTHAL BY GENERAL PHYSICIAN - Idrisaki	
26	ULTRASOUND - WHOLE ABDOMEN - 18 by 8180	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

BP high

BP- 157/103
 P- 101
 HT- 154
 wt- 62.1
 BMI- 26.14

Name: MM S. Rajini
Age: 60yrs

DI: 28/3/24
AR: RITKA P...
Apollo Clinic Sarjapur Road
Kaikondrahalli
Blood Test at Home
L.No: 080-40900327
080-40940563

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

ENT CONSULTATION
H/O hypertension & HTN; taking medication.
P/E
Ears: (Y) (V) Slightly red
Nose: About, pale turbinate
Throat: PPW was present
Neck: WNL

Follow up date:


Doctor Signature

Apollo Clinic, Sarjapur Road

GYR Chambers, Opp. South Indian Bank, Kaikondanahalli,
Sarjapur Road, Bangalore - 560034 | Phone: (080) 2574 6371, 4201 7340

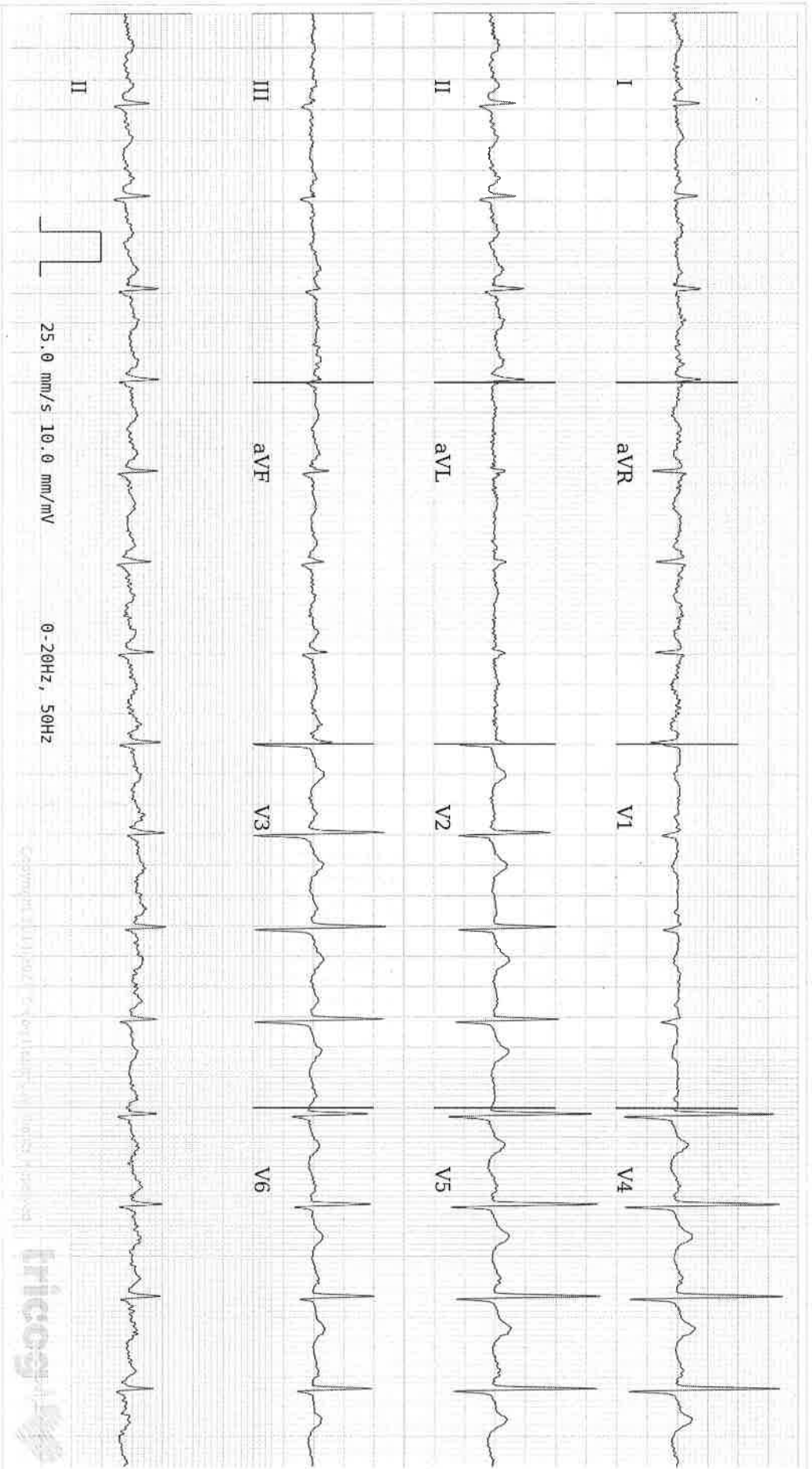
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ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY



MRD No 1040225924

PatientName: Mrs.S RAJINI /f/60 Yr(s) 0 Mn(s) 0 Day(s)

Address:APOLLO HOSPITAL

Mobile Number:9886659054

Consultation Date:23-03-2024 11:06:00 AM



Consultant Dr Akshatha C Shetty

Ophthalmic History Both Eye : SPECTACLE USE [SINCE 17 YEARS]

Medical History HYPERTENSION [SINCE 15 YEARS]

General Remarks: TAKING TREATMENT FOR THYROID - SINCE 8 YEARS

Current Spectacle Prescription

	SPH	CYL	AXIS	ADD	DVA	NVA
Right Eye	+2.75	-0.50	80		6/9P	N6
Left Eye	+2.75	-0.50	90		6/9P	N6

Spectacle Parameters

Usage: NV only | Type: NV only

Vision

Eye	Distance Vision			Near Vision			IOP			
	UCDVA	BCDVA	PH	UCNVA	BCNVA	Date Time : 23-03-2024 11:31 AM				
Right	6/9P		6/6	N10						
Left	6/9P		6/6	N10						
						NCT	GAT	CCT	CIOP	
Right						14mmHg				
Left						16mmHg				

Final Prescription Spectacle Correction

	SPH	CYL	AXIS	ADD	DVA	NVA
Right Eye	+0.75	0.00	180	+2.75	6/6S	N6
Left Eye	+0.75	0.00	180	+2.75	6/6S	N6

Issued Date & Time : 23-03-2024 11:43:36 AM

Dr Akshatha C Shetty
(KMC 72528)



ಭಾರತೀಯ ಏಕೈಕ ಗುರುತುಗೊಳಿಸುವ ಅಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1177/81234/08636

To
ಎಸ್ ರಜಿನಿ
S Rajini
W/O: B K Amarnath
7 A, 1st Block, Alps Estate, No-460/1 Sarjapur Road
Near Fire Fighting Station Kaikondanahalli
Bangalore South
Karnataka 560035
9886659054

13/12/2013
89372587



MN893725871FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7228 4667 8095

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಎಸ್ ರಜಿನಿ
S Rajini
ಜನ್ಮ ದಿನಾಂಕ / DOB : 27/05/1964
ಸ್ತ್ರೀ / Female



7228 4667 8095

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Fw: Your appointment is confirmed

Rajini Amarnath <rajinis1964@yahoo.com>

Sat 23-03-2024 08:03

To: Sarjapur Apolloclinic <sarjapur@apolloclinic.com>

Sent from Yahoo Mail for iPhone

Begin forwarded message:

On Thursday, March 21, 2024, 6:07 PM, noreply@apolloclinics.info wrote:

Dear MS. RAJINI S,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SARJAPUR ROAD clinic** on **2024-03-23** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

Patient Name	: Mrs. S Rajini	Age/Gender	: 60 Y/F
UHID/MR No.	: CSAR.0000046095	OP Visit No	: CSAROPV333715
Sample Collected on	:	Reported on	: 23-03-2024 17:36
LRN#	: RAD2277671	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE17704		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

IMPRESSION : No obvious gross abnormality noted in the x-ray.

DR. RAMESH G
CONSULTANT RADIOLOGIST

ADVICE : Higher imaging techniques to be done, if clinically needed, depending on the clinical condition of the patient for further evaluation.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name	: Mrs. S Rajini	Age/Gender	: 60 Y/F
UHID/MR No.	: CSAR.0000046095	OP Visit No	: CSAROPV333715
Sample Collected on	:	Reported on	: 23-03-2024 17:26
LRN#	: RAD2277671	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE17704		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

- All four quadrants of each breast were scanned, followed by evaluation of the subareolar region and axillary tails.
- Both breasts parenchyma display a uniform echogenicity and echotexture of the fibrofatty and glandular components, which are normal in proportion for this age and parity.
- There is no evidence of any mass lesion, cysts, calcification or ductal dilatation seen.
- The subcutaneous, subareolar and retromammary soft tissue planes are normal. Both axillary tails are also normal.
- There is no evidence of axillary lymphadenopathy.

IMPRESSION: Normal sonomammography of both breasts.

DR. RAMESH G
CONSULTANT RADIOLOGIST

(The sonography findings should always be considered in correlation with the clinical and other investigation findings where applicable).It is only a professional opinion.Not valid for medico-legal purpose) Higher imaging techniques to be done, depending on the condition of the patient, if clinically needed.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name	: Mrs. S Rajini	Age/Gender	: 60 Y/F
UHID/MR No.	: CSAR.0000046095	OP Visit No	: CSAROPV333715
Sample Collected on	:	Reported on	: 23-03-2024 17:14
LRN#	: RAD2277671	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE17704		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size & echotexture normal. No focal lesion. No intra hepatic biliary duct dilatation. Portal & hepatic veins appear normal. PV: Normal. CBD: Normal.

GALL BLADDER : Partially distended. **There is a 15mm sized mobile intraluminal calculi seen.** Wall thickness is normal. No pericholecystic fluid seen.

PANCREAS : Obscured by bowel gas. However the visualized parts of the pancreas appear grossly normal. Para-Aortic areas could not be seen.

SPLEEN : Normal in size & echotexture normal. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY : 10 x 4.5 cm, LEFT KIDNEY : 9.8 x 5 cm, normal parenchymal thickness. Both kidneys are normal in size and echotexture. No calculi.

No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Normal in wall thickness and lumen are normal. Contents clear. No calculus seen.

UTERUS : Post hysterectomy status.

OVARIES : Both ovaries are obscured. No obvious adnexal lesions noted.

IMPRESSION : Cholelithiasis. No features of cholecystitis.

DR. YATHISH B M
CONSULTANT RADIOLOGIST

(The sonography findings should always be considered in correlation with the clinical and other investigation findings where applicable).It is only a professional opinion.Not valid for medico-legal purpose) Higher imaging techniques to be done, depending on the condition of the patient, if clinically needed.

Dr. YATHISH B M
MBBS, MD. RADIO DIAGNOSIS
Radiology