

Patient Name	: Mrs.SUBBULAKSHMI L	Collected	: 29/Mar/2024 08:05AM
Age/Gender	: 32 Y 9 M 17 D/F	Received	: 29/Mar/2024 12:48PM
UHID/MR No	: CANN.0000113079	Reported	: 29/Mar/2024 02:26PM
Visit ID	: CANNOPV398889	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE18515		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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

SIN No:BED240086408

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

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.6	g/dL	12-15	Spectrophotometer
PCV	33.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.06	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83.2	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62.2	%	40-80	Electrical Impedance
LYMPHOCYTES	22.2	%	20-40	Electrical Impedance
EOSINOPHILS	6.4	%	1-6	Electrical Impedance
MONOCYTES	8.6	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4043	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1443	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	416	Cells/cu.mm	20-500	Calculated
MONOCYTES	559	Cells/cu.mm	200-1000	Calculated
BASOPHILS	39	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.8		0.78- 3.53	Calculated
PLATELET COUNT	238000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
METHODOLOGY	: Microscopic			
RBC MORPHOLOGY	: Mild anisocytosis, predominantly normocytic normochromic RBC's noted.			

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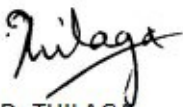
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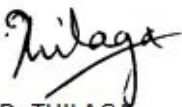
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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



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UHID/MR No : CANN.0000113079	Reported : 29/Mar/2024 01:28PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.



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



SIN No:PLF02136142

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Patient Name : Mrs.SUBBULAKSHMI L	Collected : 29/Mar/2024 01:02PM
Age/Gender : 32 Y 9 M 17 D/F	Received : 29/Mar/2024 04:36PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	114	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:PLP1440091

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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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:EDT240039937

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	158	mg/dL	<200	CHO-POD
TRIGLYCERIDES	68	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	31	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	127	mg/dL	<130	Calculated
LDL CHOLESTEROL	113.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.10		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

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

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

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine

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SIN No:SE04679785

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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:SE04679785

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Patient Name : Mrs.SUBBULAKSHMI L	Collected : 29/Mar/2024 08:05AM
Age/Gender : 32 Y 9 M 17 D/F	Received : 29/Mar/2024 12:58PM
UHID/MR No : CANN.0000113079	Reported : 29/Mar/2024 03:03PM
Visit ID : CANNOPV398889	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE18515	

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.47	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.36	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	50.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	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	3.80	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated



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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	21.00	U/L	<38	IFCC



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Patient Name : Mrs.SUBBULAKSHMI L	Collected : 29/Mar/2024 08:05AM
Age/Gender : 32 Y 9 M 17 D/F	Received : 29/Mar/2024 01:10PM
UHID/MR No : CANN.0000113079	Reported : 29/Mar/2024 03:25PM
Visit ID : CANNOPV398889	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE18515	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.25	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.044	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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Visit ID : CANNOPV398889	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		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	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 16



Dr THILAGA
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Consultant Pathologist

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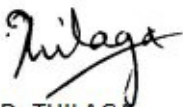
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



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SIN No:UF011498

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Patient Name : Mrs.SUBBULAKSHMI L	Collected : 29/Mar/2024 08:05AM
Age/Gender : 32 Y 9 M 17 D/F	Received : 30/Mar/2024 10:33AM
UHID/MR No : CANN.0000113079	Reported : 01/Apr/2024 02:34PM
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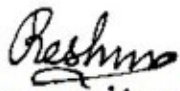
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	7865/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***



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

SIN No:CS078073

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D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 / 05

Page 16 of 16
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



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

Patient Name	: Mrs. SUBBULAKSHMI L	Age	: 32 Y/F
UHID	: CANN.0000113079	OP Visit No	: CANNOPV398889
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 30-03-2024 14:43
Referred By	: SELF		

ECG REPORT

Observation :-

Heart rate is 62 beats per minutes.

Impression:

SINUS ARRHYTHMIA.

ANTERIOR T WAVE INVERSION.

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

Dr. ARULNITHI AYYANATHAN

Patient Name	: Mrs. SUBBULAKSHMI L	Age/Gender	: 32 Y/F
UHID/MR No.	: CANN.0000113079	OP Visit No	: CANNOPV398889
Sample Collected on	:	Reported on	: 29-03-2024 16:57
LRN#	: RAD2285537	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE18515		

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 9.3cms.

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 9.4 x 3.6cms.

Left kidney measures 11.0 x 3.6 cms.

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

Uterus measures 9.2 x 3.7 x 4.3cms and shows normal endometrial and myometrial echoes.

The endometrial thickness 5.9mm.

Right ovary measures 2.8 x 1.5 cms.

Left ovary measures 2.4 x 1.6cms.

Both ovaries are normal in size and echotexture.

No mass lesion seen in the pelvis.

Bladder is normal in contour.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED**



Patient Name : Mrs. SUBBULAKSHMI L

Age/Gender : 32 Y/F

Dr. ASHIQ MOHAMMED JEFFREY
MD
Radiology

Patient Name	: Mrs. SUBBULAKSHMI L	Age/Gender	: 32 Y/F
UHID/MR No.	: CANN.0000113079	OP Visit No	: CANNOPV398889
Sample Collected on	:	Reported on	: 29-03-2024 14:48
LRN#	: RAD2285537	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE18515		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

Dr. ASHIQ MOHAMMED JEFFREY

MD
Radiology

Name:	Mrs. SUBBULAKSHMI L	MR No:	CANN.0000113079
Age/Gender:	32 Y/F	Visit ID:	CANNOPV398889
Address:	124 SANIYASIPURAM 2ND STREET MEDAVAKKAM TANK ROAD	Visit Date:	29-03-2024 07:51
Location:	CHENNAI, TAMIL NADU	Discharge Date:	
Doctor:		Referred By:	SELF
Department:	GENERAL		
Rate Plan:	ANNANAGAR_06042023		
Sponsor:	ARCOFEMI HEALTHCARE LIMITED		
Consulting Doctor:	Dr. SUMA RAGHURAM		

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

Nil significant: .,

GenitoUrinary System

:- Nil ,

Central Nervous System

SLEEP- : Normal,

Eye

Glasses : Yes,

Gynaecology and Obstetrics

LAST MENSTRUAL PERIOD: 01.03,

PERIODS: regular,

**Weight

--->: Stable,

General Symptoms

: No ,

HT-HISTORY

Past Medical History

**Cancer: No ,

Personal History

Marital Status	Married,
-->	
Diet	Mixed Diet,

Family History

Hypertension	father ,
--------------	----------

PHYSICAL EXAMINATION

General Examination

Height (in cms): 168,

Weight (in Kgs): 66.9,

Waist: 84,

Hip: 97,

SYSTEMIC EXAMINATION

CardioVascularSystem

Systolic: 100,

Diastolic: 60,

Central Nervous system:

>: No neurological deficit,

Gynaecology and Obstetrics:

Gynec Findings: DONE BY: DR. INDRA V,

Breasts: Normal ,

Cervix: Healthy ,

Vagina: Normal ,

Uterus: Normal Size and Anteverted FF,

Pap Smear: Taken,

IMPRESSION

Apollo Health check

Findings: 1. Minimal Low Hb 2. Eosinophilia 3. HbA1c - 6% 4. Minimal Elevated LDL 5. Low HDL 6. ECG: Anterior T wave inversion ,

RECOMMENDATION

Advice on Diet

Diet instructions : **Dietary changes for Prediabetic / Cholesterol ,**

Advice on Medication

Advice: **TAB. OMEGA 3 AS ADVISED ,**

Other Recommendations

General advice: **ECHO and follow up on ECG with cardiologist ,**

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

CANN-113079
OCR-101733

 **बैंक ऑफ बड़ोदा**
Bank of Baroda

नाम : एल. सुकुलिन
Name: L. Sukulini

क.क.सं : 110029
E.c. No. : 110029


जारीकर्ता प्राधिकारी
Issuing Authority



L. Sukulini
धारक का हस्ताक्षर
Signature of the Holder

L. Sukulini

Apollo Clinic

CONSENT FORM


Patient Name: Subbalaashmi Age: 32/F
UHID Number: 113079 Company Name: Apollo

I Mr/Mrs/Ms Subbalaashmi Employee of Apollo Clinic
(Company) Want to inform you that I am not interested in getting ECHO

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date: 29/3/2024

 **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

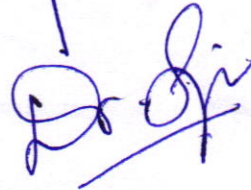
Mrs Subbulakshmi

32/F

24/3/24

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

General Examination / Allergies
History

Rx → Adv OPG
 → Adv xⁿ of $\frac{4}{6}$ |
 → Adv RC $\frac{765}{3}$.
 Adv replacement $\frac{1}{67}$


Follow up date:

Doctor Signature & Stamp

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

Name: Subbulakshmi L
 Occupation:
 Age: 324 Sex: Male Female
 Address:
 Ph:

Date: 29/3/24 Reg. No.: 113079
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History: Existing glass user past 20 years.

Present Complaint: Comfortable with present glass.
with glass 135 - 6/9.

ON EXAMINATION:

	RE	LE
Ocular Movements :		Full.
Anterior Segment :	Free	
Intra-Ocular-Pressure :		N.
Visual Acuity: D.V. :	N	
Without Glass :		
With Glass :	6/36 ^P	6/3 ^P
N.V. :		
Visual Fields :		N6
Fundus :	N6	
Impression :	Full	Full.
Advice :		N
Colour Vision :	N	

OPHTHALMOLOGY / OPTOMETRIST

ENT check up

Sudmalakshmi

32/F

29/3/24

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

General Examination / Allergies
History

Go PND

O/E - Pharyngitis

Nose
Ear / (N)
Neck

Imp: UPRD



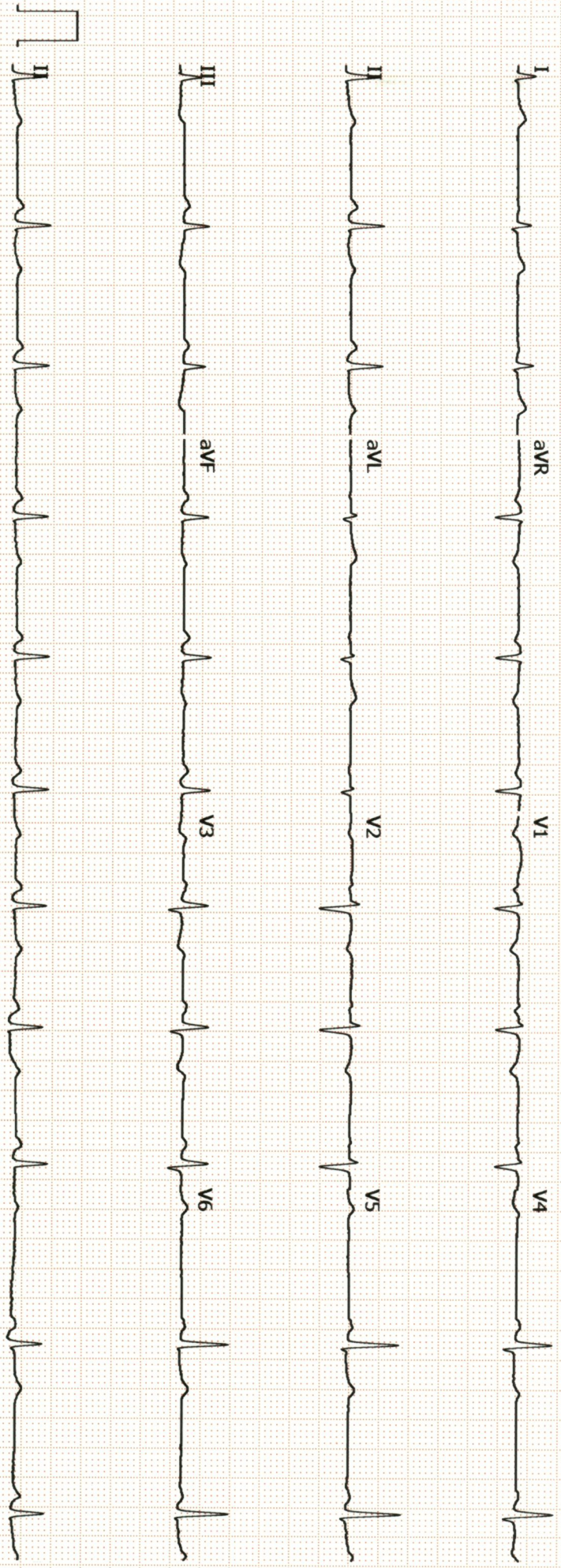
Follow up date:

Doctor Signature & Stamp

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

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 76 ms
QT / QTcBaz : 414 / 420 ms
PR : 140 ms
P : 102 ms
RR / PP : 960 / 967 ms
P / QRS / T : 73 / 65 / 30 degrees



L. S.S.

Ant SA
-25