


Patient Name : Mrs.BANOTHU SWATHI	Collected : 09/Mar/2024 10:14AM
Age/Gender : 21 Y 5 M 5 D/F	Received : 09/Mar/2024 12:34PM
UHID/MR No : CASR.0000186372	Reported : 09/Mar/2024 02:24PM
Visit ID : CASROPV222047	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 376469	

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	13.3	g/dL	12-15	Spectrophotometer
PCV	38.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.78	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	80.6	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.3	%	40-80	Electrical Impedance
LYMPHOCYTES	37.1	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	8.9	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3437.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2485.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	147.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	596.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.38		0.78- 3.53	Calculated
PLATELET COUNT	208000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				


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Consultant Pathologist

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SIN No:BED240063341

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

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK

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

Address:
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Age/Gender : 21 Y 5 M 5 D/F	Received : 09/Mar/2024 12:34PM
UHID/MR No : CASR.0000186372	Reported : 09/Mar/2024 04:18PM
Visit ID : CASROPV222047	Status : Final Report
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Emp/Auth/TPA ID : 376469	

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


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Patient Name : Mrs.BANOTHU SWATHI	Collected : 09/Mar/2024 10:14AM
Age/Gender : 21 Y 5 M 5 D/F	Received : 09/Mar/2024 12:46PM
UHID/MR No : CASR.0000186372	Reported : 09/Mar/2024 01:43PM
Visit ID : CASROPV222047	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	87	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

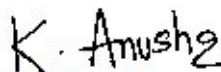
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

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.



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Patient Name : Mrs.BANOTHU SWATHI	Collected : 09/Mar/2024 05:09PM
Age/Gender : 21 Y 5 M 5 D/F	Received : 10/Mar/2024 11:43AM
UHID/MR No : CASR.0000186372	Reported : 10/Mar/2024 12:31PM
Visit ID : CASROPV222047	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	93	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.

K. Anusha

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SIN No:PLP1429591

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Visit ID : CASROPV222047	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	85	mg/dL		Calculated

Comment:

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

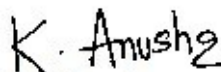
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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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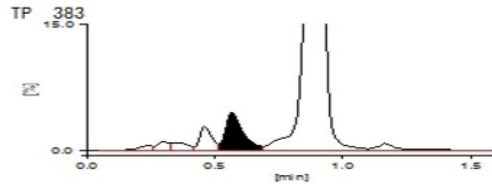
Chromatogram Report

HLC72368 V5.28 1 2024-03-09 15:12:45
 ID EDT240028866
 Sample No. 03090162 SL 0004 - 07
 Patient ID
 Name
 Comment

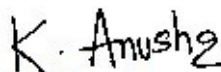
CALIB Y = 1.1933X + 0.3360			
Name	%	Time	Area
A1A	0.4	0.23	6.11
A1B	0.6	0.30	10.07
F	0.7	0.36	11.28
LA1C+	1.6	0.46	26.40
SA1C	4.6	0.57	58.74
AO	93.7	0.88	1513.59
H-V0			
H-V1			
H-V2			

Total Area 1626.19

HbA1c 4.6 % **IFCC 27 mmol/mol**
 HbA1 5.6 % HbF 0.7 %




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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	142	mg/dL	<200	CHO-POD
TRIGLYCERIDES	67	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	95	mg/dL	<130	Calculated
LDL CHOLESTEROL	81.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.02		0-4.97	Calculated

Comment:

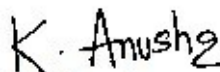
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	9	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	66.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.72	g/dL	6.6-8.3	Biuret
ALBUMIN	4.35	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.37	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		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's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

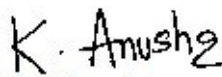
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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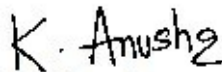
DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.45	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	13.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.70	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.66	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.54	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.72	g/dL	6.6-8.3	Biuret
ALBUMIN	4.35	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.37	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	<38	IFCC

Maruthi
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist

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CAP
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 COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : Mrs.BANOTHU SWATHI	Collected : 09/Mar/2024 10:14AM
Age/Gender : 21 Y 5 M 5 D/F	Received : 09/Mar/2024 12:45PM
UHID/MR No : CASR.0000186372	Reported : 09/Mar/2024 02:27PM
Visit ID : CASROPV222047	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 376469	

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)	1.68	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.82	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.126	µIU/mL	0.38-5.33	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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 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist



Patient Name : Mrs.BANOTHU SWATHI	Collected : 09/Mar/2024 10:14AM
Age/Gender : 21 Y 5 M 5 D/F	Received : 09/Mar/2024 12:45PM
UHID/MR No : CASR.0000186372	Reported : 09/Mar/2024 02:27PM
Visit ID : CASROPV222047	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 376469	

DEPARTMENT OF IMMUNOLOGY

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

Maruthi
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Consultant Biochemist

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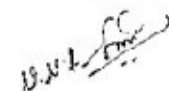


Patient Name : Mrs.BANOTHU SWATHI	Collected : 09/Mar/2024 10:14AM
Age/Gender : 21 Y 5 M 5 D/F	Received : 09/Mar/2024 02:52PM
UHID/MR No : CASR.0000186372	Reported : 09/Mar/2024 06:32PM
Visit ID : CASROPV222047	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 376469	

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	HAZY		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	TRACE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	2-3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UR2301547

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

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Patient Name : Mrs.BANOTHU SWATHI	Collected : 09/Mar/2024 05:09PM
Age/Gender : 21 Y 5 M 5 D/F	Received : 10/Mar/2024 11:04AM
UHID/MR No : CASR.0000186372	Reported : 10/Mar/2024 12:19PM
Visit ID : CASROPV222047	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 376469	

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



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

SIN No: UPP017091

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

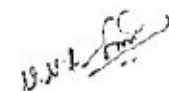


Patient Name : Mrs.BANOTHU SWATHI	Collected : 09/Mar/2024 10:14AM
Age/Gender : 21 Y 5 M 5 D/F	Received : 09/Mar/2024 02:52PM
UHID/MR No : CASR.0000186372	Reported : 09/Mar/2024 06:32PM
Visit ID : CASROPV222047	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 376469	

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(FASTING)	NEGATIVE		NEGATIVE	Dipstick



Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UF011082

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

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Patient Name	: Mrs.BANOTHU SWATHI	Collected	: 10/Mar/2024 09:17AM
Age/Gender	: 21 Y 5 M 6 D/F	Received	: 10/Mar/2024 07:05PM
UHID/MR No	: CASR.0000186372	Reported	: 12/Mar/2024 06:29PM
Visit ID	: CASROPV222047	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 376469		

DEPARTMENT OF CYTOLOGY

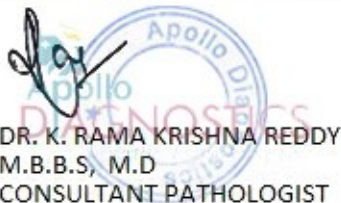
LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	5359/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	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. 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 ***

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:CS076188

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

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Apollo Clinic

PHYSICAL EXAMINATION FORM

Apollo Clinic
Excellence in Care

Date 9.3.24

UHID 186372

Name Mrs. B. Suresh

Age 21 y/o / F

Height Cms

Weight Kgs

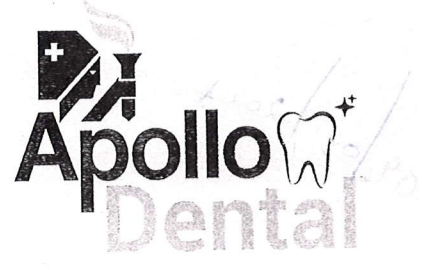
Chest Measurement (in)cm (out)cm

Waist cm HIP

Pulse Bt/Min BMI kgs/cm²

BP mm/Hg SPO2 %

ORAL EXAMINATION FORM



Date: 09/03/2024

Patient ID: _____ MHC

Patient Name: Banothu Swathi Age: 21 Sex: Male Female

Chief Complaint: Pt. Came for general dental check up.

Medical History :

Drug Allergy :

Medication currently taken by the Guest :

Initial Screenign Findings :

Dental Caries : 7

Missing Teeth :

Impacted Teeth :

Attrition / Abrasion :

Bleeding :

Pockets / Recession :

Calculus / Stains :

Mobility :

Restored Teeth :

Non - restorable Teeth for extraction /
Root Stumps :

Malocclusion :

Others :

Advice :- Composite filling in 47

Doctor Name & Signature : A. Kalay

POWER PRESCRIPTION

NAME: *Banathu Swathi*

GENDER: M/F

DATE: *9/3/24*

AGE: *23*

UHID:

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-2.25</i>	<i>-1.00</i>	<i>180</i>	<i>6/6</i>
NEAR	<i>-</i>	<i>-</i>	<i>-</i>	<i>NG</i>

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-2.75</i>	<i>-0.75</i>	<i>180</i>	<i>6/6</i>
NEAR	<i>-</i>	<i>-</i>	<i>-</i>	<i>NG</i>

COLOUR VISION :

DIAGNOSIS : *normal*

OTHER FINDINGS :

INSTRUCTIONS :

[Signature]
SIGNATURE

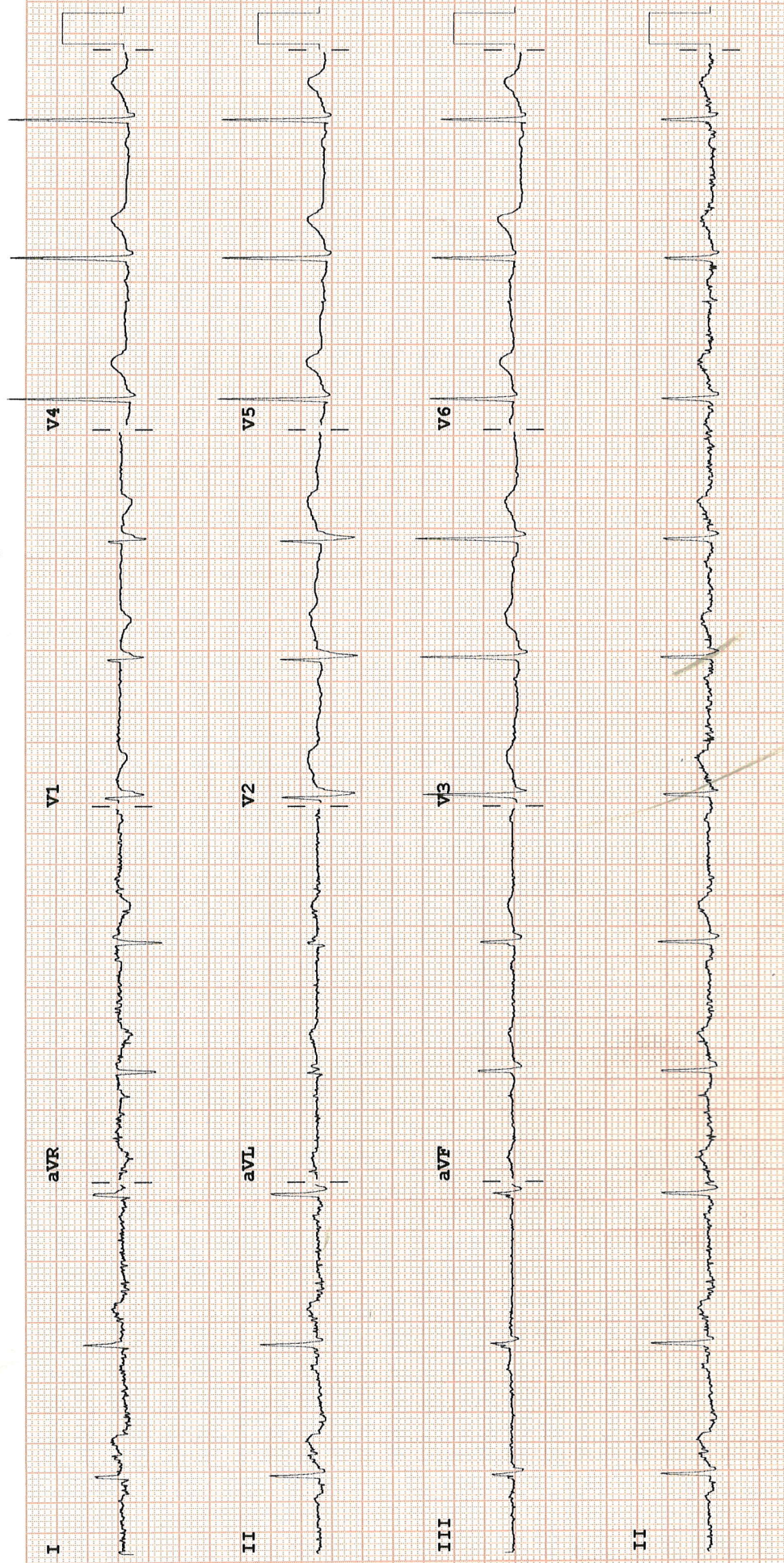
Rate 67 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Baseline wander in lead(s) V4,V5

PR 175
QRSD 97
QT 377
QTc 398

--AXIS--
P 46
QRS 37
T 25

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W

100B CL P?

Dr. K. JAYASREE
MBBS, DGO, (DD)
GYNAECOLOGIST
Regd. No. 9407

Dr. K. JAYASREE
MBBS, DGO, (DD)
GYNAECOLOGIST
Regd. No. 9407

Mrs. Banumathi Sreedevi

F 23 ~~24~~ yrs.

9/3/24.

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

On P/O A1
Gonorrhoea Absent
Defect Organ
for 10 months
Wt 2 @ 22
Eos 7000
Worms : 9/3/24
1 @
Gx body
24000
Cholesterol
Pencil Bp
3-4
28
2016 = 26 ¹ @
24

Hb = 13.3 (Ht = 2) Plt = 600 unhook
A 700 Eos 7000
PES = 8 → LFT - normal
Wb ALU = 4.6 normal
A : Carcinoma
① Pap smear done send to HPE
↓
Amc Regn
Urom for cl
1
Amc Regn
1
10. Jayasree

Follow up date:

Dr. K. JAYASREE
MBBS, DGO, (DD)
GYNAECOLOGIST
Regd. No. 9407

B Swathi
21 y F.

09/3/24

AKC.

No Pain & swelling
Neds
R & L ear
No documents available
15 days

Mild tenderness
+ Multistage upper cervical
billed

Oropharynx - mild Post phar wall congestion
Regular Digestive

Nose - N/A

TMS tooth latest Hearing WNL

Review documents & ear

Dr. K.B. SINGH
MS (ENT), DNB (ENT)
Reg. No. 10371

Patient Name	: Mrs. BANOTHU SWATHI	Age	: 21 Y/F
UHID	: CASR.0000186372	OP Visit No	: CASROPV222047
Reported By:	: Dr. MRINAL .	Conducted Date	: 11-03-2024 12:52
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 67 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

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

Dr. MRINAL .

Patient Name	: Mrs. BANOTHU SWATHI	Age/Gender	: 21 Y/F
UHID/MR No.	: CASR.0000186372	OP Visit No	: CASROPV222047
Sample Collected on	:	Reported on	: 09-03-2024 19:02
LRN#	: RAD2262035	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 376469		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

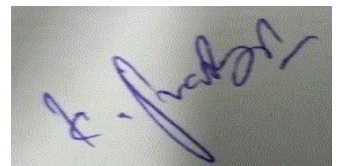
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name	: Mrs. BANOTHU SWATHI	Age/Gender	: 21 Y/F
UHID/MR No.	: CASR.0000186372	OP Visit No	: CASROPV222047
Sample Collected on	:	Reported on	: 09-03-2024 18:34
LRN#	: RAD2262035	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 376469		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney:101x42 mm

Left kidney:106x44 mm

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

Uterus:51x42x38 mm appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures **7 mm**.

Right ovary:21x19 mm

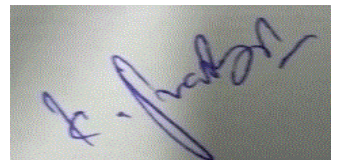
Left ovary:24x24 mm

Both ovaries appear normal in size, shape and echotexture. No evidence of any adnexal pathology noted.

Cervix bulky.

IMPRESSION:-Cervicitis Changes.

Suggested clinical correlation and further evaluation **CT Abdomen** necessary.



Dr. PRAVEEN BABU KAJA
Radiology



Patient Name : Mrs. BANOTHU SWATHI

Age/Gender : 21 Y/F

భారత ప్రభుత్వం
GOVERNMENT OF INDIA
 సమగ్ర సేవ
Guguloth Narendar





పుట్టిన సంవత్సరం / Year of Birth: 1990
 ప్రవేశము / Male

4925 0743 2480

ఆధార్ - సామాన్య విహారు




భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
భారత ప్రభుత్వం
Unique Identification Authority of India
Government of India

రిజిస్ట్రేషన్ / Enrolment No.: 2081/30018/30936

To
 బాన్తు స్వాతి
 Banothu Swathi
 D/O Banothu Yadaiah
 house number 2-25
 mailaram
 palakurthy mandall
 Mailaram
 Chennur
 Warangal Telangana - 506222
 9959905132

Download Date: 10/11/2017
 Generation Date: 01/11/2017

Signature valid
Digitally signed by
 UNIQUE IDENTIFICATION
 AUTHORITY OF INDIA
 Date: 2017.10.11 15:18:30
 IST



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :
9325 7418 6996
 నా ఆధార్, నా గుర్తింపు

Dear **MR. DUDULOTH NARENDER**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Annual Plus Check
Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40
Name of Diagnostic/Hospital : Apollo Clinic - AS Rao Nagar
Address of Diagnostic/Hospital : A-12, # 1-9-71/A/12/B, Rishabh Heights, above Vodafone store, beside KFC, A S Rao Nagar, Hyderabad - 500062
City : Hyderabad
State :
Pincode : 500062
Appointment Date : 09-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:30am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
BANOTHU SWATHI	21 year	Female

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

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

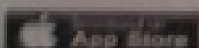
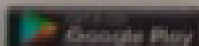
Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,

Mediwheel Team

Please Download Mediwheel App





భారత ప్రభుత్వం

GOVERNMENT OF INDIA



షెర్లా స్వాతి
Sherla Swathi

పుట్టిన సంవత్సరం / Year of Birth : 1995
స్త్రీ / Female

6031 6176 3994



ఆధార్ - సామాన్యని హక్కు

Dear MR. GUDULOTH NARENDER,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Annual Plus Check
Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40
Name of Diagnostic/Hospital : Apollo Clinic - AS Rao Nagar
Address of Diagnostic/Hospital : A-12, # 1-9-71/A/12/B, Pishath heights, above vodafone store, beside KFC, A S Rao Nagar, Hyderabad -500062
City : Hyderabad
State :
Pincode : 500062
Appointment Date : 09-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:30am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
BANOTHU SWATHI	27 year	Female

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

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
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For Women:

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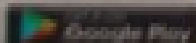
Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,

Mediwheel Team

Please Download Mediwheel App



← ✓ Reply

Patient Name : Mrs. BANOTHU SWATHI Age : 21 Y/F
UHID : CASR.0000186372 OP Visit No : CASROPV222047
Conducted By: : Dr. SHILPI MOHAN Conducted Date : 09-03-2024 17:12
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.1 CM
LA (es)	2.6 CM
LVID (ed)	3.9 CM
LVID (es)	2.6 CM
IVS (Ed)	1.1 CM
LVPW (Ed)	1.0 CM
EF	61 %
%FD	32 %
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
MITRAL -E: 1.1 m/sec A: 0.6 m/sec	
PJV- 1.3 m/sec	
AJV- 1.2 m/sec	

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UHID : CASR.0000186372
Conducted By: : Dr. SHILPI MOHAN
Referred By : SELF

Age : 21 Y/F
OP Visit No : CASROPV222047
Conducted Date : 09-03-2024 17:12

IMPRESSION;

NORMAL CHAMBER DIMENSION.

NORMAL VALVES.

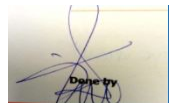
NO RWMA.

LV EF ;61 %

TRIVIAL MR.

NO CLOTS / VEGETATION.

NO PERICARDIAL EFFUSION.



Dr. SHILPI
MOHAN

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