

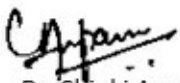
Patient Name : Miss.GEETHA C	Collected : 23/Dec/2023 08:44AM
Age/Gender : 39 Y 6 M 24 D/F	Received : 23/Dec/2023 12:02PM
UHID/MR No : CELE.0000125776	Reported : 23/Dec/2023 03:40PM
Visit ID : CELEOPV328131	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 011-41195959/122912	

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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	<b>35.90</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.28	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83.9	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.8</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,280	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	61.1	%	40-80	Electrical Impedance
LYMPHOCYTES	28.4	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	8.5	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4448.08	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2067.52	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	123.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	618.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.84	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	396000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



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



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



SIN No:BED230318441

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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

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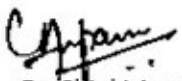
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WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



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Consultant Pathologist



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



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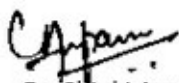
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DEPARTMENT OF HAEMATOLOGY

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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



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



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



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 1860 500 7788  
www.apolloclinic.com

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	103	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	mg/dL	70-140	HEXOKINASE

Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.4	%		HPLC



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

SIN No:EDT230117808

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ESTIMATED AVERAGE GLUCOSE (eAG)	137	mg/dL	Calculated
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**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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M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	178	mg/dL	<200	CHO-POD
TRIGLYCERIDES	54	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>66</b>	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	112	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>101.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.70		0-4.97	Calculated

**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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

SIN No:SE04579715

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.33	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	76.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.38	g/dL	6.6-8.3	Biuret
ALBUMIN	4.12	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.26	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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:**

Page 8 of 15




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Patient Name	: Miss.GEETHA C	Collected	: 23/Dec/2023 08:44AM
Age/Gender	: 39 Y 6 M 24 D/F	Received	: 23/Dec/2023 12:18PM
UHID/MR No	: CELE.0000125776	Reported	: 23/Dec/2023 01:48PM
Visit ID	: CELEOPV328131	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 011-41195959/122912		

### DEPARTMENT OF BIOCHEMISTRY

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

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



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

SIN No:SE04579715

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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#### APOLLO CLINICS NETWORK

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

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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	0.71	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	12.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.84	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.64	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)



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UHID/MR No : CELE.0000125776	Reported : 23/Dec/2023 01:24PM
Visit ID : CELEOPV328131	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 011-41195959/122912	

**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 TRANSEPTIDASE (GGT) , SERUM</b>	12.00	U/L	<38	IFCC



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

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Patient Name : Miss.GEETHA C	Collected : 23/Dec/2023 08:44AM
Age/Gender : 39 Y 6 M 24 D/F	Received : 23/Dec/2023 12:19PM
UHID/MR No : CELE.0000125776	Reported : 23/Dec/2023 01:58PM
Visit ID : CELEOPV328131	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 011-41195959/122912	

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)	1.31	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.37	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.813	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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

SIN No:SPL23188833

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DEPARTMENT OF IMMUNOLOGY

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



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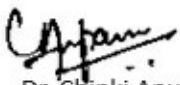
Patient Name : Miss.GEETHA C	Collected : 23/Dec/2023 08:44AM
Age/Gender : 39 Y 6 M 24 D/F	Received : 23/Dec/2023 11:56AM
UHID/MR No : CELE.0000125776	Reported : 23/Dec/2023 02:12PM
Visit ID : CELEOPV328131	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT 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	1.005		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 15



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



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



SIN No:UR2248041

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Age/Gender : 39 Y 6 M 24 D/F	Received : 23/Dec/2023 11:56AM
UHID/MR No : CELE.0000125776	Reported : 23/Dec/2023 02:53PM
Visit ID : CELEOPV328131	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

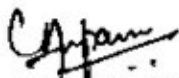
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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

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

Result/s to Follow:  
PERIPHERAL SMEAR



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



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



SIN No:UF010044

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LBC test pending



Fitness and consultation

<b>Name</b> : Miss. GEETHA C  <b>Address</b> : ECITY  <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 39 Y  <b>Sex</b> : F	<b>UHID</b> :CELE.0000125776  *CELE-0000125776* <b>OP Number</b> :CELEOPV328131 <b>Bill No</b> :CELE-OCR-53618 <b>Date</b> : 23.12.2023 08:27
--	---	--

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE-GLUCOSE(FASTING) - 12	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2D ECHO - 11	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA - 9	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION - 6	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION - 16	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG - 13	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	LBC PAP TEST- PAPSURE - 16	
21	OPHTHAL BY GENERAL PHYSICIAN	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN - 8	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION - 15	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

WPHYSIO - 12      Audo - 3      OPTICAL - 5

RE: - Plawo — 6/6  
 LE: Plawo — 6/6  
 color vision - normal

wt - 68.5  
 HD - 160  
 BMI - 26  
 BP - 121/83  
 PPI - 63  
 Hip - 85  
 Waist - 83

**Personal Details**  
 UHID: 00XHE1PU6RA0YB8  
 PatientID: 125776  
 Name: Mrs Geetha  
 Age: 39  
 Gender: Female  
 Mobile: 6383229205

**Pre-Existing Medical-Conditions**

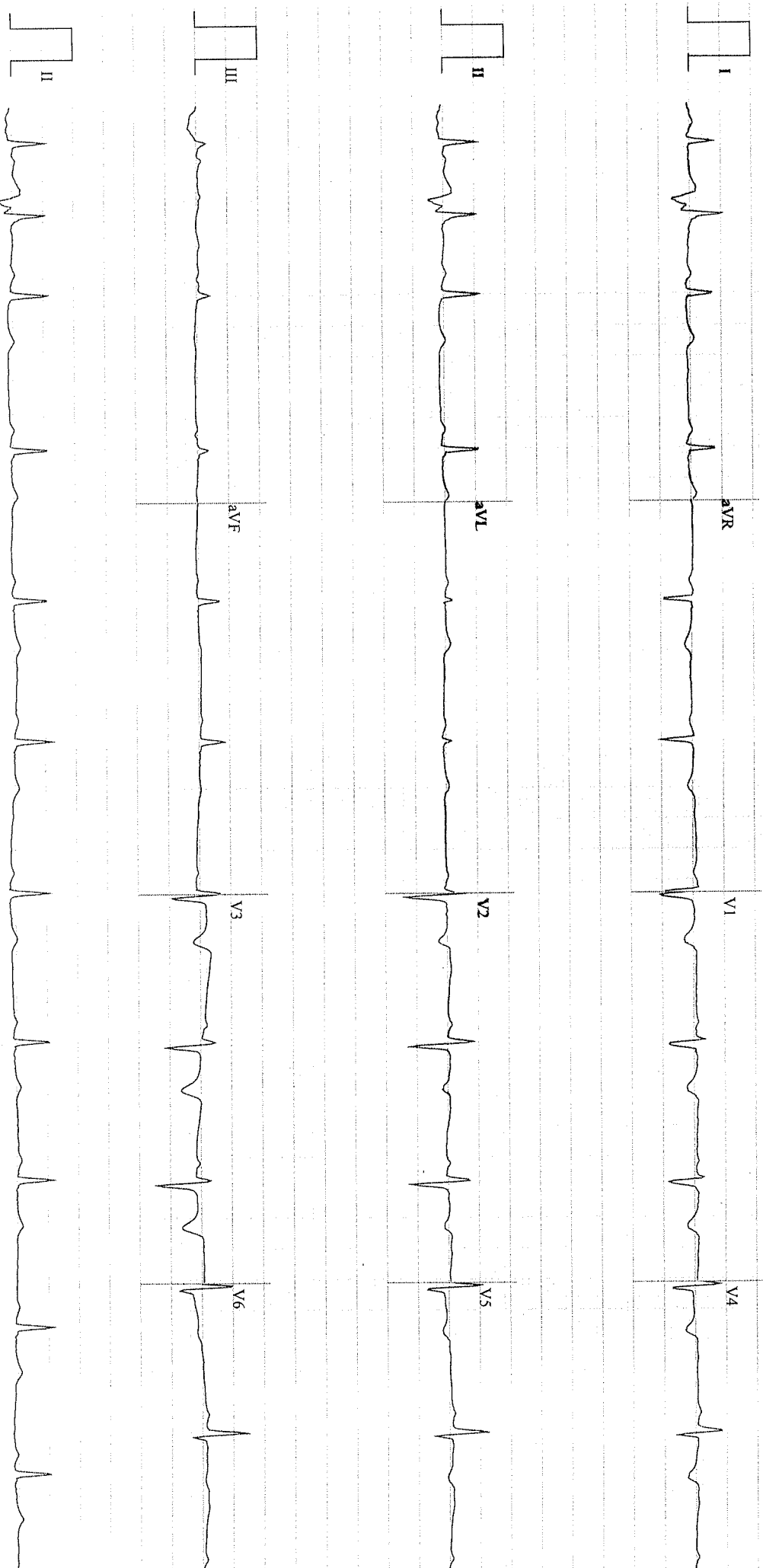
**Symptoms**

**Vitals**

**Measurements**  
 HR: 69 BPM  
 PR: 148 ms  
 PD: 113 ms  
 QRS: 79 ms  
 QRS Axis: 40 deg  
 QT/QTc: 389/417 ms

**Interpretation (Unconfirmed)**  
 Sinus Arrhythmia  
 Normal Axis  
 Inverted T waves in Lateral Leads-Septal Leads-Anterior Leads

*This trace is generated by KardiaScreen: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDTRX*



Speed: 25 mm/sec

F: 0.05 - 40 Hz

Limb: 10 mm/mV

Chest: 10 mm/mV

Patient Name	: Miss. GEETHA C	Age	: 39 Y F
UHID	: CELE.0000125776	OP Visit No	: CELEOPV328131
Reported on	: 24-12-2023 18:05	Printed on	: 24-12-2023 18:05
Adm/Consult Doctor	:	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:24-12-2023 18:05

---End of the Report---

  
**Dr. VIDHYA THANGAMANI**  
MBBS. D.N.B in Radio Diagnosis  
Radiology

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT \*

 **1860 500 7788**

<b>NAME:</b>	Miss. GEETHA C
<b>AGE / SEX:</b>	39YRS/ FEMALE
<b>DATE:</b>	23/12/2023
<b>REFERRED BY:</b>	ARCOFEMI HEALTHCARE

**ABDOMINAL ULTRASONOGRAPHY REPORT**

**LIVER:** Appear normal in size and shows increased focal echogenicity. No focal lesion seen. The intra hepatic biliary and portal venous radicals are normal. Portal vein and CBD is normal.

**GALL BLADDER:** moderately distended and appears normal. No abnormal wall thickening / pericholecystic fluid seen.

**Pancreas:** normal to the extend visualized.

**SPLEEN:** Normal in size and echo texture. No focal lesion noted

**KIDNEYS:** Both kidneys are normal in position, size and echo texture. Normal cortico-medullary differentiation is maintained. No calculus/ hydronephrosis on both sides.

**PELVIC ORGANS:**

Urinary bladder well distended and appears normal in size, contour and wall thickness.

Uterus retroverted . Myometrial echoes appear normal.  
ET measures ~ 10mm.

Bilateral ovaries are normal in size, shape and echo texture.

No free fluid in the abdomen and pelvis.

**IMPRESSION:**

- **Grade I Fatty Liver.**

*To correlate clinically & with other investigations.  
Not for medico-legal purpose*

  
for **DR. VIGNESH K**

**CONSULTANT RADIOLOGIST**

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

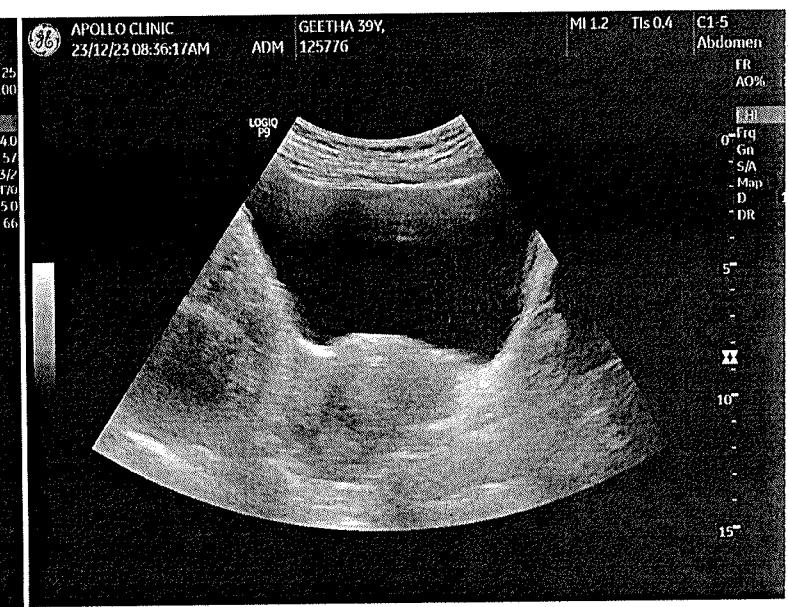
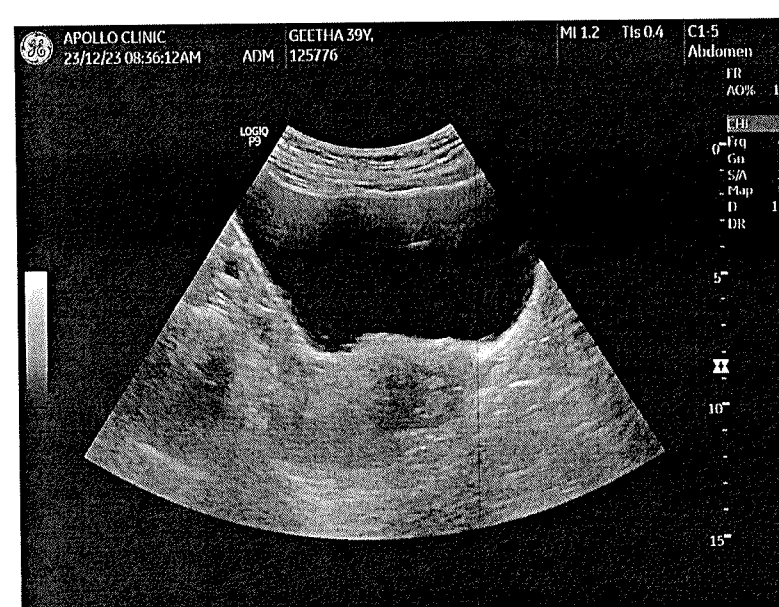
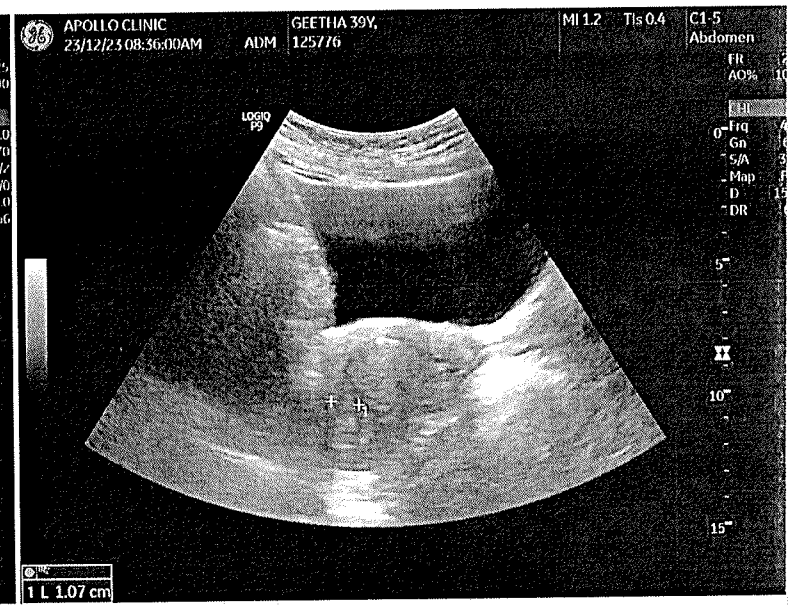
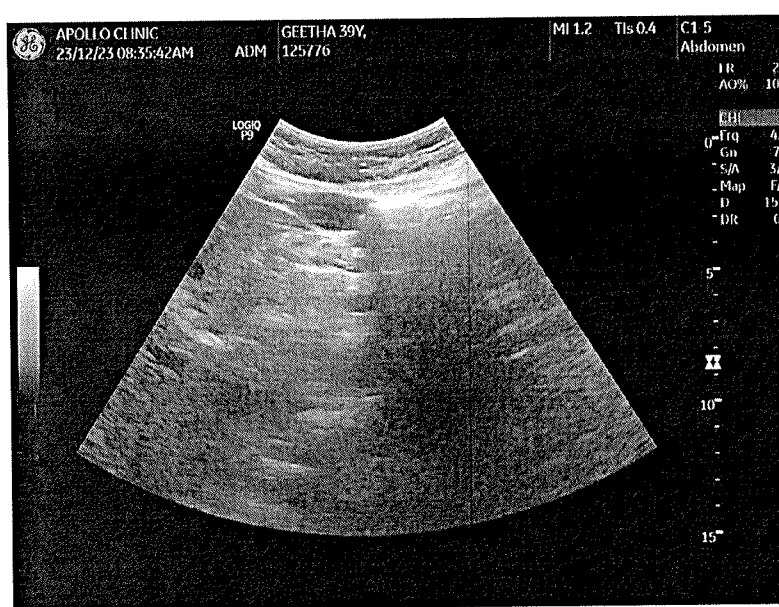
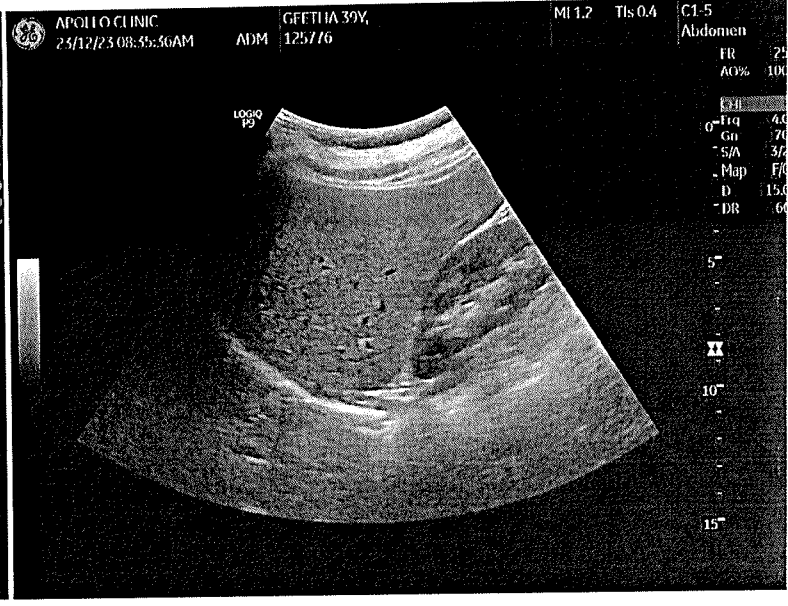
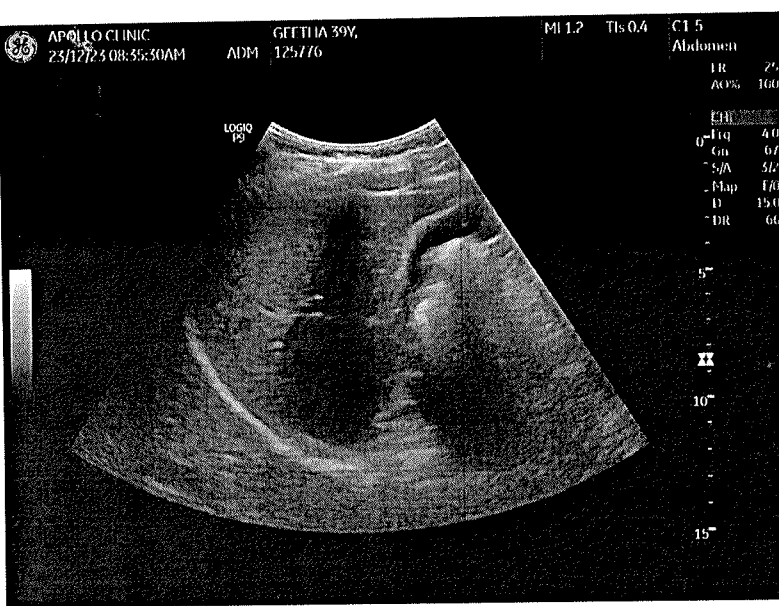
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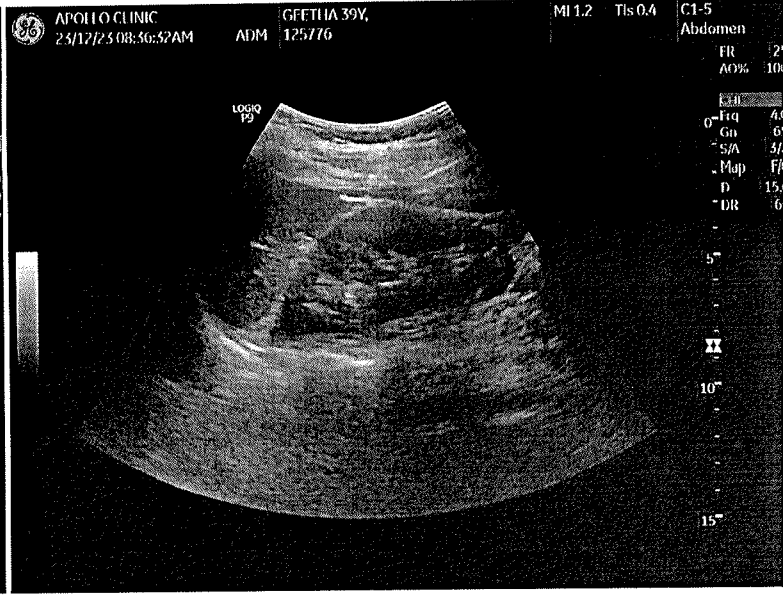
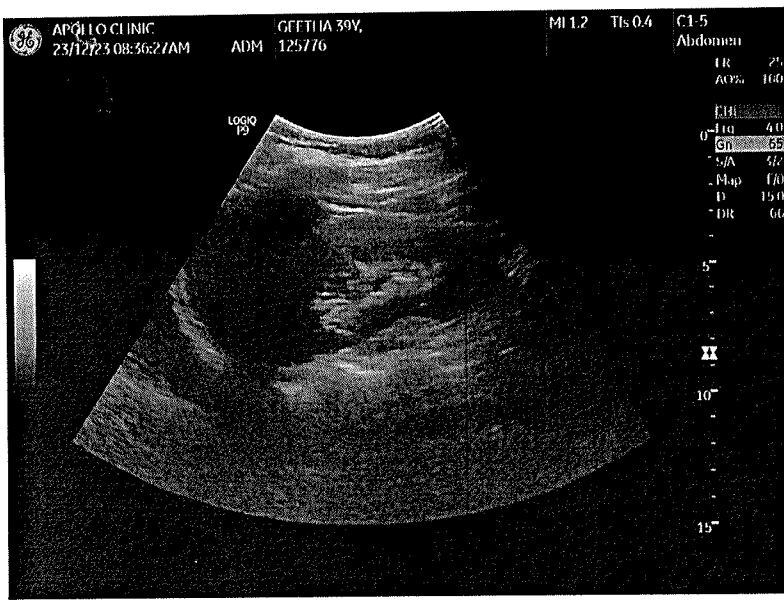
**Bangalore** (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**





**2-D ECHO-CARDIOGRAPHY DOPPLER & COLOUR DOPPLER REPORT**

**NAME : MRS GEETHA C**

**DATE :23/12/2023**

**AGE/SEX: 39Y / F**

**REF : ARCOFEMI**

**UHID: 125776/12/218**

**\*\*\* MEASUREMENTS & FLOW VELOCITIES AS DEPICTED IN IMAGES OVERLEAF.**

1. NORMAL VALVES.
2. NORMAL FLOW ACROSS ALL VALVES.
3. NO MR/ AR/ TR.
4. NORMAL GREAT VESSELS.
5. NORMAL SYSTEMIC VEINS & AT LEAST 3 PULMONARY VEINS SEEN DRAINING INTO LA.
6. NORMAL SIZED CHAMBERS.
7. NO REGIONAL WALL MOTION ABNORMALITIES.
8. INTACT SEPTAE ( IVS & IAS ).
9. GOOD LV & RV SYSTOLIC FUNCTION.
10. PERICARDIUM : NORMAL
11. NO OBVIOUS VEGETATION / CLOTS.



**DR (CAPT.)S.V KRISHNA RAO**

**MD (PGI), DNB (Card)**

**Senior Consultant – Cardiologist**

**Reg No : ANP 19780000746KTK**

**To correlate with clinical findings & other relevant investigations .**

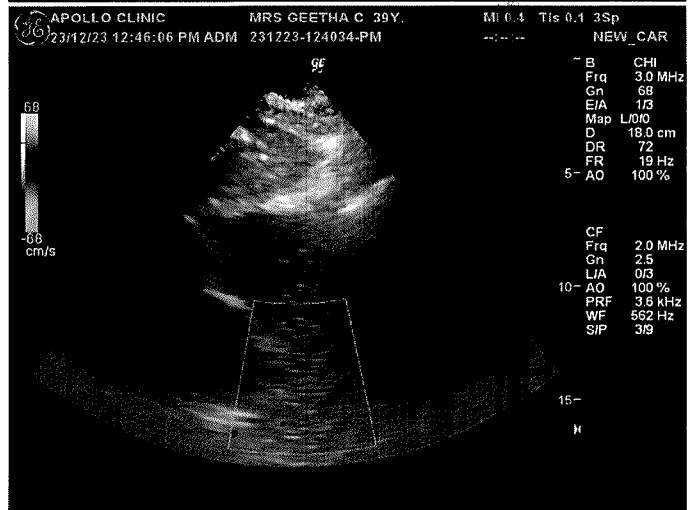
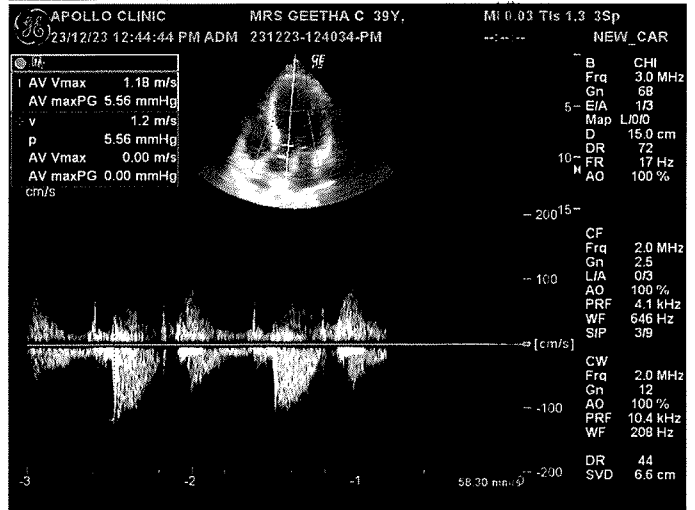
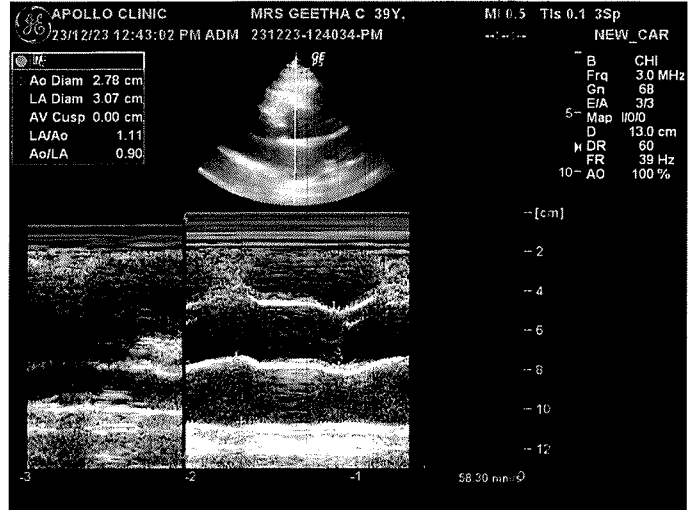
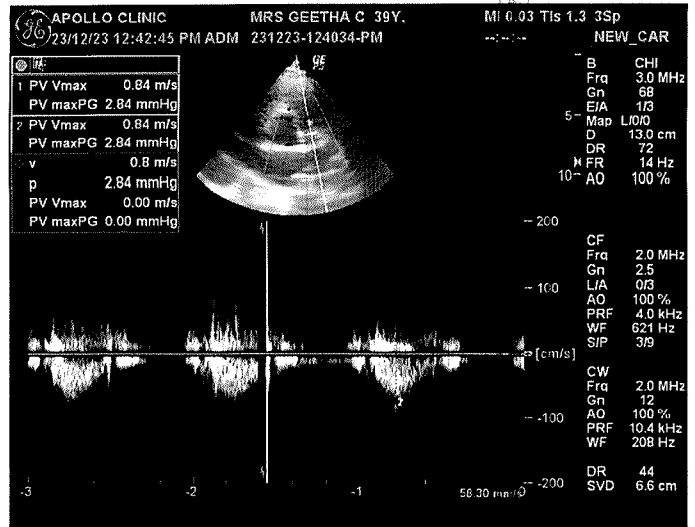
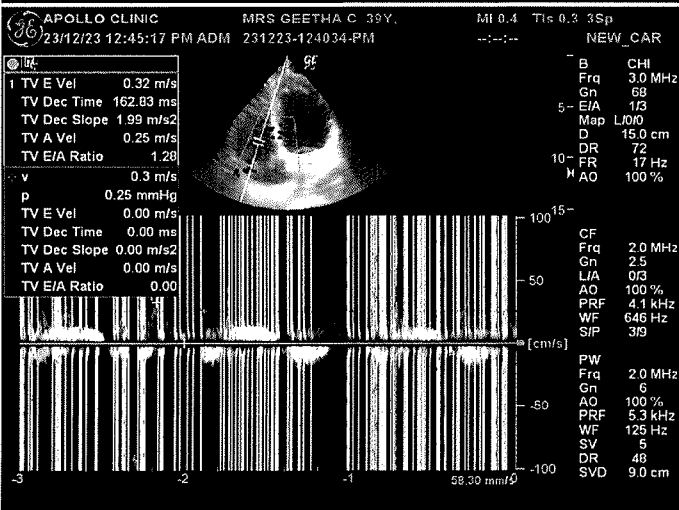
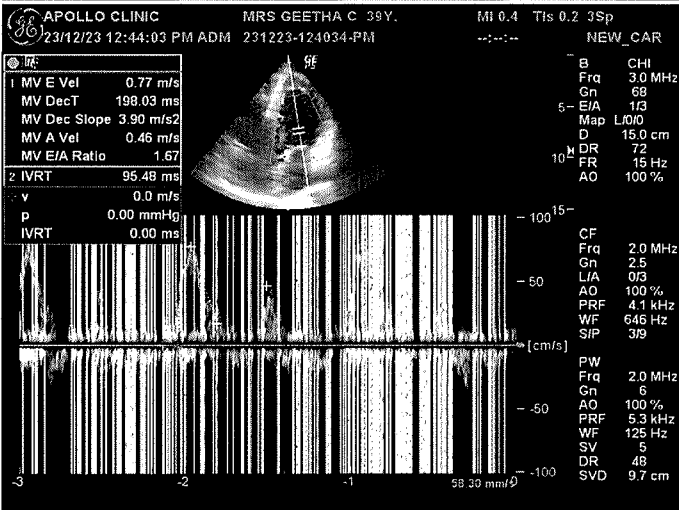
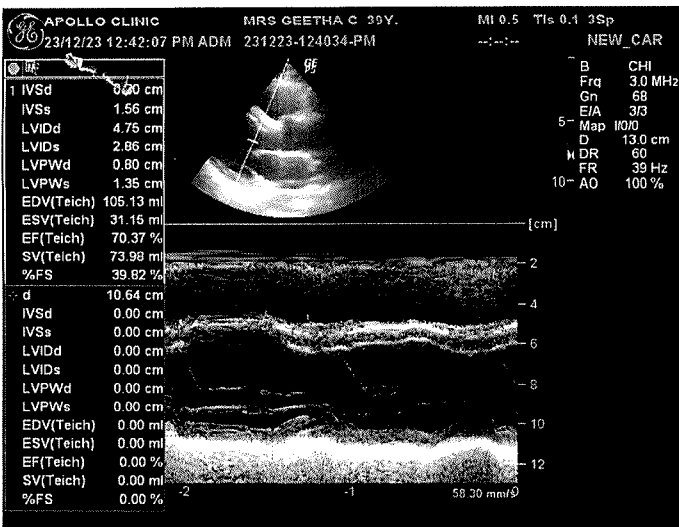
Apollo Clinic

(CIN - U85110TG2000PLC115819)

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Ph No: 040-4904 7777. Fax No: 4904 7744 | Email ID: enquirv@apollohl.com | www.apollohl.com





Mrs. Geetha C.  
39y/F

23/12/23

Dr. YASHASWI, MBBS, DLO  
FELLOW IN RHINOLOGY  
ALLERGY CLINICIST  
REG. NO. 1000000000000000  
MOB.: 9448000000000000

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P. :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Came for regular health  
check-up  
c/o headache  
c/o B/L ear ache  
H/O nausea ⊕ headache ↑ on  
exposure to sun

NKDA

O/E (A) (L)  
EAC (A) (A)  
TMJ (A) (A)  
inspected

Nose  
throat  
TMJ - B/L severe tenderness  
NAD

Follow up date:

Doctor Signature



இந்திய அரசாங்கம்  
Government of India

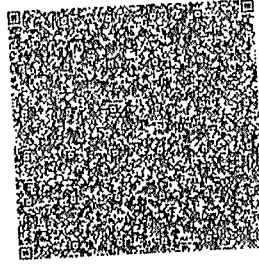
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Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 2726/11298/37296

To  
கீதா கோபால்  
Geetha Gopal  
W/O: Gopal  
d no 343/1 (2)  
MURUKKAMPALLAM  
ELATHAGIRI  
Palepalle  
Krishnagiri Tamil Nadu - 635108  
9655684649

Signature valid

Digitally signed by  
UNIQUE IDENTIFICATION  
AUTHORITY OF INDIA  
Date: 2022.05.05 09:29:36  
UTC



உங்கள் ஆதார் எண் / Your Aadhaar No. :

8630 9710 0141  
VID : 9177 4484 6812 5486

எனது ஆதார், எனது அடையாளம்



Government of India



Issue Date: 16/05/2013



கீதா கோபால்  
Geetha Gopal  
பிறந்த நாள்/DOB: 30/05/1984  
பெண்/ FEMALE

8630 9710 0141  
VID : 9177 4484 6812 5486

எனது ஆதார், எனது அடையாளம்

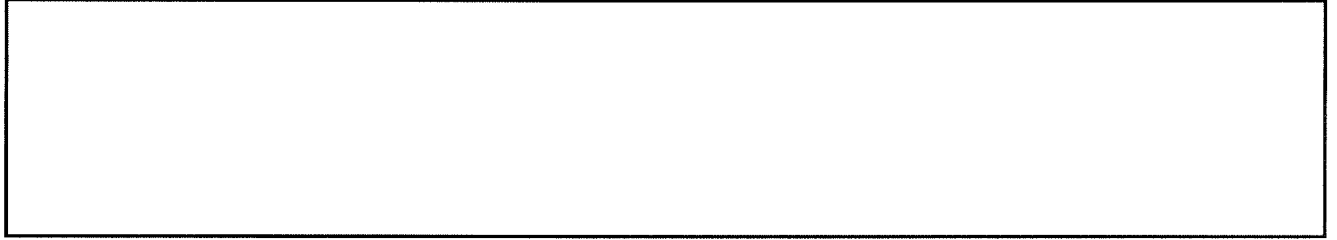
Fwd: Health Check up Booking Confirmed Request(bobS3094),Package Code-PKG10000377, Beneficiary Code-303122

Gopal <gopaldurai3@gmail.com>

Thu 21-12-2023 17:29

To:Veppanapalli Branch Puducherry Region <VEPANA@bankofbaroda.com>

You don't often get email from gopaldurai3@gmail.com. [Learn why this is important](#)



----- Forwarded message -----

From: **Mediwheel** <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>

Date: Thu, Dec 21, 2023, 3:15 PM

Subject: Health Check up Booking Confirmed Request(bobS3094),Package Code-PKG10000377, Beneficiary Code-303122

To: <[gopaldurai3@gmail.com](mailto:gopaldurai3@gmail.com)>

Cc: <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>

011-41195959

Dear **MR. D GOPAL,**

We are pleased to confirm your health checkup booking request with the following details.

**Booking Date** : 19-12-2023  
**Hospital Package Name** : Mediwheel Full Body Health Annual Plus Check  
**Patient Package Name** : Mediwheel Full Body Health Checkup Female Below 40  
**Name of Diagnostic/Hospital** : Apollo Clinic  
**Address of Diagnostic/Hospital-** Apollo Clinic, 323/100, Opp.Ajmera infinity Apartment, Neeladri Nagar, Electronic city Phase -1, Electronic city - 560100  
**City** : Bangalore  
**State** :  
**Pincode** : 560100  
**Appointment Date** : 23-12-2023  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 8:00am-9:30am  
**Booking Status** : Booking Confirmed

**Patient Name** : Miss. GEETHA C

**Age/Gender** : 39 Y/F

**UHID/MR No.** : CELE.0000125776

**OP Visit No** : CELEOPV328131

**Sample Collected on** :

**Reported on** : 24-12-2023 18:05

**LRN#** : RAD2187914

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 011-41195959/122912

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**DEPARTMENT OF RADIOLOGY**

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**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. VIDHYA THANGAMANI**  
**MBBS. D.N.B in Radio Diagnosis**  
Radiology

Name: Miss. GEETHA C  
Age/Gender: 40 Y/F  
Address: ECITY  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: Electronic City\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. YASHASWI R G

MR No: CELE.0000125776  
Visit ID: CELEOPV328131  
Visit Date: 23-12-2023 08:26  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Miss. GEETHA C  
Age/Gender: 40 Y/F  
Address: ECITY  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: Electronic City\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. DAYANAND BALAPPA YALIGAR

MR No: CELE.0000125776  
Visit ID: CELEOPV328131  
Visit Date: 23-12-2023 08:26  
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**

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Age/Gender: 40 Y/F  
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Doctor:  
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**Doctor's Signature**



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Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: Electronic City\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. KRISHNA SHAW

MR No: CELE.0000125776  
Visit ID: CELEOPV328131  
Visit Date: 23-12-2023 08:26  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

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Age/Gender: 40 Y/F  
Address: ECITY  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: Electronic City\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PAVITRA RAMAN

MR No: CELE.0000125776  
Visit ID: CELEOPV328131  
Visit Date: 23-12-2023 08:26  
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
02-01-2024 16:42	63 Beats/min	121/83 mmHg	22 Rate/min	97.3 F	160 cms	68.5 Kgs	%	%	Years	26.76	cms	cms	cms		AHLL07132

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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