

Patient Name : Mrs.SRILATHA M	Collected : 09/Mar/2024 09:08AM
Age/Gender : 51 Y 6 M 0 D/F	Received : 09/Mar/2024 12:34PM
UHID/MR No : CBAS.0000091933	Reported : 09/Mar/2024 05:01PM
Visit ID : CBASOPV100929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 386749	

DEPARTMENT OF HAEMATOLOGY

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>				
HAEMOGLOBIN	14.3	g/dL	12-15	Spectrophotometer
PCV	42.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.5	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	94	fL	83-101	Calculated
MCH	31.9	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,440	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	67.5	%	40-80	Electrical Impedence
LYMPHOCYTES	26	%	20-40	Electrical Impedence
EOSINOPHILS	1.7	%	1-6	Electrical Impedence
MONOCYTES	4.8	%	2-10	Electrical Impedence
BASOPHILS	0	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5022	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1934.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	126.48	Cells/cu.mm	20-500	Calculated
MONOCYTES	357.12	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.6		0.78- 3.53	Calculated
PLATELET COUNT	245000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



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SIN No:BED240062720

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

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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APOLLO CLINICS NETWORK

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WBCs: are normal in total number with normal distribution and morphology.

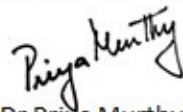
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



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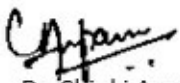
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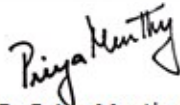
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	107	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)	116	mg/dL	70-140	HEXOKINASE


Comment:

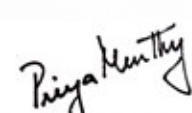
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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:EDT240028489

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HBA1C, GLYCATED HEMOGLOBIN	5.4	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL	Calculated


Comment:

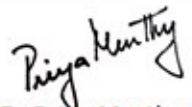
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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	281	mg/dL	<200	CHO-POD
TRIGLYCERIDES	114	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	70	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	211	mg/dL	<130	Calculated
LDL CHOLESTEROL	188.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.02		0-4.97	Calculated


**Comment:**

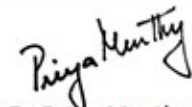
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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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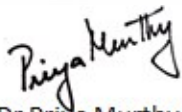
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<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	91.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.25	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.05	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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.

  
**DR.SHIVARAJA SHETTY**  
 M.B.B.S,M.D(Biochemistry)  
 CONSULTANT BIOCHEMIST

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



SIN No:SE04655276

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mrs.SRILATHA M	Collected : 09/Mar/2024 09:08AM
Age/Gender : 51 Y 6 M 0 D/F	Received : 09/Mar/2024 03:38PM
UHID/MR No : CBAS.0000091933	Reported : 09/Mar/2024 06:39PM
Visit ID : CBASOPV100929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 386749	

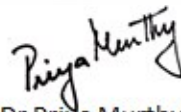
DEPARTMENT OF BIOCHEMISTRY

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	0.94	mg/dL	0.51-0.95	Jaffe's, Method
UREA	22.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>6.25</b>	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>133</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.25	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.05	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated



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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)

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www.apolloclinic.com

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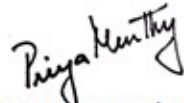
**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.00	U/L	<38	IFCC



**DR.SHIVARAJA SHETTY**  
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CONSULTANT BIOCHEMIST



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



SIN No:SE04655276

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 **1860 500 7788**  
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Visit ID : CBASOPV100929	Status : Final Report
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Emp/Auth/TPA ID : 386749	

**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)	1.07	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.6	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.885	µIU/mL	0.34-5.60	CLIA

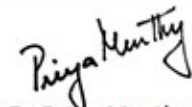
**Comment:**

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

  
**DR.SHIVARAJA SHETTY**  
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 CONSULTANT BIOCHEMIST

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



SIN No:SPL24041598

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

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**1860 500 7788**  
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Patient Name : Mrs.SRILATHA M	Collected : 09/Mar/2024 09:08AM
Age/Gender : 51 Y 6 M 0 D/F	Received : 09/Mar/2024 03:39PM
UHID/MR No : CBAS.0000091933	Reported : 09/Mar/2024 06:31PM
Visit ID : CBASOPV100929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 386749	

### DEPARTMENT OF IMMUNOLOGY

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



DR.SHIVARAJA SHETTY  
M.B.B.S.,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST



Dr Priya Murthy  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:SPL24041598

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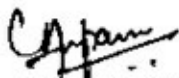
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Patient Name : Mrs.SRILATHA M	Collected : 09/Mar/2024 12:32PM
Age/Gender : 51 Y 6 M 0 D/F	Received : 09/Mar/2024 05:09PM
UHID/MR No : CBAS.0000091933	Reported : 09/Mar/2024 10:24PM
Visit ID : CBASOPV100929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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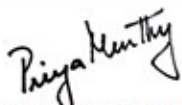
**DEPARTMENT OF CLINICAL PATHOLOGY**

**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



Dr. Chinki Anupam  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:UPP017025

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

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Patient Name : Mrs.SRILATHA M	Collected : 09/Mar/2024 09:08AM
Age/Gender : 51 Y 6 M 0 D/F	Received : 09/Mar/2024 12:27PM
UHID/MR No : CBAS.0000091933	Reported : 09/Mar/2024 04:36PM
Visit ID : CBASOPV100929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 386749	

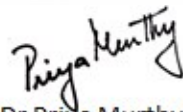
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



**Dr. Vidya Aniket Gore**  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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



SIN No:UF011029

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

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Patient Name : Mrs.SRILATHA M	Collected : 09/Mar/2024 02:14PM
Age/Gender : 51 Y 6 M 0 D/F	Received : 10/Mar/2024 06:56PM
UHID/MR No : CBAS.0000091933	Reported : 14/Mar/2024 10:09AM
Visit ID : CBASOPV100929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 386749	

**DEPARTMENT OF CYTOLOGY**

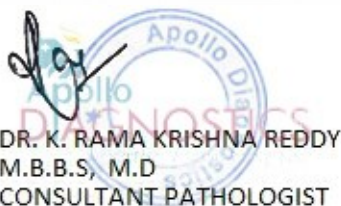
**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	5474/24
<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, COMPLETE URINE EXAMINATION (CUE)



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

SIN No:CS076100

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



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

<b>Name</b> : Mrs. Srilatha M  <b>Address</b> : blr  <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 51 Y  <b>Sex</b> : F	<b>UHID</b> :CBAS.0000091933  <small>* C B A S . 0 0 0 0 0 9 1 9 3 3 *</small> <b>OP Number</b> :CBASOPV100929 <b>Bill No</b> :CBAS-OCR-61246 <b>Date</b> : 09.03.2024 08:56
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>2 D ECHO</del>	
<del>3</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>4</del>	<del>GLUCOSE FASTING</del>	
<del>5</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
6	GYNAECOLOGY CONSULTATION ✓	
7	DIET CONSULTATION	
<del>8</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>9</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<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>SONO MAMOGRAPHY - SCREENING</del>	
<del>18</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>19</del>	<del>X-RAY CHEST PA</del> (C)	
20	ENT CONSULTATION	
21	FITNESS BY GENERAL PHYSICIAN	
<del>22</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>23</del>	<del>LIPID PROFILE</del>	
<del>24</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>25</del>	<del>OPHTHAL BY GENERAL PHYSICIAN</del>	
<del>26</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del> ✓	
<del>27</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	

Phy 110  
Dental.

ALT - 134  
 WT - 79.5 kg  
 BP - 119/74  
 PR - 80  
 WOP - 92  
 HCP - 119

**ECHOCARDIOGRAPHY REPORT**

**Name: MRS SRILATHA M      Age: 51 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	0.60	m/sec	A	0.75	m/sec	No MR
Tricuspid Valve	E	0.62	m/sec	A	0.48	m/sec	No TR
Aortic Valve	Vmax	1.27	m/sec				No AR
Pulmonary Valve	Vmax	0.81	m/sec				No PR
Diastolic Dysfunction	GRADE I LVDD						



M-Mode Measurements

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.8	2.6-3.6	cm
Ll	left Atrium	3.4	2.7-3.8	cm
A	Aortic Cusp Separation	1.7	1.4-1.7	cm
II	IVS - Diastole	1.0	0.9-1.1	cm
L	left Ventricle-Diastole	4.3	4.2-5.9	cm
P	Posterior wall-Diastole	0.9	0.9-1.1	cm
I	IVS-Systole	1.2	1.3-1.5	cm
LL	left Ventricle-Systole	2.9	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	2.6	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
- **GRADE I LVDD**

**DR. VISHAL KUMAR .H**

**CLINICAL CARDIOLOGIST**

Date: IST: 2024-03-09 12:02:03

**Personal Details**

UHID: 01P3FGAT6TF0XE8  
PatientID: 91933  
Name: SRILATHA  
Age: 51  
Gender: Female  
Mobile: 88516987123398

**Pre-Existing Medical-  
Conditions**

**Vitals**

**Measurements**

HR: 84 BPM  
PR: 165 ms  
PD: 126 ms  
QRSD: 97 ms  
QRS Axis: 55 deg  
QT/QTc: 370/370 ms

**Interpretation**

Normal sinus rhythm  
Normal axis

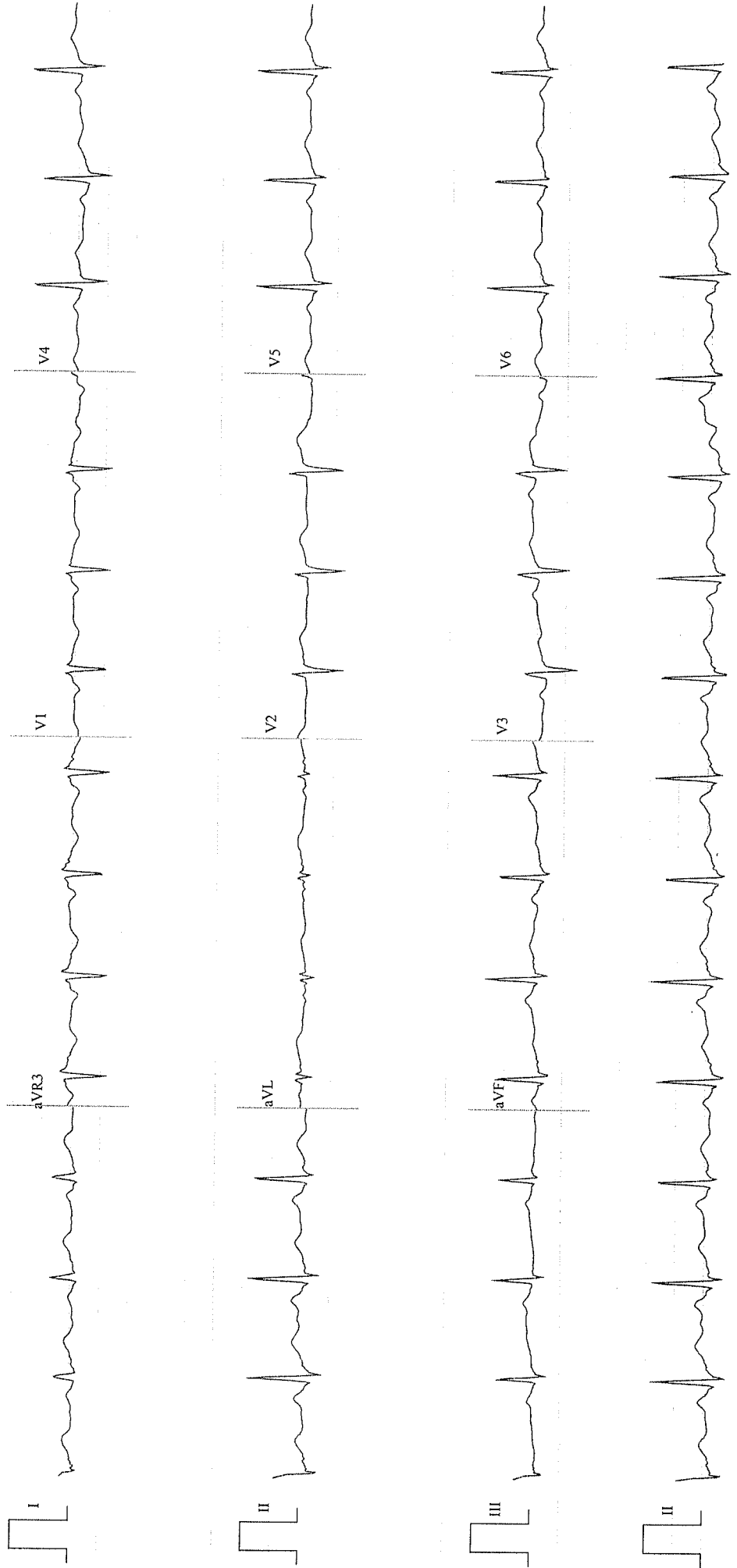
Report ID: AHLLP\_01P3FGAT6TF0XE8\_V6TF0XFF



Authorized by

*Yogesh K*

Dr. Yogesh Kothari  
MD, DNB, FESC, FEP  
Reg No- NMC: 44065



Disclaimer: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history. Symptoms and results of other non-invasive tests and must be interpreted by a qualified physician.  
2. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data. Clinical correlation is important.

Mr. Sridhar, 50yr,

9/3/20

ASO -> Fatty grade I / combinations  
lind. (6-7yr)

HT - 154cm  
WT - 79.3kg

Adults 1600kWh/yr  
low fat

IBW - 55-60kg

\* BF in Dinner -> Phys. (included) / multib

vegetable -> Protein  
part done

1/2 lb / 12oz  
(30) (2)

6-8yr

multib = 76g  
2 mult = 75g  
3 mult = 70g

50% -> L usage Oil

mult = 67g  
part = 64g  
mult = 64g

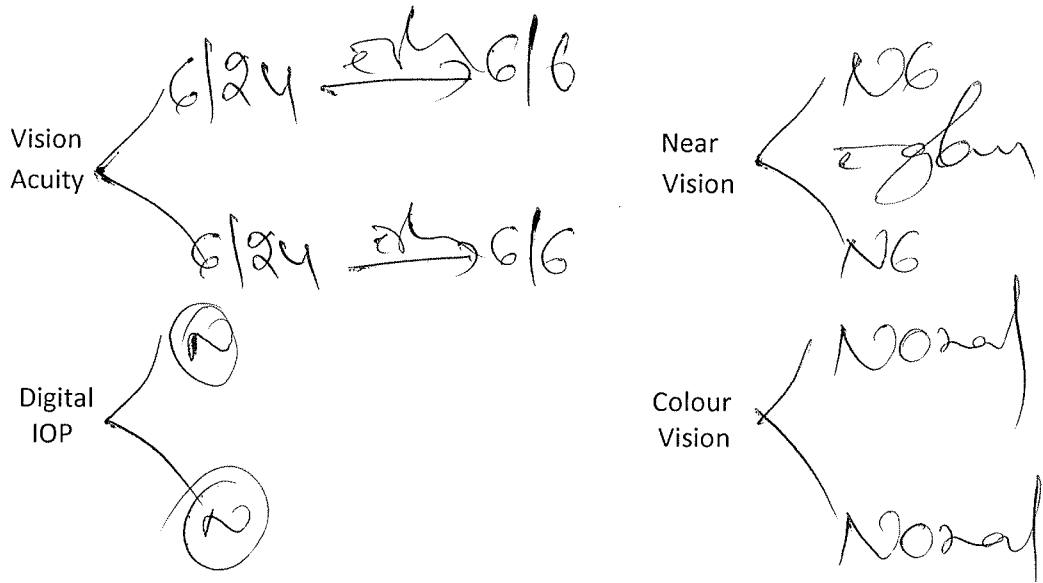
mult -> up to 3-4 daily

Dr. Sridhar

9449349333

Mrs. Sibaltha M 51/R 91933 9/3/24

EYE CHECK UP REPORT



• Fundus: normal @ study

• Ant. Segment :- normal

• Media: normal

• Pupil: normal

BE Hyperopic Presbyopia, fully corrected by glass.

AFS



भारत सरकार  
Government of India

आधार

श्रीलता मल्लारेड्डी  
Srilatha Mallareddy  
పుల్లిన తేడీ / DOB : 23/03/1973  
స్త్రీ / Female

Issue Date : 25/04/2012

3404 3131 3049

मेरा आधार, मेरी पहचान

## Health Check up Booking Request(bobS14182), Beneficiary Code-167955

Mediwheel <wellness@mediwheel.in>

Thu 07-03-2024 15:27

To:PRASANNA KUMAR M L <PRASANNA.ML@bankofbaroda.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

न: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक न करें.  
WARNING: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON ANY LINKS.

011-41195959

Dear MR. M L PRASANNA KUMAR,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

[Upload HRM Letter](#)

**User Package Name** : Mediwheel Full Body Health Checkup Female Above 40  
**Name of Diagnostic/Hospital** : Apollo Clinic - Basavanagudi  
**Address of Diagnostic/Hospital-** : Apollo Clinic, # 99, Bull Temple Road , Next to Ramakrishna mutt, Basavanagudi - 560019  
**Appointment Date** : 09-03-2024  
**Preferred Time** : 8:00am

Member Information		
Booked Member Name	Age	Gender
Srilatha m	50 year	Female

### Tests included in this Package

- Bmi Check
- Pap Smear
- Mammography
- Ent Consultation
- Dietician Consultation
- Gynae Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	SRILATHA MALLAREDDY
जन्म की तारीख	23-03-1973
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	09-03-2024
बुकिंग संदर्भ सं.	23M156304100087162S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. M L PRASANNA KUMAR
कर्मचारी की क.कू.संख्या	156304
कर्मचारी का पद	ZONAL VIGILANCE
कर्मचारी के कार्य का स्थान	BENGALURU,ZO BENGALURU
कर्मचारी के जन्म की तारीख	21-07-1968

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 02-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited)से संपर्क करें।)

**SUGGESTIVE LIST OF MEDICAL TESTS**

<b>FOR MALE</b>	<b>FOR FEMALE</b>
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



**PAP SMEAR CONSENT FORM**

PATIENT NAME: *Luilathu* AGE: *504* GENDER: *F* DATE: *9/3/24*

**MENSTRUAL AND REPRODUCTIVE HISTORY**

AGE OF MENARCHE : *144*

AGE OF MENOPAUSAL IF APPLICABLE : *434*

MENSTRUAL REGULARITY : **REGULAR/IRREGULAR**

FIRST DAY OF LAST MENSTRUATION PERIOD: *ty back*

AGE AT MARRIAGE : *224*

YEAR'S OF MARRIED LIFE : *~~22~~ 274*

CONTRACEPTION : **YES()NO()IF YES WHAT KIND?**

HORMONAL TREATMENT : **YES() NO() IF YES WHAT KIND?**

GRAVIDA (NO OF TIME'S CONCEIVED) : *P14A2 → 254 V/D.*

PARA(NO OF CHILDBIRTH) : *CA → 214*

LIVE(NO OF LIVING CHILDREN) :

ABORTIONS :

MISCARRIAGES/ABORTION :

AGE OF FIRST CHILD :

AGE OF LAST CHILD :

PREVIOUS PAP SMEAR REPORT :

*hysterectomy - fibroid (T-11)*

**SPECULUM EXAMINATION FINDINGS**

EXTERNAL GENITALIA


VAGINA

CERVIX

SMEAR THAKEN FROM - ENDOCERVIX

ECTOCERVIX

POSTERIOR VAGINA

*vault* 

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



SIGNATURE OF THE DOCTOR

Customer Pending Tests  
DENTAL,ENT,FITNESS BY GP PENDING

<b>Patient Name</b>	: Mrs. Srilatha M	<b>Age/Gender</b>	: 51 Y/F
<b>UHID/MR No.</b>	: CBAS.0000091933	<b>OP Visit No</b>	: CBASOPV100929
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-03-2024 19:24
<b>LRN#</b>	: RAD2261333	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 386749		

**DEPARTMENT OF RADIOLOGY**

**SONO MAMOGRAPHY - SCREENING**

Both breasts show normal echotexture and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

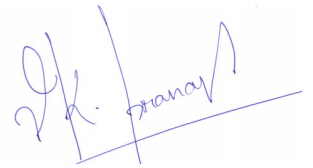
No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

**IMPRESSION**

**No significant abnormality is seen in this study.**

(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  
Radiology

<b>Patient Name</b>	: Mrs. Srilatha M	<b>Age/Gender</b>	: 51 Y/F
<b>UHID/MR No.</b>	: CBAS.0000091933	<b>OP Visit No</b>	: CBASOPV100929
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-03-2024 19:09
<b>LRN#</b>	: RAD2261333	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 386749		

**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.

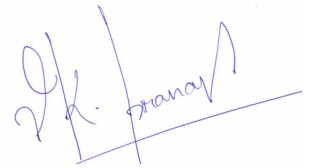
Both costophrenic and cardiophrenic angles are clear.

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



<b>Patient Name</b>	: Mrs. Srilatha M	<b>Age/Gender</b>	: 51 Y/F
<b>UHID/MR No.</b>	: CBAS.0000091933	<b>OP Visit No</b>	: CBASOPV100929
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-03-2024 17:05
<b>LRN#</b>	: RAD2261333	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 386749		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears normal in size (11.0 cm) and increased 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 partially 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 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 9.3x1.3 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Left kidney** appear normal in size 9.5x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

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

**Uterus** Post hysterectomy status.

**Both ovaries** are obscured. No evidence of any adnexal pathology noted.

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

### **IMPRESSION:-**

**GRADE I FATTY LIVER.**

### **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**  
Radiology