

Patient Name : Mrs.SWETHA PAMULA
 Age/Gender : 35 Y 5 M 14 D/F
 UHID/MR No : CUPP.0000078426
 Visit ID : CUPPOPV130699
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 115660/384980

Collected : 09/Mar/2024 08:17AM
 Received : 09/Mar/2024 11:44AM
 Reported : 09/Mar/2024 02:46PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	12.2	g/dL	12-15	Spectrophotometer
PCV	36.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.53	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81.5	fL	83-101	Calculated
MCH	27	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	15.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,070	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62.5	%	40-80	Electrical Impedance
LYMPHOCYTES	22.7	%	20-40	Electrical Impedance
EOSINOPHILS	5.3	%	1-6	Electrical Impedance
MONOCYTES	9.1	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4418.75	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1604.89	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	374.71	Cells/cu.mm	20-500	Calculated
MONOCYTES	643.37	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.28	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.75		0.78- 3.53	Calculated
PLATELET COUNT	350000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	23	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				



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

SIN No: BED240062210

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NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

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



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Age/Gender : 35 Y 5 M 14 D/F	Received : 09/Mar/2024 12:03PM
UHID/MR No : CUPP.0000078426	Reported : 09/Mar/2024 12:53PM
Visit ID : CUPPOPV130699	Status : Final Report
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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	83	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

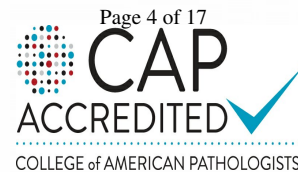
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

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.

Maruthi...
Dr.E.Maruthi Prasad
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 Consultant biochemist

K. Anusha
Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
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SIN No:PLF02120448

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Patient Name : Mrs.SWETHA PAMULA	Collected : 09/Mar/2024 11:02AM
Age/Gender : 35 Y 5 M 14 D/F	Received : 09/Mar/2024 04:39PM
UHID/MR No : CUPP.0000078426	Reported : 09/Mar/2024 06:43PM
Visit ID : CUPPOPV130699	Status : Final Report
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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

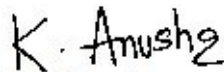
Comment:

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.



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SIN No:PLP1428692

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Age/Gender : 35 Y 5 M 14 D/F	Received : 09/Mar/2024 11:57AM
UHID/MR No : CUPP.000078426	Reported : 09/Mar/2024 03:05PM
Visit ID : CUPPOPV130699	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115660/384980	

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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

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

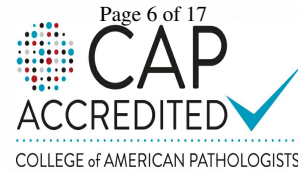
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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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Dr.E.Maruthi Prasad
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 Consultant biochemist

K. Anusha
Dr.K.Anusha
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SIN No:EDT240028159

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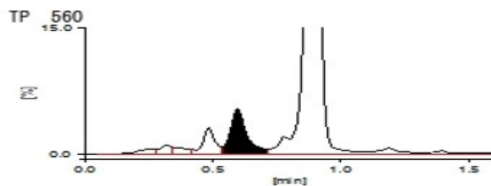
Chromatogram Report

I V5.28 1 2024-03-09 14:58:15
 ID EDT240028159
 Sample No. 03090120 SL 0001 - 01
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.23	8.81
A1B	0.6	0.32	9.92
F	0.5	0.39	9.69
LA1C+	1.8	0.48	32.79
SA1C	5.5	0.60	75.81
AO	92.9	0.89	1662.21
H-V0			
H-V1			
H-V2			

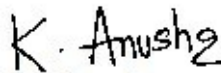
Total Area 1799.23

HbA1c 5.5 % **IFCC 37 mmol/mol**
 HbA1 6.6 % HbF 0.5 %




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

SIN No:EDT240028159



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



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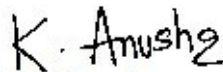
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	128	mg/dL	<200	CHO-POD
TRIGLYCERIDES	80	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	86	mg/dL	<130	Calculated
LDL CHOLESTEROL	70	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.05		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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SIN No:SE04654754

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.57	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.28	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.29	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	71.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.65	g/dL	6.6-8.3	Biuret
ALBUMIN	4.09	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.15		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:

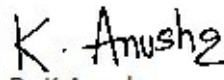
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • 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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 R R District., Uppal, Hyderabad, Telangana, India - 500039

APOLLO CLINICS NETWORK

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

Patient Name : Mrs.SWETHA PAMULA	Collected : 09/Mar/2024 08:17AM
Age/Gender : 35 Y 5 M 14 D/F	Received : 09/Mar/2024 12:05PM
UHID/MR No : CUPP.0000078426	Reported : 09/Mar/2024 02:45PM
Visit ID : CUPPOPV130699	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115660/384980	

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	0.81	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	16.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.26	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.49	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	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.65	g/dL	6.6-8.3	Biuret
ALBUMIN	4.09	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.15		0.9-2.0	Calculated

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

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



SIN No:SE04654754

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

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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 R R District., Uppal, Hyderabad, Telangana, India - 500039



APOLLO CLINICS NETWORK

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

Patient Name : Mrs.SWETHA PAMULA	Collected : 09/Mar/2024 08:17AM
Age/Gender : 35 Y 5 M 14 D/F	Received : 09/Mar/2024 12:05PM
UHID/MR No : CUPP.0000078426	Reported : 09/Mar/2024 02:45PM
Visit ID : CUPPOPV130699	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115660/384980	

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	14.00	U/L	<38	IFCC

Maruthi...

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

SIN No:SE04654754

K. Anusha

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



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

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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H. No 6-48/3, Peerzadiguda Panchayat, Boduppal,
R R District., Uppal, Hyderabad, Telangana, India - 500039



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 | Indra Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)

Patient Name : Mrs.SWETHA PAMULA	Collected : 09/Mar/2024 08:17AM
Age/Gender : 35 Y 5 M 14 D/F	Received : 09/Mar/2024 12:04PM
UHID/MR No : CUPP.0000078426	Reported : 09/Mar/2024 01:10PM
Visit ID : CUPPOPV130699	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115660/384980	

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)	0.84	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.66	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.806	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

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



SIN No:SPL24041169

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

Patient Name : Mrs.SWETHA PAMULA
Age/Gender : 35 Y 5 M 14 D/F
UHID/MR No : CUPP.0000078426
Visit ID : CUPPOPV130699
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 115660/384980

Collected : 09/Mar/2024 08:17AM
Received : 09/Mar/2024 12:04PM
Reported : 09/Mar/2024 01:10PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

K. Anusha

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

SIN No:SPL24041169

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

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Patient Name : Mrs.SWETHA PAMULA	Collected : 09/Mar/2024 08:17AM
Age/Gender : 35 Y 5 M 14 D/F	Received : 09/Mar/2024 01:30PM
UHID/MR No : CUPP.0000078426	Reported : 09/Mar/2024 02:23PM
Visit ID : CUPPOPV130699	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115660/384980	

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		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	TRACE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	2-3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No: UR2300502

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



Patient Name : Mrs.SWETHA PAMULA	Collected : 09/Mar/2024 11:02AM
Age/Gender : 35 Y 5 M 14 D/F	Received : 09/Mar/2024 04:36PM
UHID/MR No : CUPP.0000078426	Reported : 09/Mar/2024 07:00PM
Visit ID : CUPPOPV130699	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115660/384980	

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

SIN No:UPP016967

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



Patient Name : Mrs.SWETHA PAMULA	Collected : 09/Mar/2024 08:17AM
Age/Gender : 35 Y 5 M 14 D/F	Received : 09/Mar/2024 01:29PM
UHID/MR No : CUPP.0000078426	Reported : 09/Mar/2024 02:22PM
Visit ID : CUPPOPV130699	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115660/384980	

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

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

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:UF010994

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

Page 17 of 17
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Name: Mrs. Swetha Pamula
Age/Gender: 35 Y/F
Address: hyd
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000078426
Visit ID: CUPPOPV130699
Visit Date: 09-03-2024 08:14
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: Yes

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
10-03-2024 08:49	96 Beats/min	120/70 mmHg	22 Rate/min	98.6 F	157 cms	61.6 Kgs	%	%	Years	24.99	cms	cms	cms		AHLL06629

Established Patient: Yes

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
10-03-2024 08:48	88 Beats/min	110/70 mmHg	22 Rate/min	98.6 F	170 cms	59 Kgs	%	%	Years	20.42	cms	cms	cms		AHLL06629

Patient Name	: Mrs. Swetha Pamula	Age	: 35 Y/F
UHID	: CUPP.0000078426	OP Visit No	: CUPPOPV130699
Reported By:	: Dr. VINAY KUMAR GUPTA	Conducted Date	: 11-03-2024 11:12
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 70 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL ECG.

CORRELATE CLINICALLY.

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

Dr. VINAY KUMAR GUPTA

Patient Name	: Mrs. Swetha Pamula	Age	: 35 Y/F
UHID	: CUPP.0000078426	OP Visit No	: CUPPOPV130699
Reported By:	: Dr. VINAY KUMAR GUPTA	Conducted Date	: 11-03-2024 11:12
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 70 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL ECG.

CORRELATE CLINICALLY.

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

Dr. VINAY KUMAR GUPTA