

Patient Name : Mrs.THARANI AISWARIA	Collected : 23/Mar/2024 11:15AM
Age/Gender : 35 Y 1 M 20 D/F	Received : 23/Mar/2024 03:59PM
UHID/MR No : CANN.0000134843	Reported : 23/Mar/2024 05:48PM
Visit ID : CVALOPV108435	Status : Final Report
Ref Doctor : Dr.Dr MANJULA RANGANATHAN M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS15956	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: 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:BED240080430

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.7	g/dL	12-15	Spectrophotometer
PCV	39.00	%	36-46	Electronic pulse & Calculation
<b>RBC COUNT</b>	<b>4.99</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>78.2</b>	fL	83-101	Calculated
MCH	<b>25.4</b>	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,700	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55.9	%	40-80	Electrical Impedance
LYMPHOCYTES	34.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4863.3	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3018.9</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	200.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	582.9	Cells/cu.mm	200-1000	Calculated
BASOPHILS	34.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.61		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	344000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	7	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
METHODOLOGY	: Microscopic			

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

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



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**DEPARTMENT OF BIOCHEMISTRY**

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

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

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	106	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:PLP1436586

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
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.

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



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SIN No:EDT240036988

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	157	mg/dL	<200	CHO-POD
TRIGLYCERIDES	40	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	116	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>108</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.83		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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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- 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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**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)



Patient Name : Mrs.THARANI AISWARIA	Collected : 23/Mar/2024 11:15AM
Age/Gender : 35 Y 1 M 20 D/F	Received : 23/Mar/2024 04:08PM
UHID/MR No : CANN.0000134843	Reported : 23/Mar/2024 06:47PM
Visit ID : CVALOPV108435	Status : Final Report
Ref Doctor : Dr.Dr MANJULA RANGANATHAN M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS15956	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.51	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	56.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:SE04673573

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

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Visit ID : CVALOPV108435	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.56</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	21.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.10	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	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	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated



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Visit ID : CVALOPV108435	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	13.00	U/L	<38	IFCC



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Patient Name : Mrs.THARANI AISWARIA	Collected : 23/Mar/2024 11:15AM
Age/Gender : 35 Y 1 M 20 D/F	Received : 23/Mar/2024 04:14PM
UHID/MR No : CANN.0000134843	Reported : 23/Mar/2024 05:42PM
Visit ID : CVALOPV108435	Status : Final Report
Ref Doctor : Dr.Dr MANJULA RANGANATHAN M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS15956	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.17	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.55	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.760	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

Page 12 of 17



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



SIN No: SPL24054064

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Patient Name	: Mrs.THARANI AISWARIA	Collected	: 23/Mar/2024 11:15AM
Age/Gender	: 35 Y 1 M 20 D/F	Received	: 23/Mar/2024 04:14PM
UHID/MR No	: CANN.0000134843	Reported	: 23/Mar/2024 05:42PM
Visit ID	: CVALOPV108435	Status	: Final Report
Ref Doctor	: Dr.Dr MANJULA RANGANATHAN M	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS15956		

**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:SPL24054064

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Patient Name : Mrs.THARANI AISWARIA	Collected : 23/Mar/2024 11:15AM
Age/Gender : 35 Y 1 M 20 D/F	Received : 23/Mar/2024 04:06PM
UHID/MR No : CANN.0000134843	Reported : 23/Mar/2024 05:11PM
Visit ID : CVALOPV108435	Status : Final Report
Ref Doctor : Dr.Dr MANJULA RANGANATHAN M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 17



**Dr. MARQUESS RAJ**  
M.D, DipRCPATH, D.N.B (PATH)  
Consultant Pathologist

SIN No:UR2314738

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Patient Name : Mrs.THARANI AISWARIA	Collected : 23/Mar/2024 11:15AM
Age/Gender : 35 Y 1 M 20 D/F	Received : 23/Mar/2024 05:31PM
UHID/MR No : CANN.0000134843	Reported : 23/Mar/2024 07:13PM
Visit ID : CVALOPV108435	Status : Final Report
Ref Doctor : Dr.Dr MANJULA RANGANATHAN M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



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

SIN No:UPP017236

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Age/Gender	: 35 Y 1 M 20 D/F	Received	: 23/Mar/2024 04:05PM
UHID/MR No	: CANN.0000134843	Reported	: 23/Mar/2024 05:38PM
Visit ID	: CVALOPV108435	Status	: Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



**Dr. MARQUESS RAJ**  
M.D, DipRCPath, D.N.B(PATH)  
Consultant Pathologist

SIN No:UF011413

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

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





Patient Name : Mrs.THARANI AISWARIA	Collected : 23/Mar/2024 12:40PM
Age/Gender : 35 Y 1 M 20 D/F	Received : 24/Mar/2024 05:14PM
UHID/MR No : CANN.0000134843	Reported : 27/Mar/2024 05:11PM
Visit ID : CVALOPV108435	Status : Final Report
Ref Doctor : Dr.Dr MANJULA RANGANATHAN M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS15956	

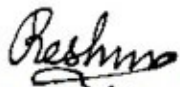
**DEPARTMENT OF CYTOLOGY**

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

	<b>CYTOLOGY NO.</b>	7187/24
<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.  Negative for intraepithelial lesion/malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

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



Dr. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist

SIN No:CS077359

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

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

**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

Page 17 of 17  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



**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)

  
1860 500 7788  
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**CERTIFICATE OF MEDICAL FITNESS**

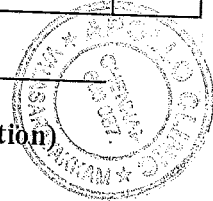
This is to certify that I have conducted the clinical examination

of MRS. TARA RANI AISWARIA on 23/3/24

After reviewing the medical history and on clinical examination it has been found that he/she is 35% / F

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	✓
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr.   
Medical Officer  
The Apollo Clinic, (Location)



*This certificate is not meant for medico-legal purposes.*

Dr. MANJULA RANGANATHAN  
M.B.B.S., Dip In Diab.  
Reg.No: 75481

Name: Mrs. THARANI AISWARIA  
Age/Gender: 35 Y/F  
Address: 197 1ST CROSS STREET SRIAYYAPA NAGAR  
Location: CHENNAI, TAMIL NADU  
Doctor: Dr. MANJULA RANGANATHAN M  
Department: FAMILY MEDICINE  
Rate Plan: VALASARAVAKKAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. MANJULA RANGANATHAN M

MR No: CANN.0000134843  
Visit ID: CVALOPV108435  
Visit Date: 23-03-2024 11:06  
Discharge Date:  
Referred By: SELF

## **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,

### **Others**

Others: H/o Gall bladder calculi ,

## **SYSTEMIC REVIEW**

### **Cardiovascular System**

CHEST PAIN: No,

### **Respiratory System.**

Nil significant: Nil significant,

### **GastroIntestinal System**

Nil significant: .,

### **\*\*Weight**

--->: Stable,

Number of kgs: 77.7,

### **General Symptoms**

: No ,

### **Present Medications**

-): Nil,

## **HT-HISTORY**

### **Past Medical History**

ALLERGIES: Nil,

PAST MEDICAL HISTORY: Nil Significant,

\*\*Cancer: NIL,

Medical: H/o Gall bladder calculi ,

### **Past surgical history**

Caesarian Section: LSCS - 2018  
2022,

## **PHYSICAL EXAMINATION**

### **General Examination**

General appearance: Normal,

Build: Obese,

Height (in cms): 156,

Weight (in Kgs): 77.7,

BMI: 31,

## **SYSTEMIC EXAMINATION**

### **CardioVascularSystem**

Heart Rate (Per Minute) : 80,

Rhythm---: regular,

Blood pressure:::: sitting,

Systolic: 120,

Diastolic: 80,

### **Central Nervous system:**

>: No neurological deficit,

## **IMPRESSION**

### **Apollo Health check**

Findings: CLINICALLY REPORTS ARE NORMAL,

## **ECG**

: SINUS TACHYCARDIA  
T WAVE INVERTION V2-V6,

## **Echo Lab**



: **NORMAL STUDY,**

## **RECOMMENDATION**

### **Advice on Diet**

Dietician diet advice: **Low fat diet ,**

### **Other Recommendations**

Test/Investigation: **TMT,**

### **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**

MRS. THARANI AISWARIA  
ID: CANN134843

Female  
35 Years

23.03.2024 12:30:16 PM  
apollu dilene  
vatsaravakkant  
chennai

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 76 ms  
QT / QTcBaz : 362 / 469 ms  
PR : 146 ms  
P : 100 ms  
RR / PP : 592 / 594 ms  
P / QRS / T : 68 / 56 / 97 degrees

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

101 bpm  
- / - mmHg

*Stimulus  
Stimulus tachycardia  
y-wave Inversion V2 to V4*



Patient Name	: Mrs. THARANI AISWARIA	Age	: 35 Y/F
UHID	: CANN.0000134843	OP Visit No	: CVALOPV108435
Reported By:	: Dr. S NISHANTH .	Conducted Date	: 23-03-2024 18:54
Referred By	: SELF		

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### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 102beats per minutes.

#### **Impression:**

**SINUS TACHYCARDIA  
T WAVE INVERTION V2-V6**

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



Dr. S NISHANTH .

Patient Name : Mrs. THARANI AISWARIA Age : 35 Y/F  
UHID : CANN.0000134843 OP Visit No : CVALOPV108435  
Conducted By: : Dr. S NISHANTH . Conducted Date : 23-03-2024 15:29  
Referred By : SELF

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

#### **Dimensions:**

<b>Ao (ed)</b>	<b>2.6 CM</b>
<b>LA (es)</b>	<b>3.1 CM</b>
<b>LVID (ed)</b>	<b>3.6 CM</b>
<b>LVID (es)</b>	<b>2.2 CM</b>
<b>IVS (Ed)</b>	<b>0.9/1.2 CM</b>
<b>LVPW (Ed)</b>	<b>0.9/1.4 CM</b>
<b>EF</b>	<b>70.00%</b>
<b>%FD</b>	<b>40.00%</b>
<b>MITRAL VALVE :</b>	<b>NORMAL</b>
<b>AML</b>	<b>NORMAL</b>
<b>PML</b>	<b>NORMAL</b>
<b>AORTIC VALVE</b>	<b>NORMAL</b>
<b>TRICUSPID VALVE</b>	<b>NORMAL</b>
<b>RIGHT VENTRICLE</b>	<b>NORMAL</b>
<b>INTER ATRIAL SEPTUM</b>	<b>INTACT</b>
<b>INTER VENTRICULAR SEPTUM</b>	<b>INTACT</b>
<b>AORTA</b>	<b>NORMAL</b>
<b>RIGHT ATRIUM</b>	<b>NORMAL</b>
<b>LEFT ATRIUM</b>	<b>NORMAL</b>
<b>Pulmonary Valve</b>	<b>NORMAL</b>
<b>PERICARDIUM</b>	<b>NORMAL</b>
<b>LEFT VENTRICLE:</b>	<b>NORMAL</b>

Patient Name	: Mrs. THARANI AISWARIA	Age	: 35 Y/F
UHID	: CANN.0000134843	OP Visit No	: CVALOPV108435
Conducted By:	: Dr. S NISHANTH .	Conducted Date	: 23-03-2024 15:29
Referred By	: SELF		

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## COLOUR AND DOPPLER STUDIES

**PWD: A>E AT MITRAL INFLOW**

**E/A-E: 1.0m/sec A: 0.6 m/sec**


**VELOCITY ACROSS THE PULMONIC VALVE UPTO  
1.2/6 m/sec**

**VELOCITY ACROSS THE AV UPTO 1.2/6 m/sec**

**TR VELOCITY UPTO 1.4/8 m/sec**

### IMPRESSION :

- NO REGIONAL WALL MOTION ABNORMALITY
- STRUCTURALLY VALVES ARE NORMAL
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL CHAMBERS DIMENSIONS
- NO PERICARDIAL EFFUSION /CLOT/PAH



**Dr. S  
NISHANTH**