

Patient Name : Mrs.DIVYA VANAM	Collected : 23/Mar/2024 11:07AM
Age/Gender : 31 Y 7 M 7 D/F	Received : 23/Mar/2024 01:31PM
UHID/MR No : CINR.0000164822	Reported : 23/Mar/2024 04:25PM
Visit ID : CINROPV223056	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9885707014..	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.6	g/dL	12-15	Spectrophotometer
PCV	40.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.41	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90.8	fL	83-101	Calculated
MCH	30.8	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>10,250</b>	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	75.1	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>19.5</b>	%	20-40	Electrical Impedance
EOSINOPHILS	<b>0.5</b>	%	1-6	Electrical Impedance
MONOCYTES	4.8	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	<b>7697.75</b>	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1998.75	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	51.25	Cells/cu.mm	20-500	Calculated
MONOCYTES	492	Cells/cu.mm	200-1000	Calculated
BASOPHILS	10.25	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	<b>3.85</b>		0.78- 3.53	Calculated
PLATELET COUNT	398000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm at the end of 1 hour	0-20	Modified Westgren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



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



Dr Priya Murthy  
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SIN No:BED240080403

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

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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## DEPARTMENT OF HAEMATOLOGY

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WBCs: are normal in total number with increase in neutrophils.

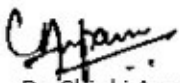
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

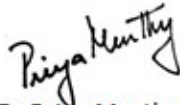
**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**

**Kindly correlate clinically.**

Page 2 of 15



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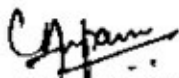
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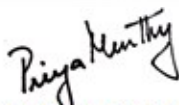
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**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	103	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)	109	mg/dL	70-140	HEXOKINASE

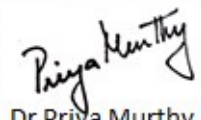
Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC

  
 Govinda Raju N L  
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SIN No:EDT240036970

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

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	187	mg/dL	<200	CHO-POD
TRIGLYCERIDES	107	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	56	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	109.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.34		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

**Comment:**

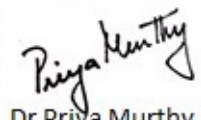
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

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

**Note:**

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

  
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**Dr Priya Murthy**  
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 Consultant Pathologist



SIN No:SE04673543

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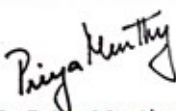
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

  
**Govinda Raju N L**  
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 Consultant Biochemist

  
**Dr Priya Murthy**  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.68	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	80.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.58	g/dL	6.6-8.3	Biuret
ALBUMIN	4.83	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.75	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		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.

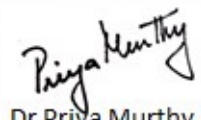
**2. Cholestatic Pattern:**

- 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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SIN No:SE04673543

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Patient Name : Mrs.DIVYA VANAM	Collected : 23/Mar/2024 11:07AM
Age/Gender : 31 Y 7 M 7 D/F	Received : 23/Mar/2024 01:52PM
UHID/MR No : CINR.0000164822	Reported : 23/Mar/2024 03:45PM
Visit ID : CINROPV223056	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9885707014..	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.52	mg/dL	0.51-0.95	Jaffe's, Method
UREA	<b>13.70</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.4</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.48	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.69	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.58	g/dL	6.6-8.3	Biuret
ALBUMIN	4.83	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.75	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated

  
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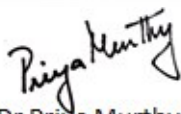
**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	22.00	U/L	<38	IFCC



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Patient Name : Mrs.DIVYA VANAM	Collected : 23/Mar/2024 11:07AM
Age/Gender : 31 Y 7 M 7 D/F	Received : 23/Mar/2024 01:54PM
UHID/MR No : CINR.0000164822	Reported : 23/Mar/2024 04:20PM
Visit ID : CINROPV223056	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9885707014..	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.7	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.592	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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SIN No: SPL24054040

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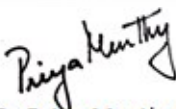


Patient Name : Mrs.DIVYA VANAM	Collected : 23/Mar/2024 11:07AM
Age/Gender : 31 Y 7 M 7 D/F	Received : 23/Mar/2024 01:54PM
UHID/MR No : CINR.0000164822	Reported : 23/Mar/2024 04:20PM
Visit ID : CINROPV223056	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9885707014..	

DEPARTMENT OF IMMUNOLOGY

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

  
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Patient Name : Mrs.DIVYA VANAM	Collected : 23/Mar/2024 11:07AM
Age/Gender : 31 Y 7 M 7 D/F	Received : 23/Mar/2024 04:42PM
UHID/MR No : CINR.0000164822	Reported : 23/Mar/2024 07:30PM
Visit ID : CINROPV223056	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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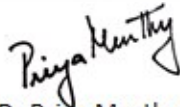
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	POSITIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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



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SIN No:UR2314712

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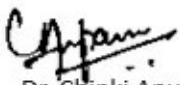
Patient Name : Mrs.DIVYA VANAM	Collected : 23/Mar/2024 11:07AM
Age/Gender : 31 Y 7 M 7 D/F	Received : 23/Mar/2024 05:23PM
UHID/MR No : CINR.0000164822	Reported : 23/Mar/2024 09:17PM
Visit ID : CINROPV223056	Status : Final Report
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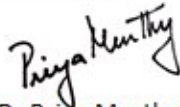
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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:UF011410

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Patient Name	: Mrs.DIVYA VANAM	Collected	: 23/Mar/2024 03:08PM
Age/Gender	: 31 Y 7 M 7 D/F	Received	: 26/Mar/2024 09:55AM
UHID/MR No	: CINR.0000164822	Reported	: 26/Mar/2024 10:09AM
Visit ID	: CINROPV223056	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9885707014..		

DEPARTMENT OF CYTOLOGY

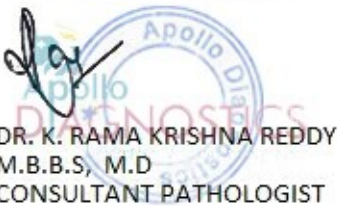
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	6959/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

\*\*\* End Of Report \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR



DR. K. RAMA KRISHNA REDDY  
M.B.B.S, M.D  
CONSULTANT PATHOLOGIST

SIN No:CS077499

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)

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

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



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

**Name** : Mrs. Divya Vanam

**Age**: 31 Y

**UHID**:CINR.0000164822

**Sex**: F

**Address** : BANGALORE

**OP Number**:CINROPV223056

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

**Bill No** :CINR-OCR-95527

**Date** : 23.03.2024 10:27

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

Date: 23-03-2024

Department : GENERAL

MR NO : CINR.0000164822

Doctor :

Name : Mrs. Divya Vanam

Registration No :

Age/ Gender : 31 Y / Female

Qualification :

Consultation Timing: 10:27

Height : 151 cm	Weight : 54.3 kg	BMI : 23.8 kg/m <sup>2</sup>	Waist Circum : 87 cm
Temp : 98.6 °F	Pulse : 112 bpm	Resp : 18 bpm	B.P : 130/78 mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

M. 28/7/24

31yr Comp ureth 15<sup>th</sup>, R/urth<sup>er</sup>  
CBC pap done P<sup>o</sup> E<sup>o</sup>

Adv

HPV vaccine  
Miramis

PA - SOP  
MTP

PS -  
cx health

Follow up date:

Doctor Signature



Mrs Divya Vanam

32y/F

Dr. Prathima

69241

ENT Surgeon

Height : 5.1	Weight : 55	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

ep cough in the morning  
since 3m.

o/e

B/L ears - TM intact  
Nasal. Mucosa. Congested.  
Throat (N)

abd.

Ado

→ T. ODOMONT Fx

o-o x 15d.

→ Symp Benadryl DR

2sp - o - 2sp  
x 10d.

Dr. PRATHIMA CONCESSAO  
MBBS, M.S., ENT

Reg No. 69241

Doctor Signature

Follow up date:

2/14904

1680

### OPHTHAL PRESCRIPTION

PATIENT NAME: Mrs Divya Varan.

DATE: 23/3/24

UHID NO: 160822

AGE: 31

OPTOMETRIST NAME: Ms. Swathi

GENDER: F

This is to certify that I have examined


years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	-	Plano			Plano			
Add								

PD - RE: 31. LE: 31. -

Colour Vision: normal.

Remarks: blue cut lens F.

  
Apollo clinic Indiranagar

Female

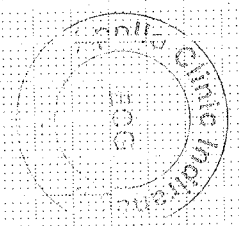
23.03.2024 13:25:58  
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

Arrow CC

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

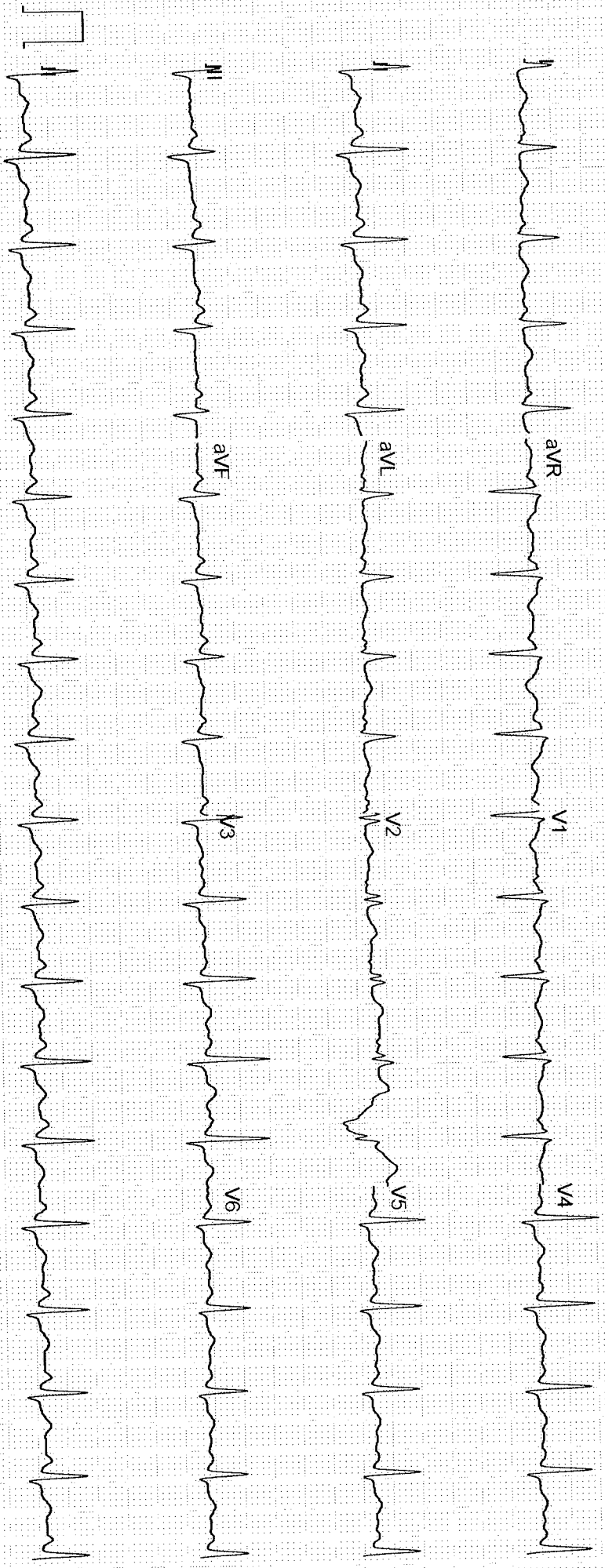
108 bpm  
- / - mmHg

QRS: 82 ms  
QT / QTcBaz: 326 / 436 ms  
PR: 120 ms  
P: 100 ms  
RR / PP: 552 / 555 ms  
P / QRS / T: 67 / 26 / 29 degrees



Normal

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:



NAME: MRS DIVYA VANAM	AGE/SEX: 31Y/F	OP NUMBER: 164822
Ref By : SLEF	DATE: 23-03-2024	

**M mode and doppler measurements:**

CM	CM	M/sec	
AO: 2.1	IVS(D): 1.0	MV: E Vel: 0.7	A Vel : 0.7
LA: 2.3	LVIDD(D): 3.7	AV Peak: 0.8	
	LVPW(D): 1.0	PV peak: 0.5	
	IVS(S): 1.3		
	LVID(S): 2.2		
	LVPW(S): 1.1		
	LVEF: 65%		
	TAPSE: 2.0		

**Descriptive findings:**

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



Pericardium:	Normal
IVC:	Normal
Others	---

**IMPRESSION :**

**Normal cardiac chamber and valves**

**No Regional wall motion abnormality**

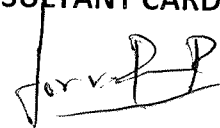
**No MR/AR/TR**

**No clot/vegetation/pericardial effusion**

**Normal LV systolic function - LVEF= 65%**

**DR JAGADEESH H V MD,DM**

**CONSULTANT CARDIOLOGIST**





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

Sent: 28 February 2024 17:14

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>

Subject: Re: Health Checkup Bookings No. 43 (Annual)

Dear Team,

Please find attached Health Checkup Bookings file and confirm the same.

Thanks & Regards

Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : [customercare@mediwheel.in](mailto:customercare@mediwheel.in); | Web: [www.mediwheel.in](http://www.mediwheel.in)

**Patient Name** : Mrs. Divya Vanam

**Age/Gender** : 31 Y/F

**UHID/MR No.** : CINR.0000164822

**OP Visit No** : CINROPV223056

**Sample Collected on** :

**Reported on** : 23-03-2024 20:43

**LRN#** : RAD2279175

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9885707014..

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

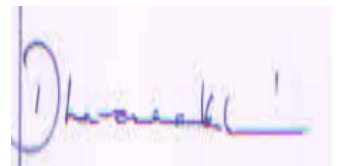
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. DHANALAKSHMI B**  
**MBBS, DMRD**  
Radiology



**Patient Name** : Mrs. Divya Vanam

**Age/Gender** : 31 Y/F

**UHID/MR No.** : CINR.0000164822

**OP Visit No** : CINROPV223056

**Sample Collected on** :

**Reported on** : 23-03-2024 17:36

**LRN#** : RAD2279175

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9885707014..

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Post cholecystectomy status.

**SPLEEN:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Obscured by bowel gas. However, the visualized portion appear normal.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**UTERUS:** Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 6 mm.

**OVARIES:** Both ovaries appearing normal in size and echopattern.

No free fluid is seen.

### IMPRESSION:

**NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.**



**Dr. DHANALAKSHMI B**  
MBBS, DMRD  
Radiology