

Patient Name	: Mrs.THENMOZHI	Collected	: 09/Mar/2024 10:24AM
Age/Gender	: 48 Y 7 M 26 D/F	Received	: 09/Mar/2024 02:33PM
UHID/MR No	: CANN.0000124902	Reported	: 09/Mar/2024 04:18PM
Visit ID	: CANNOPV395391	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS14000		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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



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

SIN No:BED240063403

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>11.4</b>	g/dL	12-15	Spectrophotometer
PCV	<b>35.70</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.67	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	<b>76.5</b>	fL	83-101	Calculated
MCH	<b>24.4</b>	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>17.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	54.3	%	40-80	Electrical Impedence
LYMPHOCYTES	33.5	%	20-40	Electrical Impedence
EOSINOPHILS	2.9	%	1-6	Electrical Impedence
MONOCYTES	8.4	%	2-10	Electrical Impedence
BASOPHILS	0.9	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3801	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2345	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	203	Cells/cu.mm	20-500	Calculated
MONOCYTES	588	Cells/cu.mm	200-1000	Calculated
BASOPHILS	63	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.62		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	344000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	20	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Mild anisocytosis, microcytic hypochromic RBC's admixed with predominantly normocytic

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normochromic RBC's noted.

**WBC MORPHOLOGY** : Normal in number, Morphology and distribution. No abnormal cells seen.

**PLATELETS** : Adequate in number.

**PARASITES** : No haemoparasites seen

**NOTE/COMMENT** : Please correlate clinically.



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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

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



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Patient Name : Mrs.THENMOZHI	Collected : 09/Mar/2024 01:00PM
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	93	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	167	mg/dL	70-140	HEXOKINASE

**Comment:**

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

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



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



SIN No:PLP1429311

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	146	mg/dL		Calculated

**Comment:**

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

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

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

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



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SIN No:EDT240028904

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	198	mg/dL	<200	CHO-POD
TRIGLYCERIDES	66	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>62</b>	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>136</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>122.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.19		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.49	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.38	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	73.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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



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



SIN No:SE04655999

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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**APOLLO CLINICS NETWORK**

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Patient Name : Mrs.THENMOZHI	Collected : 09/Mar/2024 10:24AM
Age/Gender : 48 Y 7 M 26 D/F	Received : 09/Mar/2024 04:18PM
UHID/MR No : CANN.0000124902	Reported : 09/Mar/2024 07:35PM
Visit ID : CANNOPV395391	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14000	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	<b>0.46</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	25.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.20	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated



**DR. R. SRIVATSAN**  
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Age/Gender : 48 Y 7 M 26 D/F	Received : 09/Mar/2024 04:18PM
UHID/MR No : CANN.0000124902	Reported : 09/Mar/2024 07:35PM
Visit ID : CANNOPV395391	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14000	

**DEPARTMENT OF BIOCHEMISTRY**

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

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



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



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Patient Name : Mrs.THENMOZHI	Collected : 09/Mar/2024 10:24AM
Age/Gender : 48 Y 7 M 26 D/F	Received : 09/Mar/2024 06:33PM
UHID/MR No : CANN.0000124902	Reported : 09/Mar/2024 07:32PM
Visit ID : CANNOPV395391	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14000	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	<b>0.65</b>	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.79	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.950</b>	µIU/mL	0.34-5.60	CLIA

**Comment:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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



SIN No: SPL24042148

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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**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.THENMOZHI	Collected : 09/Mar/2024 10:24AM
Age/Gender : 48 Y 7 M 26 D/F	Received : 09/Mar/2024 02:27PM
UHID/MR No : CANN.0000124902	Reported : 09/Mar/2024 04:45PM
Visit ID : CANNOPV/395391	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14000	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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 STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2301607

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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Patient Name : Mrs.THENMOZHI	Collected : 09/Mar/2024 10:24AM
Age/Gender : 48 Y 7 M 26 D/F	Received : 09/Mar/2024 02:28PM
UHID/MR No : CANN.0000124902	Reported : 09/Mar/2024 04:02PM
Visit ID : CANNOPV395391	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14000	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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



**Dr THILAGA**  
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Consultant Pathologist

SIN No:UF011089

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Patient Name : Mrs.THENMOZHI	Collected : 09/Mar/2024 02:20PM
Age/Gender : 48 Y 7 M 26 D/F	Received : 10/Mar/2024 10:29AM
UHID/MR No : CANN.0000124902	Reported : 13/Mar/2024 11:38AM
Visit ID : CANNOPV395391	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14000	

**DEPARTMENT OF CYTOLOGY**

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

	<b>CYTOLOGY NO.</b>	5370/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	SPECIMEN TYPE	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>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

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



Dr.A. Kalyan Rao  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

Page 14 of 14  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS075991

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Name: Mrs. THENMOZHI  
Age/Gender: 48 Y/F  
Address: S.NO 75 JAIMARUTHI NAGAR PLOT NO V KATHIRVEDU  
Location: CHENNAI, TAMIL NADU  
Doctor: Dr. ANUSHA ARUMUGAM  
Department: General Practice  
Rate Plan: ANNANAGAR\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANUSHA ARUMUGAM

MR No: CANN.0000124902  
Visit ID: CANNOPV395391  
Visit Date: 09-03-2024 10:18  
Discharge Date:  
Referred By: SELF

## DRUG ALLERGY

DRUG ALLERGY: Nil ,

## HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

### Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

### Present Known Illness

No history of: No History of diabetes / Hypertension / Heart Disease,

## SYSTEMIC REVIEW

### Cardiovascular System

CHEST PAIN: No,

### GastroIntestinal System

Nil significant: .,

APPETITE : Normal,

ABDOMINAL PAIN : Yes-LUQ PAIN,

BOWEL HABITS : regular,

### GenitoUrinary System

-: Nil ,

### Central Nervous System

SLEEP- : Normal,

### Gynaecology and Obstetrics

LAST MENSTRUAL PERIOD: 22-02-2024,

PERIODS: regular,

### Musculoskeletal System

SPINE AND JOINS: Neck pain ,

**\*\*Weight**

-->: **Stable,**

**General Symptoms**

: **No ,**

**HT-HISTORY**

**Past Medical History**

\*\*Cancer: **No ,**

**Past surgical history**

Caesarian Section: **Two with PS ,**

**Personal History**

Marital Status	<b>Married,</b>
-->	
No. of Children	<b>2,</b>
-->	
Diet	<b>Mixed Diet,</b>
-->	
Physical Activity	<b>Active,</b>

**Family History**

Father	<b>Expired,</b>
-->	
Mother	<b>Expired,</b>
-->	
SISTERS	<b>3,</b>
-->	
Diabetes	<b>father , mother ,</b>

**PHYSICAL EXAMINATION**

**General Examination**

Height (in cms): **146.7,**

Weight (in Kgs): **49.8,**

Waist: **82,**

Hip: **83,**

**SYSTEMIC EXAMINATION**

**CardioVascularSystem**

Heart Rate (Per Minute) : **78,**

Systolic: **130,**

Diastolic: **80,**

**Gynaecology and Obstetrics:**



Gynec Findings: **Done By : Dr Sandhya K,**

Cervix: **Healthy,**

Uterus: **Normal size Anteverted FF,**

Pap Smear: **Taken,**

## **IMPRESSION**

### **Apollo Health check**

Findings: **1. Low MCV 2. HbA1c- 6.7% (controlled DM) 3. HLD 4. Elevated TSH - 5.95 5. Fibroid Indenting Endometrium ,**

## **RECOMMENDATION**

### **Advice on Diet**

Diet instructions : **1.Iron Rich diet 2. Low Carb / Low fat diet ,**

### **Advice on Physical Activity**

Advice on Physical Activity: **Regular Physical Exercise ,**

### **Advice on Medication**

Advice: **Continue Regular Medication ,**

### **Review/Follow Up**

Refer to specialty : **Follow up with OB/GYN,**

### **Other Recommendations**

General advice: **Nil ,**

### **ADVICE ON MEDICATION :**

**TAB. HEXIFER (30) (0-1-0)**

**TAB. CALFIT (0-0-1) ,**

## **DISCLAIMER**

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

**Doctor's Signature**

<b>Patient Name</b>	: Mrs. THENMOZHI	<b>Age/Gender</b>	: 48 Y/F
<b>UHID/MR No.</b>	: CANN.0000124902	<b>OP Visit No</b>	: CANNOPV395391
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 12-03-2024 12:57
<b>LRN#</b>	: RAD2262099	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS14000		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.  
Wall thickness appear normal.

Pancreas and spleen appear normal.  
Spleen measures 7.3 cms.

Portal and splenic veins appear normal.  
No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.  
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 9.3 x 4.3 cms.  
Left kidney measures 8.3 x 4.0 cms.  
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus measures 9.6 x 4.2cms and shows normal endometrial echoes.  
A fibroid measuring 2.5 x 1.9 cm noted in posterior wall indenting endometrium  
The endometrial thickness 9 mm.  
Right ovary measures 1.8 x 1.3 cms.  
Left ovary measures 2.5 x 1.1 cms.  
Both ovaries are normal in size and echotexture.

**Patient Name** : Mrs. THENMOZHI

**Age/Gender** : 48 Y/F

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Bladder is normal in contour.

**IMPRESSION:**

\* UTERINE FIBROID INDENTING ENDOMETRIUM.

**Dr. PRAVEENA SHEKAR T**  
MBBS, DMRD, FAGE  
Radiology

**Patient Name** : Mrs. THENMOZHI

**Age/Gender** : 48 Y/F

**UHID/MR No.** : CANN.0000124902

**OP Visit No** : CANNOPV395391

**Sample Collected on** :

**Reported on** : 11-03-2024 17:36

**LRN#** : RAD2262099

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS14000

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

**Unfolding of aorta.**

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**Dr. ASHIQ MOHAMMED JEFFREY**

MD

Radiology



**Patient Name** : Mrs. THENMOZHI

**Age/Gender** : 48 Y/F

**UHID/MR No.** : CANN.0000124902

**OP Visit No** : CANNOPV395391

**Sample Collected on** :

**Reported on** : 11-03-2024 15:13

**LRN#** : RAD2262099

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS14000

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**DEPARTMENT OF RADIOLOGY**

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**SONO MAMOGRAPHY - SCREENING**

Both breasts show a uniform architecture.

The glandular and connective tissues are normal.

No mass or cyst is seen in both breasts.

No evidence of calcification.

The subareolar tissues are normal

No evidence of retromammary pathology is seen.

The axillary tails are normal.

**IMPRESSION:**

\* NO SIGNIFICANT ABNORMALITY DETECTED.

**Dr. PRAVEENA SHEKAR T**  
MBBS, DMRD, FAGE  
Radiology

Patient Name	: Mrs. THENMOZHI	Age	: 48 Y/F
UHID	: CANN.0000124902	OP Visit No	: CANNOPV395391
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 11-03-2024 10:32
Referred By	: SELF		

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### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 71 beats per minutes.

#### **Impression:**

NORMAL RESTING ECG.

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

Dr. ARULNITHI AYYANATHAN

Patient Name : Mrs. THENMOZHI Age : 48 Y/F  
UHID : CANN.0000124902 OP Visit No : CANNOPV395391  
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 11-03-2024 12:56  
Referred By : SELF

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## **2D-ECHO WITH COLOUR DOPPLER**

### Dimensions:

Ao (ed)	2.4CM
LA (es)	3.2CM
LVID (ed)	3.8CM
LVID (es)	2.6CM
IVS (Ed)	1.0CM
LVPW (Ed)	1.1CM
EF	65%
%FD	35%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. THENMOZHI	Age	: 48 Y/F
UHID	: CANN.0000124902	OP Visit No	: CANNOPV395391
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 11-03-2024 12:56
Referred By	: SELF		

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**DOPPLER STUDIES MITRAL INFLOW :**

E : 0.7m/sc A: 06m/sc

Velocity / Gradient Across Pulmonic Valve : 0.7m/sc

Velocity / Gradient Across Aortic Valve : 1.2m/sc

**IMPRESSION :**

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 65%)

NORMAL CARDIAC CHAMBERS & VALVES

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.  
RAKESH P  
GOPAL

Patient Name	: Mrs. THENMOZHI	Age	: 48 Y/F
UHID	: CANN.0000124902	OP Visit No	: CANNOPV395391
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 11-03-2024 12:56
Referred By	: SELF		

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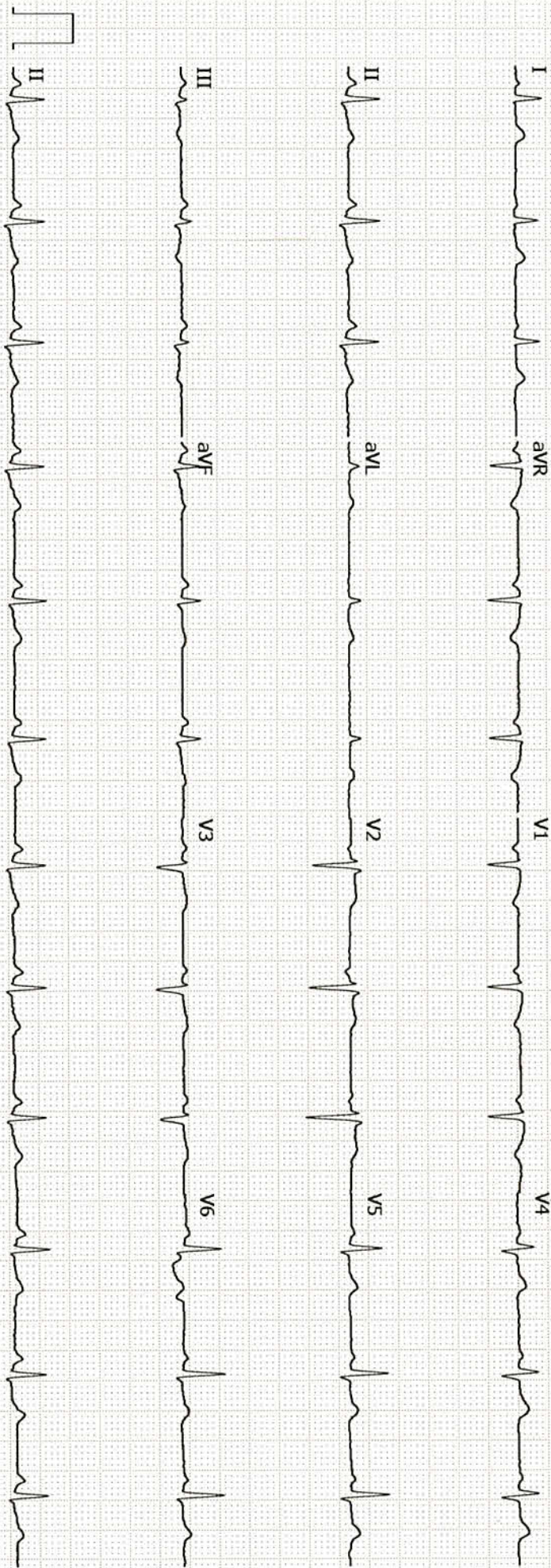
Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

71 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 82 ms  
QT / QTcBaz : 358 / 389 ms  
PR : 132 ms  
P : 104 ms  
RR / PP : 844 / 845 ms  
P / QRS / T : 67 / 39 / 32 degrees





Name: Thermozhi  
 Occupation: .....  
 Age: 184 Sex: Male  Female   
 Address: .....  
 Ph: .....

Date: 9/3/24 Reg. No.: 124902  
 Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History: having diabetic past 2 years.

Present Complaint: Reading +1.75 N6.

**ON EXAMINATION:**

	RE	LE
Ocular Movements :	Free	Free
Anterior Segment :	Free	Free
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		N.
Without Glass :	N	
With Glass :		
N.V. :	6/9	6/9
Visual Fields :		
Fundus :	N10	N10
Impression :		
Advice :	Full	Full.
Colour Vision :	N	N

*Same*

ENT check up

Then mozhi

48/F

9/3/24

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

General Examination / Allergies  
History

No complaints

O/E

ENT (K)

~~ENT~~

Follow up date:

Doctor Signature & Stamp

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

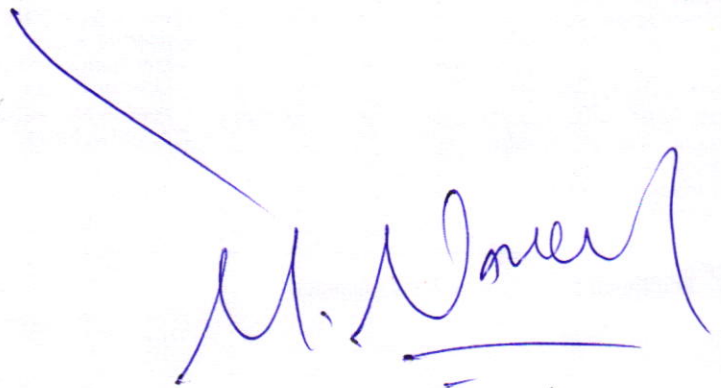
Mr. Thenmozhi 48/F 13/2024

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

General Examination / Allergies  
History

After O/E,  
Adv:

- Sealing
- Filling (s)



Follow up date:

Doctor Signature & Stamp

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



To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	THENMOZHI M
DATE OF BIRTH	14-07-1975
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-03-2024
BOOKING REFERENCE NO.	23M156586100098064S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. S DHANDAPANI
EMPLOYEE EC NO.	156586
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR B
EMPLOYEE PLACE OF WORK	CHENNAI,AYANAVARAM
EMPLOYEE BIRTHDATE	04-05-1967

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **07-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))