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MC-2439

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Patient Name	: Mrs.VAISHNAVI DEVI K G	Collected	: 29/Mar/2024 09:29AM
Age/Gender	: 37 Y 3 M 21 D/F	Received	: 29/Mar/2024 01:46PM
UHID/MR No	: CVAL.0000008234	Reported	: 29/Mar/2024 05:17PM
Visit ID	: CVALOPV108726	Status	: Final Report
Ref Doctor	: Dr.Dr. THILAGAVATHY K	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS14708		

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:BED240086994
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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Phone - 044-26224504 / 05

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**9.4**	g/dL	12-15	Spectrophotometer
PCV	**30.20**	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.17	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	**72.6**	fL	83-101	Calculated
MCH	**22.6**	pg	27-32	Calculated
MCHC	**31.2**	g/dL	31.5-34.5	Calculated
R.D.W	**19.7**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	69.6	%	40-80	Electrical Impedance
LYMPHOCYTES	23.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.0	%	1-6	Electrical Impedance
MONOCYTES	2.9	%	2-10	Electrical Impedance
BASOPHILS	1.0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5707.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1927	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	246	Cells/cu.mm	20-500	Calculated
MONOCYTES	237.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	82	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.96		0.78- 3.53	Calculated
PLATELET COUNT	**455000**	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**29**	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic

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DEPARTMENT OF HAEMATOLOGY

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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
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	96	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:

1.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.

2. 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)*	100	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:PLP1439944

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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
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. 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.
4. 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.
5. 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)

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

SIN No:EDT240040325

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	155	mg/dL	<200	CHO-POD
TRIGLYCERIDES	104	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	**39**	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	116	mg/dL	<130	Calculated
LDL CHOLESTEROL	95.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.97		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

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.

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SIN No:SE04680386

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

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.
7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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Ref Doctor	: Dr.Dr. THILAGAVATHY K	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS14708		

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
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.64	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.51	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	101.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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:SE04680386

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Patient Name	: Mrs.VAISHNAVI DEVI K G	Collected	: 29/Mar/2024 09:29AM
Age/Gender	: 37 Y 3 M 21 D/F	Received	: 29/Mar/2024 02:00PM
UHID/MR No	: CVAL.0000008234	Reported	: 29/Mar/2024 05:31PM
Visit ID	: CVALOPV108726	Status	: Final Report
Ref Doctor	: Dr.Dr. THILAGAVATHY K	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS14708		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	**0.42**	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	20.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		0.9-2.0	Calculated

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

SIN No:SE04680386

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Patient Name	: Mrs.VAISHNAVI DEVI K G	Collected	: 29/Mar/2024 09:29AM
Age/Gender	: 37 Y 3 M 21 D/F	Received	: 29/Mar/2024 02:00PM
UHID/MR No	: CVAL.0000008234	Reported	: 29/Mar/2024 05:28PM
Visit ID	: CVALOPV108726	Status	: Final Report
Ref Doctor	: Dr.Dr. THILAGAVATHY K	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS14708		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	35.00	U/L	<38	IFCC

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

SIN No:SE04680386

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Patient Name	: Mrs.VAISHNAVI DEVI K G	Collected	: 29/Mar/2024 09:29AM
Age/Gender	: 37 Y 3 M 21 D/F	Received	: 29/Mar/2024 02:18PM
UHID/MR No	: CVAL.0000008234	Reported	: 29/Mar/2024 03:36PM
Visit ID	: CVALOPV108726	Status	: Final Report
Ref Doctor	: Dr.Dr. THILAGAVATHY K	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS14708		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.28	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.33	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.400	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

1. 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.
2. 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.
3. 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.
4. 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:SPL24058890
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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Patient Name	: Mrs.VAISHNAVI DEVI K G	Collected	: 29/Mar/2024 09:29AM
Age/Gender	: 37 Y 3 M 21 D/F	Received	: 29/Mar/2024 02:18PM
UHID/MR No	: CVAL.0000008234	Reported	: 29/Mar/2024 03:36PM
Visit ID	: CVALOPV108726	Status	: Final Report
Ref Doctor	: Dr.Dr. THILAGAVATHY K	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS14708		

DEPARTMENT OF IMMUNOLOGY

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

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

SIN No:SPL24058890
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name	: Mrs.VAISHNAVI DEVI K G	Collected	: 29/Mar/2024 09:29AM
Age/Gender	: 37 Y 3 M 21 D/F	Received	: 29/Mar/2024 02:26PM
UHID/MR No	: CVAL.0000008234	Reported	: 29/Mar/2024 07:04PM
Visit ID	: CVALOPV108726	Status	: Final Report
Ref Doctor	: Dr.Dr. THILAGAVATHY K	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS14708		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/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

Result is rechecked. Kindly correlate clinically

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

SIN No:UR2319858
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Patient Name	: Mrs.VAISHNAVI DEVI K G	Collected	: 29/Mar/2024 09:29AM
Age/Gender	: 37 Y 3 M 21 D/F	Received	: 29/Mar/2024 02:26PM
UHID/MR No	: CVAL.0000008234	Reported	: 29/Mar/2024 04:20PM
Visit ID	: CVALOPV108726	Status	: Final Report
Ref Doctor	: Dr.Dr. THILAGAVATHY K	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS14708		

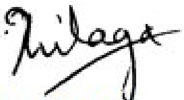
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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



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

SIN No:UF011538
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Patient Name	: Mrs. VAISHNAVI DEVI K G	Age/Gender	: 37 Y/F
UHID/MR No.	: CVAL.0000008234	OP Visit No	: CVALOPV108726
Sample Collected on	:	Reported on	: 29-03-2024 15:50
LRN#	: RAD2286131	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS14708		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size measures 15.8 cm and echotexture.
No focal lesion is seen. PV and CBD normal.
No dilatation of the intrahepatic biliary radicals.

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

Spleen appears normal in size measures 9.9 cm.
No focal lesion seen. Splenic vein appears normal.

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

Both the kidneys appear normal in size, shape and echopattern.
Cortical thickness and CM differentiation are maintained.
No calculus / hydronephrosis seen on either side.
Right kidney measures 9.8 x 3.4 cm.
Left kidney measures 11.1 x 4.5 cm.
Renal cortical scar in upper pole of left kidney.

Urinary Bladder is minimally 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 measures 8.2 x 4.4 x 5.4 cm.
It shows normal shape & echo pattern.
Endometrial echo-complex appears normal and thickness measures 5 mm.

Both ovaries appear normal in size, shape and echotexture.
Right ovary measures 3.1 x 2.0 cm.

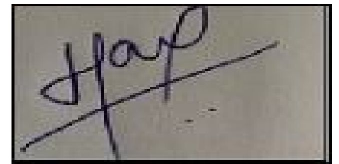
Patient Name : Mrs. VAISHNAVI DEVI K G **Age/Gender** : 37 Y/F

Left ovary measures 2.8 x 1.2 cm.

Suggested review with full bladder if clinically indicated.

IMPRESSION:

Left renal scar.



Dr. HARSHINI U
MD (Radio Diagnosis)
Radiology

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Patient Name	: Mrs. VAISHNAVI DEVI K G	Age/Gender	: 37 Y/F
UHID/MR No.	: CVAL.0000008234	OP Visit No	: CVALOPV108726
Sample Collected on	:	Reported on	: 29-03-2024 13:17
LRN#	: RAD2286131	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS14708		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both the lung fields are clear.

Cardio thoracic ratio is mildly increased.

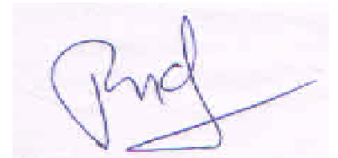
Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Mild cardiomegaly.



Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)
Radiology

Name:	Mrs. VAISHNAVI DEVI K G	MR No:	CVAL.0000008234
Age/Gender:	37 Y/F	Visit ID:	CVALOPV108726
Address:	1C SVARAG FALT 25 P. T RAJAN SALAI KK NAGAR	Visit Date:	29-03-2024 09:12
Location:	OTHER, OTHER	Discharge Date:	
Doctor:	Dr. THILAGAVATHY K	Referred By:	SELF
Department:	General Practice		
Rate Plan:	VALASARAVAKKAM_06042023		
Sponsor:	ARCOFEMI HEALTHCARE LIMITED		

Consulting Doctor: Dr. THILAGAVATHY K

DRUG ALLERGY

DRUG ALLERGY: **NIL ,**

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: **For Annual Health Checkup,**

GENERAL SYMPTOMS :: **NO SPECIFIC COMPLAINTS ,**

Present Known Illness

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

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: **No,**

**Weight

--->: **Stable,**

Number of kgs: **75.8,**

General Symptoms

: **NIL SIGNIFICANT ,**

Present Medications

-): **Nil,**

HT-HISTORY

Past Medical History

ALLERGIES: **Nil,**

PAST MEDICAL HISTORY: **Nil Significant,**

Cancer: **NIL ,

Past surgical history

Caesarian Section: **2013,**

Family History

Hypertension	**mother ,**

PHYSICAL EXAMINATION

General Examination

General appearance: **Normal,**

Build: **Normal,**

Height (in cms): **164,**

Weight (in Kgs): **75.8,**

BMI: **27,**

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate (Per Minute) : **76,**

Rhythm---: **regular,**

Blood pressure:::: **sitting,**

Systolic: **150,**

Diastolic: **100,**

Eye:

Eye Vision--: **normal,**

Colour Vision-: **normal,**

Gynaecology and Obstetrics:

Pap Smear: **Taken,**

IMPRESSION

Apollo Health check

Findings: **Left renal scar.**
MILD ANEMIA
MILDLY INCREASED ESR
PRE DIABETIC STAGE
MILD CARDIOMEGALY
,

Ultrasound Radiology

: **Left renal scar.,**

ECG

: **WITHIN NORMAL LIMITS ,**

Echo Lab

: **NORMAL STUDY,**

X-Ray

: **MILD CARDIOMEGALY,**

RECOMMENDATION

Advice on Medication

Drug Name: **T-LIVOGEN (1-0-0)AFTER FOOD FOR 1 MONTH,**

Review/Follow Up

Refer to specialty : **UROLOGIST OPINION**
,

Fitness Report

Fitness.: **YES,**

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

भारत सरकार

Government of India

Aadhaar no. issued: 21/10/2013

வைஷ்ணவிதேவி கஸ்தூரிகுணபதி

Vaishnavidevi Kasthuri Gunapathy

பிறந்த நாள் / DOB : 08/12/1986

பெண் / Female

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்/ஆ∴ப்லைன் XML)

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

8290 3949 5396

मेरा आधार, मेरी पहचान

):   [null <srk_1232003@yahoo.co.in>]
om   Mediwheel <wellness@mediwheel.in>
c: [null <customercare@mediwheel.in>]
ate: Mon, 25 Mar 2024 at 7:35 am

011-41195959

Dear **RADHAKRISHNAN S,**
Your Health Checkup has been successfully rescheduled with the following details.

Hospital Package Name	:	Mediwheel Full Body Health Annual Plus Check
Patient Package Name	:	Mediwheel Full Body Health Checkup Female Below 40
Name of Diagnostic/Hospital	:	Apollo Clinic - Valasaravakkam
Address of Diagnostic/Hospital-	:	Near Mc.Donalds, Prakasam Salai, Valasaravakkam, Chennai - 600087
Booking Id	:	bobS14708
Appointment Date	:	29-03-2024
Preferred Time	:	09:00 am - 09:30 am
Booking Status	:	Booking ReSchedule

Member Information

Booked Member Name	Age	Gender
VAISHNAVI DEVI K G	37 year	Female

Thanks,
Mediwheel Team

Please Download Mediwheel App

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@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

MRS. VAISHNAVI DEVI K G
ID: CVAL.8234

37 Years | Female

29.03.2024 12:43:34 PM
valasaravakkam
chennai

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

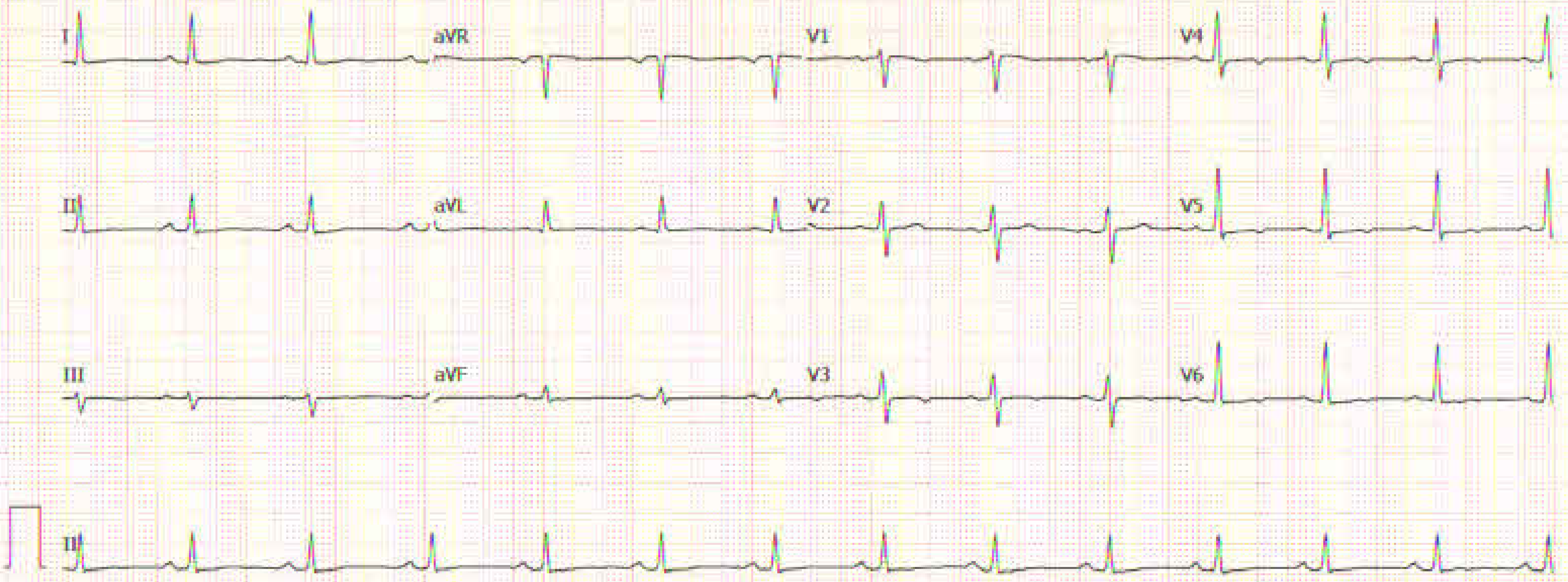
Room:

79 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	76 ms
QT / QTcBaz :	400 / 458 ms
PR :	162 ms
P :	106 ms
RR / PP :	758 / 759 ms
P / QRS / T :	41 / 17 / 17 degrees

NSR with T inv in [illegible] leads [illegible]



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz

Unconfirmed
4x2.5x3_25_R1 1/1

Date	: 29-03-2024		Department	: General Practice
MR NO	: CVAL.0000008234		Doctor	: Dr. THILAGAVATHY K
Name	: Mrs. VAISHNAVI DEVI K G		Registration No	: 56450
Age/ Gender	: 37 Y / Female		Qualification	: BSC,MBBS,DNB(Family Medicine),MBA(Hospital Managem

Consultation Timing: 09:12

Ht – 164 cm
Wt – 75.8 kg
BP – 150/10[illegible]
Pul – 90 b[illegible]

for routine checkup

Nil complaints.

O/E – Pallor° . Oedema°

CVS
RS | NAD.
PA

Skin – Wart + back of Neck

Apollo HOSPITALS

Apollo Medical Centre
Expertise. Closer to you.

CONSULTANT :- Dr. P. JAYAGAR, M.S (ENT)

Mrs. VAISHNAVI DEVI . K-G

29/3/26

Nil ENT Complaints

Ear
Nose
Throat | NAD.

Neck - No mass
TFT - WNL

Imp:
ENT - NAD.

[illegible signature]

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TOUCHING LIVES

Apollo Clinic
Expertise. Closer to you.

Apollo Clinic

CONSENT FORM

Patient Name: Mrs. Vaishnavi Devi.k.a Age: 37yrs | F

UHID Number: CVAL-8234 Company Name: ARCOFEMI

I Mr/~~Mrs~~/Ms Vaishnavi Devi. k.a. Employee of ....

(Company) Want to inform you that I am not interested in getting Pap Smear

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Vaishnavi Date: 29/03/24

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

Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai 600 102,
Phone - 044-26224504 / 05

1860 500 7788
www.apolloclinic.com

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Patient Name	: Mrs. VAISHNAVI DEVI K G	Age	: 37 Y/F
UHID	: CVAL.0000008234	OP Visit No	: CVALOPV108726
Reported By:	: Dr. PADMINI M	Conducted Date	: 29-03-2024 14:12
Referred By	: SELF		

ECG REPORT

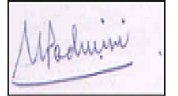
Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 79beats per minutes.

Impression:

WITHIN NORMAL LIMITS

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



Dr. PADMINI M

Patient Name	: Mrs. VAISHNAVI DEVI K G	Age	: 37 Y/F
UHID	: CVAL.0000008234	OP Visit No	: CVALOPV108726
Conducted By:	:	Conducted Date	: 29-03-2024 13:42
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	**2.5 CM**
LA (es)	**3.2 CM**
LVID (ed)	**4.1 CM**
LVID (es)	**2.4 CM**
IVS (Ed)	**0.8/1.4 CM**
LVPW (Ed)	**0.9/1.4 CM**
EF	**71.00%**
%FD	**40.00%**
MITRAL VALVE :	**NORMAL**
AML	**NORMAL**
PML	**NORMAL**
AORTIC VALVE	**NORMAL**
TRICUSPID VALVE	**NORMAL**
RIGHT VENTRICLE	**NORMAL**
INTER ATRIAL SEPTUM	**NORMAL**
INTER VENTRICULAR SEPTUM	**INTACT**
AORTA	**NORMAL**
RIGHT ATRIUM	**NORMAL**
LEFT ATRIUM	**NORMAL**
Pulmonary Valve	**NORMAL**
PERICARDIUM	**NORMAL**

LEFT VENTRICLE:

Patient Name	: Mrs. VAISHNAVI DEVI K G	Age	: 37 Y/F
UHID	: CVAL.0000008234	OP Visit No	: CVALOPV108726
Conducted By:	:	Conducted Date	: 29-03-2024 13:42
Referred By	: SELF		

NORMAL

COLOUR AND DOPPLER STUDIES

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.7m/sec A: 1.0m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO 1.0/4m/sec

VELOCITY ACROSS THE AV UPTO 1.2/6m/sec

TR VELOCITY UPTO 1.3/7m/sec

IMPRESSION:

- **NO REGIONAL WALL MOTION ABNORMALITIES**
- **NORMAL LV SYSTOLIC FUNCTION**
- **GRADE I DIASTOLIC DYSFUNCTION**
- **NORMAL CHAMBER DIMENSION**
- **STRUCTURALLY VALVES ARE NORMAL**
- **NO PERICARDIAL EFFUSION CLOT/PAH**

DR.NISHANTH