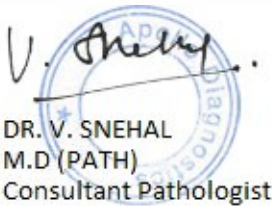


Patient Name : Mrs.KORNI MOUNIKA MAHALAKSHMI	Collected : 23/Mar/2024 09:29AM
Age/Gender : 26 Y 6 M 0 D/F	Received : 23/Mar/2024 12:07PM
UHID/MR No : CVIS.0000124592	Reported : 23/Mar/2024 02:07PM
Visit ID : CVISOPV122658	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9642725180	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240079537

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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DEPARTMENT OF HAEMATOLOGY

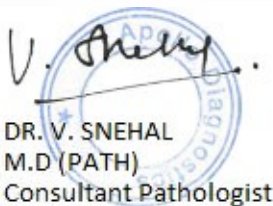
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	12-15	Spectrophotometer
PCV	40.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.95	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67.1	%	40-80	Electrical Impedance
LYMPHOCYTES	24.1	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6106.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2193.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	191.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	600.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	9.1	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.78		0.78- 3.53	Calculated
PLATELET COUNT	244000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.

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DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240079537

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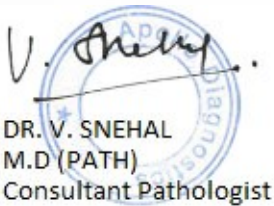
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Age/Gender : 26 Y 6 M 0 D/F
UHID/MR No : CVIS.0000124592
Visit ID : CVISOPV122658
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9642725180

Collected : 23/Mar/2024 09:29AM
Received : 23/Mar/2024 12:07PM
Reported : 23/Mar/2024 02:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240079537

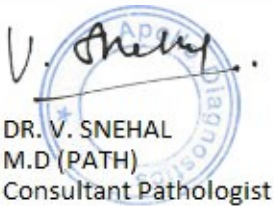
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Age/Gender : 26 Y 6 M 0 D/F	Received : 23/Mar/2024 12:07PM
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Visit ID : CVISOPV122658	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT 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	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



DR. V. SNEHAL
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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	GOD - POD

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.

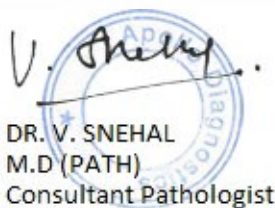
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	mg/dL	70-140	GOD - POD

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				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL		Calculated



DR. V. SNEHAL
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Consultant Pathologist



SIN No:EDT240036459

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DEPARTMENT OF BIOCHEMISTRY

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

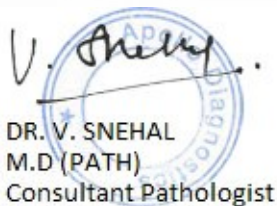
Comment:

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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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	142	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	67	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	88.98	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.32	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.56		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<0.11	Calculated

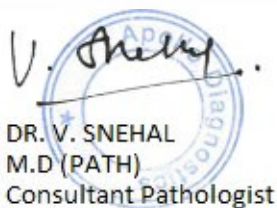
Comment:

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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.



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Consultant Pathologist



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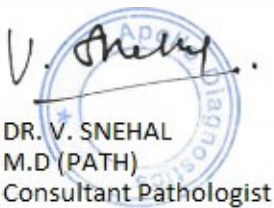
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DEPARTMENT OF BIOCHEMISTRY

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

- 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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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	0.59	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.07	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.8	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	102.00	U/L	42-98	IFCC
PROTEIN, TOTAL	7.31	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.04	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.27	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:

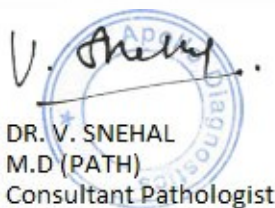
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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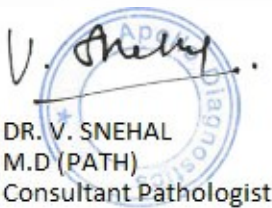
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.5-0.9	Jaffe
UREA	15.27	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	7.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.50	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.24	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.34	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	135	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.31	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.04	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated



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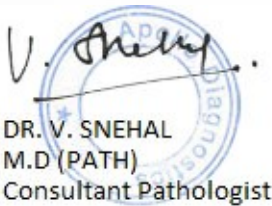
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.50	U/L	0-38	IFCC



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Visit ID : CVISOPV122658	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

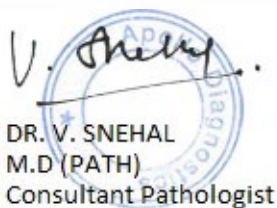
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.53	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	9.98	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	0.668	µIU/mL	0.3-4.5	CLIA

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. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SPL24053316

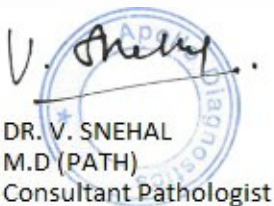
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.KORNI MOUNIKA MAHALAKSHMI	Collected : 23/Mar/2024 09:29AM
Age/Gender : 26 Y 6 M 0 D/F	Received : 23/Mar/2024 01:18PM
UHID/MR No : CVIS.0000124592	Reported : 23/Mar/2024 04:27PM
Visit ID : CVISOPV122658	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9642725180	

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:UR2313902

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.KORNI MOUNIKA MAHALAKSHMI	Collected : 23/Mar/2024 09:29AM
Age/Gender : 26 Y 6 M 0 D/F	Received : 23/Mar/2024 01:18PM
UHID/MR No : CVIS.0000124592	Reported : 23/Mar/2024 04:27PM
Visit ID : CVISOPV122658	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9642725180	


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. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:UF011328

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017



Patient Name : Mrs. Kornu Mounika Mahalakshmi

Age/Gender : 26 Y/F

UHID/MR No. : CVIS.0000124592

OP Visit No : CVISOPV122658

Sample Collected on :

Reported on : 25-03-2024 15:33

LRN# : RAD2278172

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9642725180

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Physical Medical Examination Format

NAME:- <u>K. mounika mahalakshmi</u>	DATE:- <u>21-02-24</u>
DESIGNATION:-	AGE:- <u>26</u>
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- <u>MARRIED/UNMARRIED</u>

MEDICAL EXAMINATION

Complaints (if any)	<u>No</u>
Personal /family history	<u>No</u>
Past Medical /Surgical	<u>No</u>
Sensitivity/Allergy (if any)	<u>No</u>
Habits	<u>No</u>
Occupational History	<u>No</u>

Height: <u>156</u>	Weight: <u>56</u>	BMI: <u>23.01</u>	Pulse:
Temp: <u>98.6</u>	Spo2: <u>99</u>	Resp: <u>18</u>	B.P: <u>100/60</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. K. mounika mahalakshmi for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically..... fit

Fit

Unfit

Signature Of Employee

K.M. Mahalakshmi

Dr.G. INDIRA PRIYADARSHINI
MBBS

Regd. No: 63148
Signature & Seal Of Medical Examiner With
Apollo Clinic, Seethamma Peta, Vizag
Registration No:-.....

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs. Kornu Mounika Mahalakshmi
UHID : CVIS.0000124592
Reported on : 23-03-2024 15:13
Adm/Consult Doctor :

Age : 26 Y F
OP Visit No : CVISOPV122658
Printed on : 23-03-2024 15:13
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:23-03-2024 15:13

---End of the Report---



Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Name: Mrs. Korni Mounika Mahalakshmi
 Age/Gender: 26 Y/F
 Address: vskp
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124592
 Visit ID: CVISOPV122658
 Visit Date: 23-03-2024 08:50
 Discharge Date:
 Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
23-03-2024	80	100/60	18	98.6	156	56 Kgs	%	%	Years:	23.01	cms	cms	cms		AHLL09094
12:56	Beats/min	mmHg	Rate/min	F	cms										



BANK OF BARODA

NAME : MYS. K. MOUNIKA MAHALAKSHMI GENDER : F
 AGE : 26 DATE : 23/3/24

OPHTHALMOLOGY SCREENING REPORT

VISION : (OD) 6/6 (OS) 6/6

DISTANCE : 26 26

NEAR VISION : - WNL -

COLOUR VISION :

ANT.SEGMENT :

CONJUNCTIVA : Bull

CORNEA : Clear

PUPIL : R/H/A

FUNDUS :

IMPRESSION : WNL



A. Kar

SIGNATURE

Patient Name : Mrs.KORNI MOUNIKA MAHALAKSHMI
Age/Gender : 26 Y 6 M 0 D/F
UHID/MR No : CVIS.0000124592
Visit ID : CVISOPV122658
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9642725180

Collected : 23/Mar/2024 09:29AM
Received : 23/Mar/2024 12:07PM
Reported : 23/Mar/2024 02:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



V. Snehal

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:BED240079537
This test has been performed by Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017
(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs.KORNI MOUNIKA MAHALAKSHMI
 Age/Gender : 26 Y 6 M 0 D/F
 UHID/MR No : CVIS.0000124592
 Visit ID : CVISOPV122658
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9642725180

MC-2373

Collected : 23/Mar/2024 09:29AM
 Received : 23/Mar/2024 12:07PM
 Reported : 23/Mar/2024 02:07PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

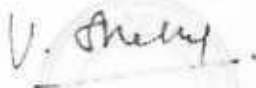
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	12-15	Spectrophotometer
PCV	40.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.95	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67.1	%	40-80	Electrical Impedance
LYMPHOCYTES	24.1	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6106.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2193.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	191.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	600.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	9.1	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.78		0.78- 3.53	Calculated
PLATELET COUNT	244000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
 PLATELETS ARE ADEQUATE.



DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

Page 2 of 14



SIN No: BPD240079537

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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.KORNI MOUNIKA MAHALAKSHMI
Age/Gender : 26 Y 6 M 0 D/F
UHID/MR No : CVIS.0000124592
Visit ID : CVISOPV122658
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9642725180

Collected : 23/Mar/2024 09:29AM
Received : 23/Mar/2024 12:07PM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN



V. Snehal

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No: B11240079537
The Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



MC-2373

Patient Name : Mrs.KORNI MOUNIKA MAHALAKSHMI
 Age/Gender : 26 Y 6 M 0 D/F
 UHID/MR No : CVIS.0000124592
 Visit ID : CVISQPV122658
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9642725180

Collected : 23/Mar/2024 09:29AM
 Received : 23/Mar/2024 12:07PM
 Reported : 23/Mar/2024 04:49PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti Forward & Reverse Grouping with Slide/Tube Agglutination
Rh TYPE	POSITIVE			



V. Snehal

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No: BED240079537
Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab : Vizag-530017
 (CIN - UB5110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.KORNI MOUNIKA MAHALAKSHMI
Age/Gender : 26 Y 6 M 0 D/F
UHID/MR No : CVIS.0000124592
Visit ID : CVISOPV122658
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9642725180

Collected : 23/Mar/2024 09:29AM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	mg/dL	70-140	GOD - POD

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	5.2	%		HPLC
HBA1C, GLYCATED HEMOGLOBIN ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL		Calculated



V. Snehal
DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

Patient Name : Mrs.KORNI MOUNIKA MAHALAKSHMI
 Age/Gender : 26 Y 6 M 0 D/F
 UHID/MR No : CVIS.0000124592
 Visit ID : CVISOPV122658
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DEPARTMENT OF BIOCHEMISTRY

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

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)



V. Snehal

DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

SIN No. EDT240036459

The Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.KORNI MOUNIKA MAHALAKSHMI
Age/Gender : 26 Y 6 M 0 D/F
UHID/MR No : CVIS.0000124592
Visit ID : CVISOPV122658
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9642725180

Collected : 23/Mar/2024 09:29AM
Received : 23/Mar/2024 12:11PM
Reported : 23/Mar/2024 02:17PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	142	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	67	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	88.98	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.32	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.56		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<0.11	Calculated

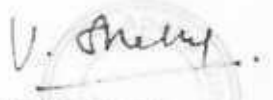
Comment:

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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.


DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

Page 7 of 14



SIN No:SE04672651
Apollo Health and Lifestyle Limited
Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs.KORNI MOUNIKA MAHALAKSHMI	Collected	: 23/Mar/2024 09:29AM
Age/Gender	: 26 Y 6 M 0 D/F	Received	: 23/Mar/2024 12:11PM
UHID/MR No	: CVIS.0000124592	Reported	: 23/Mar/2024 02:17PM
Visit ID	: CVISOPV122658	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9642725180		

DEPARTMENT OF BIOCHEMISTRY

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

- 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).



V. Snehal

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No: SE04672651

Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab: Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs.KORNI MOUNIKA MAHALAKSHMI
Age/Gender : 26 Y 6 M 0 D/F
UHID/MR No : CVIS.0000124592
Visit ID : CVISOPV122658
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9642725180

MC-2373

Collected : 23/Mar/2024 09:29AM
Received : 23/Mar/2024 12:11PM
Reported : 23/Mar/2024 02:17PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	0.59	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.07	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.8	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	102.00	U/L	42-98	IFCC
PROTEIN, TOTAL	7.31	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.04	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.27	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.



V. Snehal

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Patient Name : Mrs.KORNI MOUNIKA MAHALAKSHMI
Age/Gender : 26 Y 6 M 0 D/F
UHID/MR No : CVIS.0000124592
Visit ID : CVISOPV122658
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9642725180

Collected : 23/Mar/2024 09:29AM
Received : 23/Mar/2024 12:11PM
Reported : 23/Mar/2024 02:17PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	0.60	mg/dL	0.5-0.9	Jaffe
UREA	15.27	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	7.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.50	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.24	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.34	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	135	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.31	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.04	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated



V. Snehal

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No. SE04672691
The Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.KORNI MOUNIKA MAHALAKSHMI
 Age/Gender : 26 Y 6 M 0 D/F
 UHID/MR No : CVIS.0000124592
 Visit ID : CVISOPV122658
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9642725180

Collected : 23/Mar/2024 09:29AM
 Received : 23/Mar/2024 12:11PM
 Reported : 23/Mar/2024 12:34PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	19.50	U/L	0-38	IFCC



V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

SIN No:SE04672651

Apollo Health and Lifestyle Limited
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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs.KORNI MOUNIKA MAHALAKSHMI
 Age/Gender : 26 Y 6 M 0 D/F
 UHID/MR No : C.VIS.0000124592
 Visit ID : CVISOPV122658
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9642725180

Collected : 23/Mar/2024 09:29AM
 Received : 23/Mar/2024 12:11PM
 Reported : 23/Mar/2024 02:12PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.53	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	9.98	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	0.668	µIU/mL	0.3-4.5	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



V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

SIN No: SPL24053316
 Apollo Health and Lifestyle Clinic and Lifestyle Ltd/Vizag Lab : Vizag-530017
 (CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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 Vizag (Seethamma Peta)
 Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.KORNI MOUNIKA MAHALAKSHMI
 Age/Gender : 26 Y 6 M 0 D/F
 UHID/MR No : CVIS.0000124592
 Visit ID : CVISOPV122658
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9642725180

MC-2373

Collected : 23/Mar/2024 09:29AM
 Received : 23/Mar/2024 01:18PM
 Reported : 23/Mar/2024 04:27PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



V. Snehal

DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

SIN No. DR2313902
Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017
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 Vizag (Seethamma Peta)
 Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.KORNI MOUNIKA MAHALAKSHMI
 Age/Gender : 26 Y 6 M 0 D/F
 UHID/MR No : CVIS.0000124592
 Visit ID : CVISOPV122658
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9642725180

Collected : 23/Mar/2024 09:29AM
 Received : 23/Mar/2024 01:18PM
 Reported : 23/Mar/2024 04:27PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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 ***



V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

S/N No:UF011328

Apollo Health and Lifestyle Limited
 Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Exception Letter for CAP

Date: 23-02-24

Client Name: K. Mounika Mahalakshmi

Gender - F

UHID: 124592

We are Not delivered service due to pregnant as she did not want

ECG
SERVICE (USG, chest x-ray, 2 de hb test, LBC, PAP, gynaecologist).

So that we are unable to close all reports, once client visited again will close.

Regards,

EMP Name:

Y. S. Jyothi

Apollo clinic,

Vizag.

Client Name: K. Mounika Mahalakshmi
Signature: K.M. Mahalakshmi
Ph no: 9642725180



भारत सरकार



आधार

భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

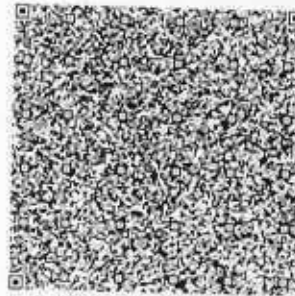
రిజిస్ట్రేషన్/ Enrolment No.: 0000/00791/36956

Download Date: 22/09/2021

To
కొర్ని మౌనిక మహాలక్ష్మి
Korni Mounika Mahalakshmi
SRINU KORNI
57-28-1 VENKATADRI BLOCK-202
HAPPY HOMES
KANCHARAPALEM
OLD ITI JUNCTION
Visakhapatnam (Urban)
Industrial Estate
Visakhapatnam Andhra Pradesh - 530007
9642725180

Issue Date: 21/09/2021

Signature Not Verified



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6922 6643 8538

VID : 9180 0202 6591 4893

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



Download Date: 22/09/2021



కొర్ని మౌనిక మహాలక్ష్మి
Korni Mounika Mahalakshmi
పుట్టిన తేదీ/DOB: 10/08/1998
లింగం/ FEMALE

Issue Date: 21/09/2021

6922 6643 8538

VID : 9180 0202 6591 4893

నా ఆధార్, నా గుర్తింపు

S. No.	Company Name
32	Arcofemi/Mediwheel/MALE/FEMALE
33	Arcofemi/Mediwheel/MALE/FEMALE

PACKAGE NAME		Booking ID
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324		bobS15500
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO		bobE15497

EMP-NAME	AGE	GENDER	EMAIL	CONTACT NO	Appointment Date	Appointment Time
korni mounika mahalakshmi	25	Female	k.srinivas.298@gmail.com	9642725180	23-03-2024	9:00 AM
MR. KORNI SRINU	35	Male	k.srinivas.298@gmail.com	9642725180	23-03-2024	9:00 AM

Patient Name : Mrs. Kornu Mounika Mahalakshmi

Age/Gender : 26 Y/F

UHID/MR No. : CVIS.0000124592

OP Visit No : CVISOPV122658

Sample Collected on :

Reported on : 23-03-2024 15:13

LRN# : RAD2278172

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9642725180

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology



Patient Name : Mrs. Kornu Mounika Mahalakshmi

Age/Gender : 26 Y/F

UHID/MR No. : CVIS.0000124592

OP Visit No : CVISOPV122658

Sample Collected on :

Reported on : 23-03-2024 14:47

LRN# : RAD2278172

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9642725180

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Name: Mrs. Kornu Mounika Mahalakshmi
Age/Gender: 26 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ADIREDDY GOPALAKRISHNA

MR No: CVIS.0000124592
Visit ID: CVISOPV122658
Visit Date: 23-03-2024 08:50
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. Kornu Mounika Mahalakshmi
Age/Gender: 26 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. AISHWARYA MALLADI

MR No: CVIS.0000124592
Visit ID: CVISOPV122658
Visit Date: 23-03-2024 08:50
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. Kornu Mounika Mahalakshmi
Age/Gender: 26 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ADIREDDY GOPALAKRISHNA

MR No: CVIS.0000124592
Visit ID: CVISOPV122658
Visit Date: 23-03-2024 08:50
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. Kornu Mounika Mahalakshmi
Age/Gender: 26 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ABHIJEET SINGH SACHAN

MR No: CVIS.0000124592
Visit ID: CVISOPV122658
Visit Date: 23-03-2024 08:50
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

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IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. Kornu Mounika Mahalakshmi
Age/Gender: 26 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ABHIJEET VISHWAS GHATGE

MR No: CVIS.0000124592
Visit ID: CVISOPV122658
Visit Date: 23-03-2024 08:50
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
23-03-2024 12:56	80 Beats/min	100/60 mmHg	18 Rate/min	98.6 F	156 cms	56 Kgs	%	%	Years	23.01	cms	cms	cms		AHLL09094

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
23-03-2024 12:56	80 Beats/min	100/60 mmHg	18 Rate/min	98.6 F	156 cms	56 Kgs	%	%	Years	23.01	cms	cms	cms		AHLL09094

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