

Patient Name : Mrs.SUSHMA V SHASTRI	Collected : 09/Mar/2024 09:03AM
Age/Gender : 34 Y 6 M 0 D/F	Received : 09/Mar/2024 12:36PM
UHID/MR No : CBAS.0000091932	Reported : 09/Mar/2024 05:01PM
Visit ID : CBASOPV100928	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384987	

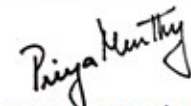
DEPARTMENT OF HAEMATOLOGY

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	11.6	g/dL	12-15	Spectrophotometer
PCV	35.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.69	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	75	fL	83-101	Calculated
MCH	24.8	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	17.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,580	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	59.6	%	40-80	Electrical Impedence
LYMPHOCYTES	31.8	%	20-40	Electrical Impedence
EOSINOPHILS	2.3	%	1-6	Electrical Impedence
MONOCYTES	6.3	%	2-10	Electrical Impedence
BASOPHILS	0	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6305.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3364.44	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	243.34	Cells/cu.mm	20-500	Calculated
MONOCYTES	666.54	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.87		0.78- 3.53	Calculated
PLATELET COUNT	407000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	37	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC WITH FEW MICROCYTES SEEN.				



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SIN No:BED240062660

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK

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

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 **1860 500 7788**  
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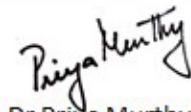
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA.

Suggested Iron profile.

Kindly correlate clinically.



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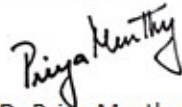
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

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				

Page 4 of 15

  
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SIN No:EDT240028446

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HBA1C, GLYCATED HEMOGLOBIN	6.3	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	mg/dL	Calculated


Comment:

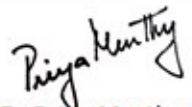
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	190	mg/dL	<200	CHO-POD
TRIGLYCERIDES	117	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>146</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>123</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.33		0-4.97	Calculated


**Comment:**

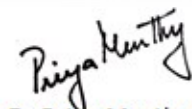
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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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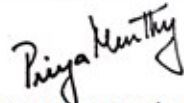
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<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	71.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.04	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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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SIN No:SE04655218

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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Patient Name : Mrs.SUSHMA V SHASTRI	Collected : 09/Mar/2024 09:03AM
Age/Gender : 34 Y 6 M 0 D/F	Received : 09/Mar/2024 04:04PM
UHID/MR No : CBAS.0000091932	Reported : 09/Mar/2024 08:08PM
Visit ID : CBASOPV100928	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384987	

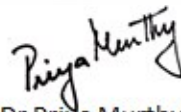
DEPARTMENT OF BIOCHEMISTRY

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	0.48	mg/dL	0.51-0.95	Jaffe's, Method
UREA	19.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.63	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.59	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.04	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated



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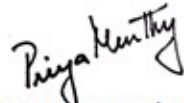
**DEPARTMENT OF BIOCHEMISTRY**

**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>	21.00	U/L	<38	IFCC



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SIN No:SE04655218

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Patient Name : Mrs.SUSHMA V SHASTRI	Collected : 09/Mar/2024 09:03AM
Age/Gender : 34 Y 6 M 0 D/F	Received : 09/Mar/2024 04:02PM
UHID/MR No : CBAS.0000091932	Reported : 09/Mar/2024 06:50PM
Visit ID : CBASOPV100928	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384987	

**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)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.3	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.135	µIU/mL	0.34-5.60	CLIA

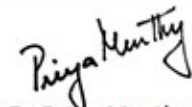
**Comment:**

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

  
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 Consultant Pathologist



SIN No:SPL24041544

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Patient Name : Mrs.SUSHMA V SHASTRI	Collected : 09/Mar/2024 09:03AM
Age/Gender : 34 Y 6 M 0 D/F	Received : 09/Mar/2024 04:02PM
UHID/MR No : CBAS.0000091932	Reported : 09/Mar/2024 06:50PM
Visit ID : CBASOPV100928	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384987	

**DEPARTMENT OF IMMUNOLOGY**

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



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Patient Name : Mrs.SUSHMA V SHASTRI	Collected : 09/Mar/2024 09:02AM
Age/Gender : 34 Y 6 M 0 D/F	Received : 09/Mar/2024 12:27PM
UHID/MR No : CBAS.0000091932	Reported : 09/Mar/2024 02:45PM
Visit ID : CBASOPV100928	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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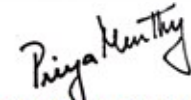
DEPARTMENT OF CLINICAL PATHOLOGY

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	HAZY		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	5-6	/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:UR2300918

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Age/Gender : 34 Y 6 M 0 D/F	Received : 09/Mar/2024 12:27PM
UHID/MR No : CBAS.0000091932	Reported : 09/Mar/2024 04:36PM
Visit ID : CBASOPV100928	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384987	

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



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SIN No:UF011023

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Patient Name : Mrs.SUSHMA V SHASTRI	Collected : 22/Mar/2024 11:14AM
Age/Gender : 34 Y 6 M 13 D/F	Received : 25/Mar/2024 11:42AM
UHID/MR No : CBAS.0000091932	Reported : 25/Mar/2024 01:14PM
Visit ID : CBASOPV100928	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384987	

**DEPARTMENT OF CYTOLOGY**


**LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE**

	<b>CYTOLOGY NO.</b>	5473/24
<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	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL 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, GLUCOSE (POST PRANDIAL) - URINE



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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744


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Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
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Karnataka - 560034

 **1860 500 7788**  
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Customer Pending Tests  
ECG,DIET,ENT,FITNESS BY GP PENDING

<b>Name</b> : Mrs. Sushma V Shastri  <b>Address</b> : blr  <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 34 Y  <b>Sex</b> : F	<b>UHID</b> :CBAS.0000091932  <small>*CBAS.0000091932*</small> <b>OP Number</b> :CBASOPV100928 <b>Bill No</b> :CBAS-OCR-61245 <b>Date</b> : 09.03.2024 08:55
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>2D ECHO</del>	
3	LIVER FUNCTION TEST (LFT)	
<del>4</del>	<del>GLUCOSE, FASTING</del>	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION ✓	
7	DIET CONSULTATION <i>Pandi Skip</i>	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL)	
<del>10</del>	<del>PERIPHERAL SMEAR</del>	
<del>11</del>	<del>ECG</del>	
12	LBC PAP TEST- PAPSURE ✓	
<del>13</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
14	DENTAL CONSULTATION -	
<del>15</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>	
<del>16</del>	<del>URINE GLUCOSE (FASTING)</del>	
<del>17</del>	<del>HbA1c; GLYCATED HEMOGLOBIN</del>	
<del>18</del>	<del>X-RAY CHEST PA</del>	
19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN }	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
<del>25</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del>	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Physio } USONO  
 Dental }

Ht - 150  
 Wt - 70.4  
 BP - 134/91  
 PR - 106  
 Wc - 84  
 HcP - 104



**ECHOCARDIOGRAPHY REPORT**

**Name: MRS SUSHMA**

**Age: 34 YEARS**

**GENDER: FEMALE**

**Consultant: Dr.VISHAL KUMAR.H.**

**Date : 09/03/2024**

**Findings**

**2D Echo cardiography**

**Chambers**

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

**Septa**

- IVS: Intact
- IAS: Intact

**Valves**

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

**Great Vessels**

- Aorta: Normal
- Pulmonary Artery: Normal

**Pericardium: Normal**

**Doppler echocardiography**

Mitral Valve	E	0.97	m/sec	A	0.42	m/sec	No MR
Tricuspid Valve	E	0.61	m/sec	A	0.51	m/sec	No TR
Aortic Valve	Vmax	1.28	m/sec				No AR
Pulmonary Valve	Vmax	0.86	m/sec				No PR
Diastolic Dysfunction							

**M-Mode Measurements**

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.7	2.6-3.6	cm
LH	left Atrium	3.5	2.7-3.8	cm
A	Aortic Cusp Separation	1.6	1.4-1.7	cm
II	IVS - Diastole	1.1	0.9-1.1	cm
L	left Ventricle-Diastole	4.3	4.2-5.9	cm
P	Posterior wall-Diastole	1.0	0.9-1.1	cm
I	IVS-Systole	1.2	1.3-1.5	cm
LL	left Ventricle-Systole	3.1	2.1-4.0	cm
P	Posterior wall-Systole	1.0	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.4	2.0-3.3	cm

**Impression -**

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

**DR. VISHAL KUMAR .H**

**CLINICAL CARDIOLOGIST**

Mrs. Lushma 34/R 9/1932 9/3/24

EYE CHECK UP REPORT

Vision Acuity  $\left\{ \begin{array}{l} 6/6 \\ \text{Unaided} \\ 6/6 \end{array} \right.$

Digital IOP  $\left\{ \begin{array}{l} 2 \\ 2 \end{array} \right.$

Near Vision  $\left\{ \begin{array}{l} N26 \\ \text{Unaided} \\ N26 \end{array} \right.$

Colour Vision  $\left\{ \begin{array}{l} Normal \\ Normal \end{array} \right.$

• Fundus: Normal @ study

• Ant. Segment :- normal

• Media: Normal

• Pupil: normal

K. P. S.

## RE: Health Checkup Bookings No. 58 (Annual)

Corporate Apollo Clinic <corporate@apolloclinic.com>

Fri 3/8/2024 2:10 PM

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

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

deepak <deepak.c@apolloclinic.com>;Koramangala Apolloclinic <koramangala@apolloclinic.com>;Tnagar Apolloclinic

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Sohna Road <sohna.road@apolloclinic.com>;Apollo Clinic Uppal <uppal@apolloclinic.com>;Velachery Apolloclinic

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<vizag@apolloclinic.com>

📎 1 attachments (21 KB)

Copy of 08032024 Bookings.xlsx;

Namaste Team,

Greetings from Apollo Clinics,

Please find the attachment for appointments status.

Thanks & Regards,

**Kumar** | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-

Mail: [corporate@apolloclinic.com](mailto:corporate@apolloclinic.com) | [www.apolloclinic.com](http://www.apolloclinic.com) |

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

**Sent:** Friday, March 8, 2024 9:30 AM

**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:** Health Checkup Bookings No. 58 (Annual)

Dear Team,

Please find the 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)



**PAP SMEAR CONSENT FORM**

PATIENT NAME: *Sushma* AGE: *34* GENDER: *F* DATE: *9/3/24*

**MENSTRUAL AND REPRODUCTIVE HISTORY**

AGE OF MENARCHE : *12*  
AGE OF MENOPAUSAL IF APPLICABLE :  
MENSTRUAL REGULARITY :  REGULAR/ IRREGULAR  
FIRST DAY OF LAST MENSTRUATION PERIOD: *10.2.24*  
AGE AT MARRIAGE : *27*  
YEAR'S OF MARRIED LIFE : *7*  
CONTRACEPTION : YES()NO()IF YES WHAT KIND?  
HORMONAL TREATMENT : YES() NO() IF YES WHAT KIND?  
GRAVIDA (NO OF TIME'S CONCEIVED) :  
PARA(NO OF CHILDBIRTH) :  
LIVE(NO OF LIVING CHILDREN) :  
ABORTIONS :  
MISCARRIAGES/ABORTION :  
AGE OF FIRST CHILD :  
AGE OF LAST CHILD :  
PREVIOUS PAP SMEAR REPORT :

*4 P14 → 0, 34, USCS.  
H/o severe pre-eclampsia  
H/o HTN x 2m.  
Hypothyroidism.*

**SPECULUM EXAMINATION FINDINGS**

EXTERNAL GENITALIA  
VAGINA  
CERVIX  
SMEAR THAKEN FROM – ENDOCERVIX  
ECTOCERVIX  
POSTERIOR VAGINA



HEREBY DECLARE THAT THE ABOVE INFORMINFORMATION TRUE I HAVE BEEN EXPLAINED THE PROCEDURE AND GIVEN MY CONSENT TO UNDERGO THE SAME.

SIGNATURE OF THE PATEINT

*Sushma*

SIGNATURE OF THE DOCTOR

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

SUSHMA VENKATRAMAN SHASTRI  
VENKATRAMAN VINAYAK SHASTRI

27/01/1990

Permanent Account Number

**FYKPS5635G**



*S*

Signature



**Patient Name** : Mrs. Sushma V Shastri

**Age/Gender** : 34 Y/F

**UHID/MR No.** : CBAS.0000091932

**OP Visit No** : CBASOPV100928

**Sample Collected on** :

**Reported on** : 09-03-2024 19:10

**LRN#** : RAD2261318

**Specimen** :

**Ref Doctor** : Dr.sanjana

**Emp/Auth/TPA ID** : 384987

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

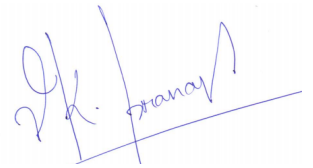
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

**IMPRESSION:**

**No obvious abnormality seen in the present study.**



**Dr. V K PRANAV VENKATESH**  
**MBBS,MD**  
Radiology

**Patient Name** : Mrs. Sushma V Shastri

**Age/Gender** : 34 Y/F

**UHID/MR No.** : CBAS.0000091932

**OP Visit No** : CBASOPV100928

**Sample Collected on** :

**Reported on** : 09-03-2024 17:09

**LRN#** : RAD2261318

**Specimen** :

**Ref Doctor** : Dr.sanjana

**Emp/Auth/TPA ID** : 384987

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears normal in size (14.0 cm) and appears normal in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. Few calculi noted, largest measuring 1.8 cm. 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 echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Right kidney** appear normal in size 10.3x1.4 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Left kidney** appear normal in size 11.0x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Uterus** appears normal in size with anteverted position and measuring 7.8x4.4x4.0 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 1.1 cm.

**Both ovaries** Right ovary appear normal in size, shape and echotexture.

Right ovary measuring 2.3x2.0 cm.

Left ovary is obscured.

No evidence of any adnexal pathology noted.

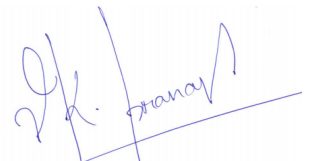
- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

### IMPRESSION:-

#### CHOLELITHIASIS.

#### **Suggested clinical correlation.**

The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



**Dr. V K PRNAV VENKATESH**  
**MBBS, MD**





**Patient Name** : Mrs. Sushma V Shastri

**Age/Gender** : 34 Y/F

Radiology