


Patient Name : Mrs.SHAGANTI MAYURI	Collected : 23/Mar/2024 10:04AM
Age/Gender : 32 Y 0 M 23 D/F	Received : 23/Mar/2024 01:11PM
UHID/MR No : CUPP.0000086915	Reported : 23/Mar/2024 02:54PM
Visit ID : CUPPOPV131370	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96268/1	

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	11.1	g/dL	12-15	Spectrophotometer
PCV	33.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.46	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	74.9	fL	83-101	Calculated
MCH	24.9	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,980	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.4	%	40-80	Electrical Impedance
LYMPHOCYTES	39.1	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3727.32	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2729.18	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	118.66	Cells/cu.mm	20-500	Calculated
MONOCYTES	397.86	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.98	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.37		0.78- 3.53	Calculated
PLATELET COUNT	315000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC- MICROCYTIC HYPOCHROMIC.MILD DEGREE OF ANISOPOIKILOCYTOSIS WITH TEAR DROP CELLS,ELLIPTOCYTES AND OVALOCYTES SEEN.


 Dr.KASULA SIDDARTHA
 M.B.B.S,DNB(Pathology)
 Consultant Pathologist

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SIN No:BED240079907

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

WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA
KINDLY CORRELATE WITH IRON STUDIES.



Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

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UHID/MR No : CUPP.0000086915	Reported : 23/Mar/2024 04:42PM
Visit ID : CUPPOPV131370	Status : Final Report
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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 technology
Rh TYPE	Positive			Microplate technology



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UHID/MR No : CUPP.0000086915	Reported : 23/Mar/2024 02:35PM
Visit ID : CUPPOPV131370	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
GLUCOSE, FASTING , NAF PLASMA	100	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.

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 Consultant biochemist

K. Anusha
Dr.K.Anusha
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SIN No:PLF02131875

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Patient Name : Mrs.SHAGANTI MAYURI	Collected : 23/Mar/2024 02:09PM
Age/Gender : 32 Y 0 M 23 D/F	Received : 24/Mar/2024 10:40AM
UHID/MR No : CUPP.0000086915	Reported : 24/Mar/2024 11:05AM
Visit ID : CUPPOPV131370	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	82	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.

K. Anusha

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Consultant Biochemist

SIN No:PLP1436623

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Visit ID : CUPPOPV131370	Status : Final Report
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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
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.

- 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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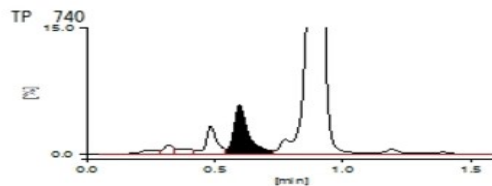
Chromatogram Report

I V5.28 1 2024-03-23 16:45:46
 ID EDT240036685
 Sample No. 03230226 SL 0020 - 06
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.25	8.43
A1B	0.6	0.32	8.91
F	0.6	0.39	9.16
LA1C+	2.0	0.48	32.81
SA1C	5.9	0.60	74.10
AO	92.3	0.90	1483.25
H-V0			
H-V1			
H-V2			

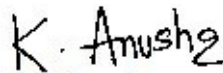
Total Area 1616.66

HbA1c 5.9 % **IFCC 41 mmol/mol**
 HbA1 7.0 % HbF 0.6 %




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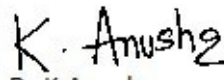
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	155	mg/dL	<200	CHO-POD
TRIGLYCERIDES	80	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	111	mg/dL	<130	Calculated
LDL CHOLESTEROL	95	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.52		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


Comment:

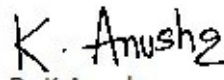
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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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SIN No:SE04673036

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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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.05	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.25	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	85.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.88	g/dL	6.6-8.3	Biuret
ALBUMIN	3.76	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.12	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		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.

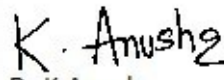
2. Cholestatic Pattern:

- 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.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist


Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist

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SIN No:SE04673036

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

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 R R District., Uppal, Hyderabad, Telangana, India - 500039

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 **1860 500 7788**
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Patient Name	: Mrs.SHAGANTI MAYURI	Collected	: 23/Mar/2024 10:04AM
Age/Gender	: 32 Y 0 M 23 D/F	Received	: 23/Mar/2024 01:12PM
UHID/MR No	: CUPP.0000086915	Reported	: 23/Mar/2024 05:25PM
Visit ID	: CUPPOPV131370	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 96268/1		

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	0.73	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	32.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	15.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.53	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.01	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.57	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.88	g/dL	6.6-8.3	Biuret
ALBUMIN	3.76	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.12	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated

Maruthi...
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist

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Patient Name : Mrs.SHAGANTI MAYURI	Collected : 23/Mar/2024 10:04AM
Age/Gender : 32 Y 0 M 23 D/F	Received : 23/Mar/2024 01:12PM
UHID/MR No : CUPP.0000086915	Reported : 23/Mar/2024 05:15PM
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Emp/Auth/TPA ID : 96268/1	

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	12.00	U/L	<38	IFCC

K. Anusha

Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist

SIN No:SE04673036

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



Patient Name : Mrs.SHAGANTI MAYURI	Collected : 23/Mar/2024 10:04AM
Age/Gender : 32 Y 0 M 23 D/F	Received : 23/Mar/2024 01:10PM
UHID/MR No : CUPP.0000086915	Reported : 23/Mar/2024 03:04PM
Visit ID : CUPPOPV131370	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96268/1	

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)	0.98	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.93	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.115	µIU/mL	0.38-5.33	CLIA

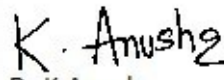
Comment:

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.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist


Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist

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SIN No:SPL24053628

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Patient Name : Mrs.SHAGANTI MAYURI
Age/Gender : 32 Y 0 M 23 D/F
UHID/MR No : CUPP.0000086915
Visit ID : CUPPOPV131370
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 96268/1

Collected : 23/Mar/2024 10:04AM
Received : 23/Mar/2024 01:10PM
Reported : 23/Mar/2024 03:04PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

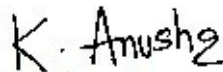
DEPARTMENT OF IMMUNOLOGY

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



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

SIN No:SPL24053628



Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist

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

Patient Name : Mrs.SHAGANTI MAYURI	Collected : 23/Mar/2024 10:04AM
Age/Gender : 32 Y 0 M 23 D/F	Received : 23/Mar/2024 01:43PM
UHID/MR No : CUPP.0000086915	Reported : 23/Mar/2024 02:54PM
Visit ID : CUPPOPV131370	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96268/1	

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	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
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	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


 Dr. B Pavani
 M.B.B.S, M.D(pathalogy)
 Consultant Pathologist

SIN No:UR2314254

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



Patient Name : Mrs.SHAGANTI MAYURI	Collected : 23/Mar/2024 02:09PM
Age/Gender : 32 Y 0 M 23 D/F	Received : 24/Mar/2024 10:31AM
UHID/MR No : CUPP.0000086915	Reported : 24/Mar/2024 11:27AM
Visit ID : CUPPOPV131370	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96268/1	

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.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

SIN No:UPP017342

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



Patient Name : Mrs.SHAGANTI MAYURI	Collected : 23/Mar/2024 10:04AM
Age/Gender : 32 Y 0 M 23 D/F	Received : 23/Mar/2024 01:30PM
UHID/MR No : CUPP.0000086915	Reported : 23/Mar/2024 06:49PM
Visit ID : CUPPOPV131370	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96268/1	

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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

Dr. Srinivas N.S. Nori
Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UF011355

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



Patient Name : Mrs.SHAGANTI MAYURI	Collected : 23/Mar/2024 06:19PM
Age/Gender : 32 Y 0 M 23 D/F	Received : 24/Mar/2024 05:04PM
UHID/MR No : CUPP.0000086915	Reported : 27/Mar/2024 10:54AM
Visit ID : CUPPOPV131370	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96268/1	

DEPARTMENT OF CYTOLOGY

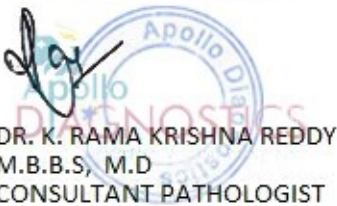
LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	7080/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:CS077553

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The Apollo Clinic

Apollo Clinic
Experience. Close to you.

PHYSICAL EXAMINATION FORM

Date 23/3/24

Age

32 y/f

Name

Mrs. Shaganti Haywar

UHID:

86915

Height

150 Cms

BMI

32

Weight

72 Kgs

BP

120/80

Apollo Clinic, H NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ
COTTONS, BODUPPAL, R RDISTRCT, HYD PH. NO.04049503373/74



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Shyamsri Mayanti

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

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

[Signature]
Doctor

Dr. Bottu Kalyani
MBBS, MD (Gen. Med.)
Reg No : TSMC/MR03476

Apollo Health and Lifestyle Limited

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

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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

86915
32 Years

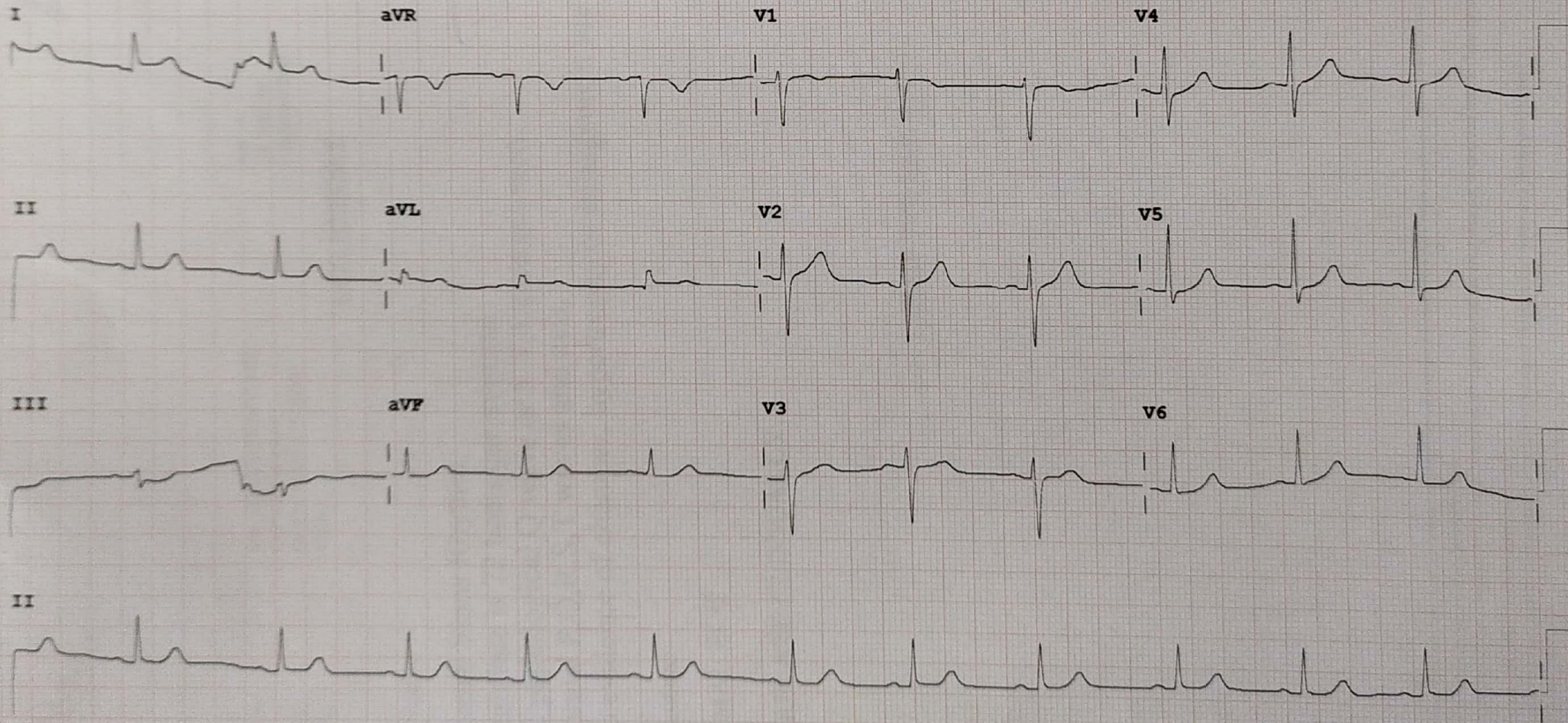
shaganti mayur
Female

03/01/2010 06:46:25
Apollo Clinic A S Rao Nagar

Rate 72 . Sinus rhythm
RR 833 . Baseline wander in lead(s) I
PR 146
QRSD 84
QT 370
QTcB 405
QTcF 393
--AXIS--
P 25
QRS 28
T 39
12 Lead; Standard Placement

Normal

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.15- 40 Hz

PH100B CL? P?

PHILIPS

REORDER M3708A

POWER PRESCRIPTION

NAME: S. Mayuri

GENDER: M/F

DATE: 23/3/24

AGE: 30

UHID: 96915

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE				6/6
NEAR				2/6

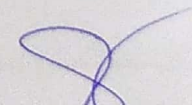
LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE				6/6
NEAR				2/6

COLOUR VISION : Normal

DIAGNOSIS :
OTHER FINDINGS : } Refr

INSTRUCTIONS :


SIGNATURE

Apollo Clinic Uppal

From: noreply@apolloclinics.info
Sent: Thursday, March 21, 2024 6:15 PM
To: KIRANKUMAR.CHIDURALA@BANKOFBARODA.COM
Cc: Apollo Clinic Uppal; Nishanth Reddy; Syamsunder M
Subject: Your appointment is confirmed



Dear SHAGANTI MAYURI,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **UPPAL clinic** on **2024-03-23** at **07:30-07:45**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.



For further assistance, please call us on our Help Line #: 1860 500 7788.

**Clinic Address: APOLLO HEALTH AND LIFESTYLE LIMITED HNO- 6-48/3,PEERZADIGUDA
PANCHAYAT, BODUPPAL,R R DISTRICT,HYDERABAD-500039.**

Contact No: (040) 49503373 -74/.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

భారత ప్రభుత్వం
Government of India

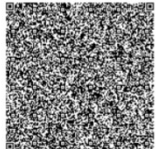
భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 2081/11266/20749

Download Date: 15/02/2021



To
శాగంటి మయూరి
Shaganti Mayuri
W/O Ch Kiran Kumar
8-3-228/979/7/L
Rahamath Nagar
Video Galli
Khairatabad
Yousufguda
Hyderabad Telangana - 500045
8247610909

Issue Date: 28/10/2020



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :
9028 9920 7330
VID : 9176 7938 2516 2357

నా ఆధార్, నా గుర్తింపు

సమాచారం



- ఆధార్ ఒక గుర్తింపు మాత్రమే పౌరసత్వం కాదు
- సుడితీయైన క్యూఆర్ కోడ్ / ఆన్లైన్ ఎక్స్ ఎం బర్ / ఆన్లైన్ ప్రామాణీకరణను ఉపయోగించి గుర్తింపును దృఢీకరించండి..
- యి ఎలెక్ట్రానిక్ చుద్దరల్ వ్రాయబడిన లేఖ.

INFORMATION

- **Aadhaar** is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- ఆధార్ దేశవ్యాప్తంగా చెల్లుబాటు అవుతుంది.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర సేవలను సులువుగా పొందటానికి ఆధార్ మీకు సహాయపడుతుంది.
- ఎల్లప్పుడూ మీ మొలైర్ నెంబర్ మరియు ఇమెయిల్ ఐడిని ఆధార్ లో అప్ డేట్ చేసి ఉంచండి
- ఎమ్ ఆధార్ అప్ ఉపయోగించండి. మీ ఆధార్ ను ఎల్లప్పుడూ మీ స్మార్ట్ ఫోన్ లో ఉంచండి.


- **Aadhaar** is valid throughout the country.
- **Aadhaar** helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in **Aadhaar**.
- Carry Aadhaar in your smart phone – use **mAadhaar** App.

భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

Download Date: 15/02/2021





శాగంటి మయూరి
Shaganti Mayuri
పన్లు తేదీ/DOB: 29/02/1992
లింగం / GENDER
FEMALE

Issue Date: 28/10/2020

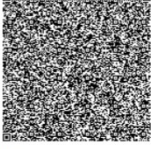
9028 9920 7330
VID : 9176 7938 2516 2357

నా ఆధార్, నా గుర్తింపు

వివరాలు:
W/O Ch Kiran Kumar, 8-3-228/979/7/L,
Rahamath Nagar, Video Galli, Khairatabad,
Hyderabad,
Telangana - 500045

Address:
W/O Ch Kiran Kumar, 8-3-228/979/7/L,
Rahamath Nagar, Video Galli, Khairatabad,
Hyderabad,
Telangana - 500045



9028 9920 7330
VID : 9176 7938 2516 2357

నా ఆధార్, నా గుర్తింపు

1947 | help@uidai.gov.in | www.uidai.gov.in



Patient Name	: Mrs. SHAGANTI MAYURI	Age	: 32 Y/F
UHID	: CUPP.0000086915	OP Visit No	: CUPPOPV131370
Reported By:	: Dr. CH VENKATESHAM	Conducted Date	: 24-03-2024 12:15
Referred By	: SELF		

ECG REPORT

Observation :-

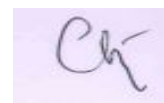
1. Normal Sinus Rhythm.
2. Heart rate is 72 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL ECG

CORRELATE CLINICALLY.

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



Dr. CH VENKATESHAM

Patient Name : Mrs. SHAGANTI MAYURI

Age/Gender : 32 Y/F

UHID/MR No. : CUPP.0000086915

OP Visit No : CUPPOPV131370

Sample Collected on :

Reported on : 23-03-2024 19:55

LRN# : RAD2278728

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 96268/1

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 146 mm 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 112 mm. 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 : 102 x 42 mm.

Left kidney : 109 x 50 mm.

Urinary Bladder is well 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 77 x 40 x 40 mm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 6 mm.

Both ovaries appear normal in size, shape and echotexture.

Right ovary : 20 x 19 mm.

Left ovary : 23 x 23 mm.

No evidence of any adnexal pathology noted.

IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Patient Name : Mrs. SHAGANTI MAYURI

Age/Gender : 32 Y/F



Dr. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Patient Name : Mrs. SHAGANTI MAYURI

Age/Gender : 32 Y/F

UHID/MR No. : CUPP.0000086915

OP Visit No : CUPPOPV131370

Sample Collected on :

Reported on : 23-03-2024 17:52

LRN# : RAD2278728

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 96268/1

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

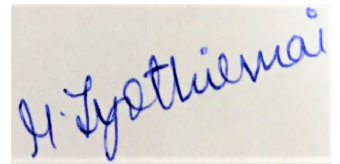
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Name: Mrs. SHAGANTI MAYURI
Age/Gender: 32 Y/F
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SOWMYA REDDY

MR No: CUPP.0000086915
Visit ID: CUPPOPV131370
Visit Date: 23-03-2024 09:36
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. SHAGANTI MAYURI
Age/Gender: 32 Y/F
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000086915
Visit ID: CUPPOPV131370
Visit Date: 23-03-2024 09:36
Discharge Date:
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SYSTEMIC EXAMINATION

IMPRESSION

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PHYSICAL EXAMINATION

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IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. SHAGANTI MAYURI
Age/Gender: 32 Y/F
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: CUPP.0000086915
Visit ID: CUPPOPV131370
Visit Date: 23-03-2024 09:36
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. SHAGANTI MAYURI
Age/Gender: 32 Y/F
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: CUPP.0000086915
Visit ID: CUPPOPV131370
Visit Date: 23-03-2024 09:36
Discharge Date:
Referred By: SELF

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
04-04-2024 19:16	78 Beats/min	120/80 mmHg	22 Rate/min	98.6 F	120/80 cms	62 Kgs	%	%	Years	0	cms	cms	cms		AHLL09781

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
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Vitals

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Patient Name : Mrs. SHAGANTI MAYURI Age : 32 Y/F
UHID : CUPP.0000086915 OP Visit No : CUPPOPV131370
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 23-03-2024 20:11
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.4 CM
LA (es)	2.7 CM
LVID (ed)	4.2 CM
LVID (es)	2.6 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	69.00%
%FD	35.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name : Mrs. SHAGANTI MAYURI
UHID : CUPP.0000086915
Conducted By: : Dr. CH VENKATESHAM
Referred By : SELF

Age : 32 Y/F
OP Visit No : CUPPOPV131370
Conducted Date : 23-03-2024 20:11

COLOUR AND DOPPLER STUDIES

AJV - 1.4

PJV - 0.7

E - 0.8

A - 0.5

IMPRESSION :

NORMAL SIZED CARDIAC CHAMBERS& VALVES

NORMAL BLOOD FLOW

NO RWMA / LVH

GOOD LV AND RV FUNCTION

NO CLOT / P- E

