

Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09:14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:19AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 03:04PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

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	11.4	g/dL	12-15	Spectrophotometer
PCV	33.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.44	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	75.8	fL	83-101	Calculated
MCH	25.7	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	16.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,820	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.2	%	40-80	Electrical Impedance
LYMPHOCYTES	32.2	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5813.44	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3162.04	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	176.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	648.12	Cells/cu.mm	200-1000	Calculated
BASOPHILS	19.64	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	407000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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



SIN No: BED230318664

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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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 ANEMIA.

Note: Kindly evaluate for iron deficiency status.

Kindly correlate clinically.



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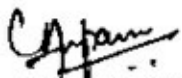
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	89	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)	88	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	5.7	%		HPLC



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SIN No:EDT230117917

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ESTIMATED AVERAGE GLUCOSE (eAG)	117	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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	158	mg/dL	<200	CHO-POD
TRIGLYCERIDES	135	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	116	mg/dL	<130	Calculated
LDL CHOLESTEROL	89.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.77		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.



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.47	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.37	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	12.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	82.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.71	g/dL	6.6-8.3	Biuret
ALBUMIN	3.80	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.91	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		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:



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Patient Name : Mrs.CHIVUKULA SOWJANYA
Age/Gender : 32 Y 4 M 17 D/F
UHID/MR No : CKOR.0000249201
Visit ID : CKOROPV392835
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : na

Collected : 23/Dec/2023 09:14AM
Received : 23/Dec/2023 11:33AM
Reported : 23/Dec/2023 01:32PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

- 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:SE04579959

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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

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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Visit ID : CKOROPV392835	Status : Final Report
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Emp/Auth/TPA ID : na	

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	0.59	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	7.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	3.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.21	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)



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

SIN No:SE04579959

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Age/Gender : 32 Y 4 M 17 D/F
UHID/MR No : CKOR.0000249201
Visit ID : CKOROPV392835
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : na

Collected : 23/Dec/2023 09:14AM
Received : 23/Dec/2023 11:33AM
Reported : 23/Dec/2023 12:14PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , <i>SERUM</i>	15.00	U/L	<38	IFCC



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

SIN No:SE04579959

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

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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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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



Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09:14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:29AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 12:34PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.44	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.97	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.390	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:SPL23188995

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Patient Name	: Mrs.CHIVUKULA SOWJANYA	Collected	: 23/Dec/2023 09:14AM
Age/Gender	: 32 Y 4 M 17 D/F	Received	: 23/Dec/2023 11:29AM
UHID/MR No	: CKOR.0000249201	Reported	: 23/Dec/2023 12:34PM
Visit ID	: CKOROPV392835	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: na		

DEPARTMENT OF IMMUNOLOGY

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



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

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APOLLO CLINICS NETWORK

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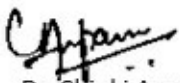
Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09:14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:56AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 02:33PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/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:UR2248245

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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APOLLO CLINICS NETWORK

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Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09:14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:56AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 02:57PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

DEPARTMENT OF CLINICAL PATHOLOGY

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

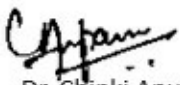
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

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

Result/s to Follow:
PERIPHERAL SMEAR

Page 15 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:UF010056

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Karnataka- 560034

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Original OP Credit Bill

Name : Mrs. Chivukula Sowjanya
 Age/Gender : 32.Y.F
 Contact No : +918125330332
 Address : kml
 UHID : CKOR.0000249201

Bill No : CKOR-OCR-79854
 Bill/Reg.Date : 23.12.2023 08:59
 Referred by : SELF
 Center : Koramangala
 Emp No/Auth Code : na



CKOR.0000249201

Corporate Name : ARCOFEMI HEALTHCARE LIMITED
 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

#	Department	Service Name	Qty	Rate	Discount	Amount
1	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	1	2,400.00	0.00	2,400.00

Bill Amount: 2,400.00
Total Discount: 0.00
Net Payment: 0.00
Corporate Due: 2,400.00

Received with thanks: Zero Rupees only

You can download your report from "www.apolloclinic.com" Enter user name as CKOROPV392835 and password as 263826 koramangala

Apollo Health and Lifestyle Limited

100, Apollo Towers, 100 Feet Road, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016. Email ID: enquiry@apolloh.com
 Apollo Health and Lifestyle Limited, 100 Feet Road, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

APOLLO CLINICS NETWORK

Hyderabad: AN Ra Nagar | Chand Nagar | Kowlapur | Nallakunta | Nuzampet | Manikonda | Uppal | **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Friscoe Town) | Mysore (W Mohalla) **Tamilnadu:** Chennai | Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery | **Maharashtra:** Pune | Aundh | Nigdi | **West Bengal:** Kolkata | **Uttar Pradesh:** Ghaziabad | Indrapuram | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)

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भारत सरकार



आधार

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Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0000/00142/37134

Download Date: 10/04/2018

Generation Date: 02/08/2014

To
చివుకుల సౌజన్య
Chivukula Sowjanya
D/O Surya Prakasarao
64-17-12
A P M Society Buildings
Ramakrishna Nagar
ramalayam
Rajahmundry (Urban)
East Godavari Andhra Pradesh - 533101
9912374055

Signature valid

Digitally signed
by Chivukula Sowjanya
DN: cn=Chivukula Sowjanya, o=UIDAI, ou=CA, email=UIDAI@uidai.gov.in, c=IN
Date: 2018.04.10 13:52:42
+05'30'



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

9882 8998 5299

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



చివుకుల సౌజన్య
Chivukula Sowjanya
పుట్టిన తేదీ/DOB: 06/08/1991
లింగం/ GENDER: FEMALE

9882 8998 5299



Sowjanya : Health Check up Booking Confirmed Request(bobS52340),Package Code-
PKG10000317, Beneficiary Code-64025

Manoj Kumar <manoj.aqj@gmail.com>

Sat 23-12-2023 08:50

To:Koramangala Apolloclinic <koramangala@apolloclinic.com>

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

From: **Mediwheel** <wellness@mediwheel.in>

Date: Wed, 20 Dec 2023 at 4:05 PM

Subject: Health Check up Booking Confirmed Request(bobS52340),Package Code-PKG10000317, Beneficiary
Code-64025

To: <manoj.aqj@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Email:wellness@mediwheel.in

Dear **Chivukula Sowjanya**,

Please find the confirmation for following request.

Booking Date : 06-12-2023
Package Name : Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D
ECHO (Metro)
**Name of
Diagnostic/Hospital** : Apollo Medical Centre - Koramangala
**Address of
Diagnostic/Hospital** : Plot 51, 5th Block, Opp. Jyothi Nivas College, Koramangala - 560095
Contact Details : (080) 2563 3833 - 24 - 23/9972044580
City : Bangalore
State : Karnataka
Pincode : 560095
Appointment Date : 23-12-2023

**Confirmation
Status** : Confirmed

Preferred Time : 9:00am-9:30am


Comment : APPOINTMENT TIME 9:00AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case 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

Name : Mrs. Chivukula Sowjanya	Age: 32 Y	UHD:CKOR.0000249201
	Sex: F	
Address : kml		OP Number:CKOROPV392835
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		Bill No :CKOR-OCR-79854
		Date : 23.12.2023 08:59

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

wt - 85 kg
ht - 162 cm



Apollo Clinic

Consent Form

Patient Name: Chivukula Soujanya Age: 32
 UHID Number: Company Name: Defender

I Mr/Mrs/Miss: Chivukula Soujanya Employee of wife of Manoj Kumar
 (Company) want to inform you that I am not getting the X-Ray & PapH

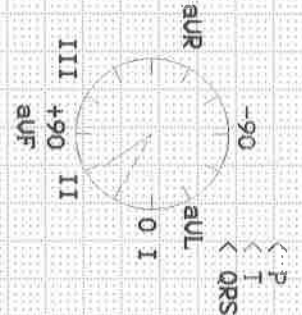
Test which is a part of health check package.

Reason If any: Consultation on Monday

And I claim the above statement in my full consciousness

Patient Signature: Soujanya Date: 23-12-28

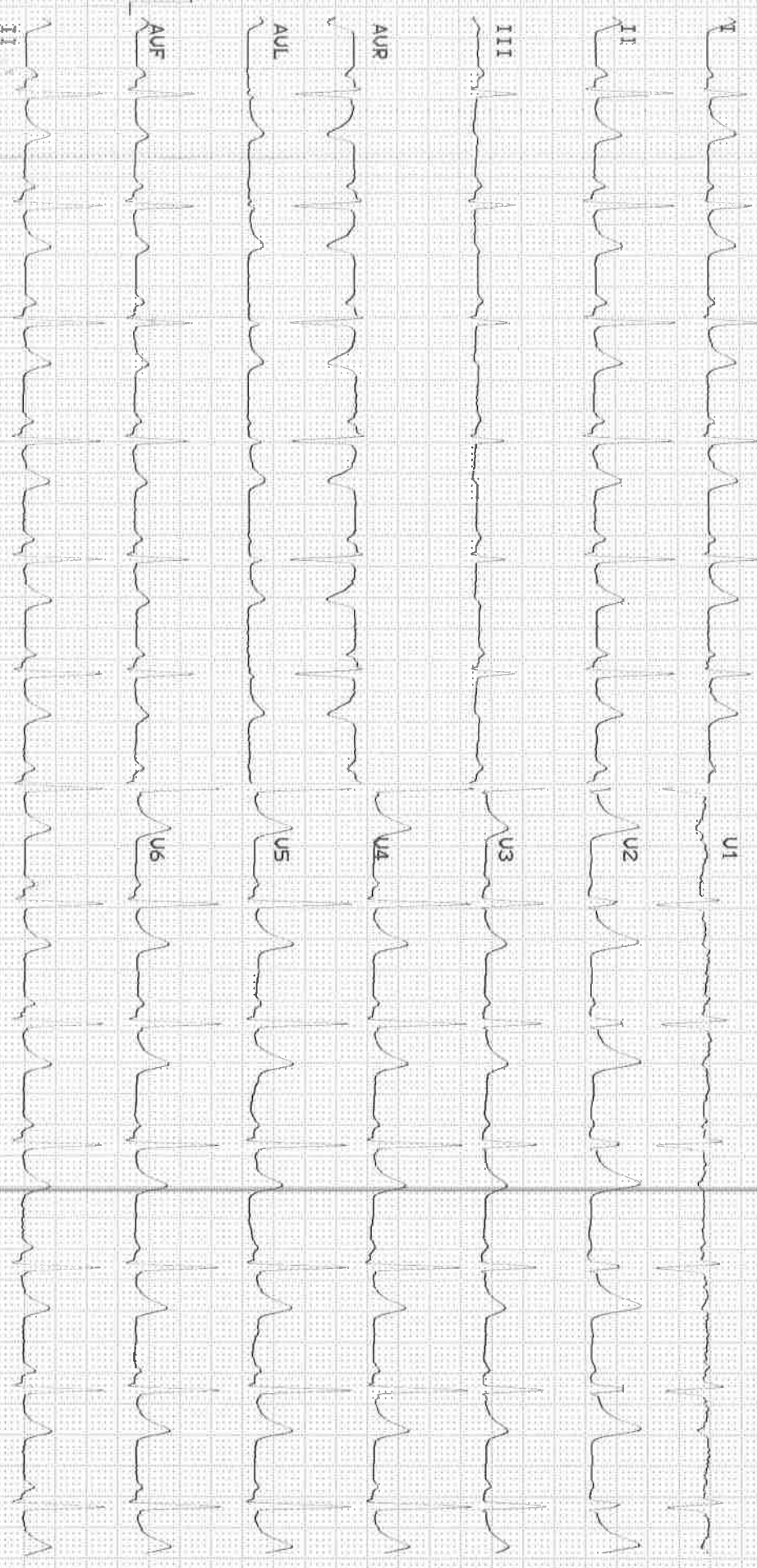
AGE: 32
 Measurement: Results:
 QRS 90 ms
 QT/QTcB 396 / 454 ms
 PR 138 ms
 P 110 ms
 RR/PP 762 / 775 ms
 P/ORS/T 55 / 55 / 30 degrees
 QTd/QTcBD: 38 / 44 ms
 Sokolow 2.2 mV
 NK 11



Interpretation:

SRV

Unconfirmed report.



Patient Name : Mrs. Chivukula Sowjanya Age : 32 Y/F
UHID : CKOR.0000249201 OP Visit No : CKOROPV392835
Reported By : Dr. MOHAN MURALI Conducted Date : 23-12-2023 15:48
Referred By : SELF

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 78 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 seen.

Impression:

NORMAL RESTING ECG.

Dr MOHAN MURALI
CARDIOLOGIST

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH
FOR FUTURE REFERENCE IF NEEDED.

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



DR. MAHABALESHWAR.M
MBBS.(MYS), MD(AIIMS DELHI)FICS
D.O (JIPMER)
REG.NO:KMC:9748

DATE: 23/12/27
OP NO:

THE APOLLO MEDICAL CENTER KORAMANGALA

NAME: Sowjanya
AGE : 32
GENDER: F

OPHTHALMIC REPORT

RIGHT EYE

LEFT EYE

GENERAL APPEARANCE

VISION - DISTANCE

WITHOUT GLASS

WITH GLASS

GLASS POWER

6/6 / 6/6
0.00

NEAR

WITHOUT GLASS

WITH GLASS

GLASS POWER

NB NB

COLOUR

- normal

ANTERIOR SEGMENT:-

} AN

c myopia

FUNDUS

I.O.P: DIGITAL

DOCTOR SIGNATURE

11/2

Date : *23/12/23*
MRNO :
Name : *Sowjanya*
Age/Gender: *32cm*

Department : OBSTETRICS & GYNAECOLOGY
Consultant : DR JYOTHI RAJESH
KMC NO-42823
Qualification : DGO (DNB)
Consultation Timings: 9.30pm to 12.00pm
PHONE NO: 9972044580

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

No gynae complaints
mm. men. regular mnd 5th day
OBH- ml. 4cm nulli
Past h. nos
Family h. h. h. h. h.
patient speed pap sm

Follow up date:

Doctor Signature

~



DR VIJAYA LAKSHMI M
M.B.B.S, D.L.O, D.N.B(ENT)
Phone No.9972044580,080-25633823/24/23

HEALTH CHECK- ENT

23/11/23

NAME: *Sonyranye* **P** **AGE:**

EAR: **RE:** **LE:**

EXTERNAL EAR

MIDDLE EAR

INNER EAR (FN)

Neelmal

HEARING ASSESSMENT: **RE:** **LE:**

RHINNE

WEBER

ABC

Neelmal

NOSE

THROAT

AIRWAY

ORAL CAVITY

SEPTUM

OROPHARYNX

TURBINATES

PHARYNX

OTHERS

LARYNX

Neelmal

NECK

NECK NODES

OTHER

Neelmal

AUDIOMETRY

IMPRESSION

Neelmal

Sonyranye

SIGNATURE:

Patient Name	: Mrs Chivukula Sowjanya	Patient ID	: 249201
Age	: 32 Year(s)	Sex	: Female
Referring Doctor	: H/C	Date	: 23.12.2023

ULTRASOUND ABDOMEN AND PELVIS

Liver is normal in size and shows normal echo pattern. No biliary dilatation .No focal lesion
Portal vein is normal in size, course and caliber. CBD is not dilated.
Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid
Pancreas to the extent visualized, appears normal in size, contour and echogenicity
Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesion.
Right kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.
Left kidney is normal in size, position, shape and echopattern.corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.
Urinary Bladder is well distended. wall thickness is normal. No internal echoes.
Uterus: is normal in size. Endometrial echoes are normal
Endometrium: measures 3mm.
Both ovaries are normal in size and echopattern.
Both adnexa: Normal, no mass seen.
There is no ascites.

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY DETECTED

DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

NAME: MRS CHIVUKULA SOWJANYA

AGE: 32Y

SEX: FEMALE

DATE: 23/12/2023

ECHOCARDIOGRAPHY REPORT

MEASUREMENT

AO -25(20 – 35)mm	LIVD d – 46 (36-52)mm	IVS - 10 (06 - 11)mm
LA -26(19- 40)mm	LVID s – 26(23- 39)mm	PWD – 11(06- 11)mm
EF - 60% (>50%)	RVID-22	

VALVES

Mitral Valve : Normal
 Aortic Valve : Normal
 Tricuspid Valve : Normal
 Pulmonary Valve : Normal

CHAMBERS

Left Atrium : Normal
 Right Atrium : Normal
 Left Ventricle : Normal
 Right Ventricle : Normal

SEPTAE

IVS : Intact
 IAS : Intact

GREAT ARTERIES

Aorta : Normal

Pulmonary Artery : Normal

DOPPLER DATA

Mitral : E > A

Aortic : Normal

Tricuspid : Normal

Pulmonary : Normal

WALL MOTION ABNORMALITIES : No RWMA

Pericardium : Normal

**NORMAL CHAMBERS AND VALVES
NORMAL LV SYSTOLIC FUNCTION
NO RWMA AT REST, LV EF -60%**

FINAL DIAGNOSIS

DR. MOHAN MURALI
CONSULTANT
CARDIOLOGIST

Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09:14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:19AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 03:04PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Blo. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.4	g/dL	12-15	Spectrophotometer
PCV	33.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.44	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	75.8	fL	83-101	Calculated
MCH	25.7	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	16.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,820	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.2	%	40-80	Electrical Impedence
LYMPHOCYTES	32.2	%	20-40	Electrical Impedence
EOSINOPHILS	1.8	%	1-6	Electrical Impedence
MONOCYTES	6.6	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5813.44	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3162.04	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	176.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	648.12	Cells/cu.mm	200-1000	Calculated
BASOPHILS	19.64	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	407000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09:14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:19AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 03:04PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

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
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IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA.

Note: Kindly evaluate for Iron deficiency status.

Kindly correlate clinically.



SIN No:BED230318664

Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09:14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:19AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 04:49PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Blo. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09:14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:25AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 01:25PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Blo. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	89	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	88	mg/dL	70-140	HEXOKINASE
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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.

HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA

HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
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Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09:14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:25AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 01:25PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Blo. Ref. Range	Method
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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)



Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09.14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:33AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 01:32PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Blo. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	158	mg/dL	<200	CHO-POD
TRIGLYCERIDES	135	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	116	mg/dL	<130	Calculated
LDL CHOLESTEROL	89.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.77		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.



Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09:14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:33AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 01:32PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

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
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.47	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.37	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	12.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	82.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.71	g/dL	6.6-8.3	Biuret
ALBUMIN	3.80	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.91	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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

Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09:14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:33AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 01:32PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

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
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Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09:14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:33AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 01:32PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

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
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.59	mg/dL	0.72 - 1.18	JAFFE METHOD
UREA	7.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	3.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.21	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)



Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09:14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:33AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 12:14PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

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	15.00	U/L	<38	IFCC



Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09:14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:29AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 12:34PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

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
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	1.44	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.97	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.390	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



Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09:14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:56AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 02:33PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

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
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2248245

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor | Ameerpet, Hyderabad, Telangana - 500 036 | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Keramangala | Sarjapur Road) Mysore (Kalidasa Road)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.CHIVUKULA SOWJANYA	Collected : 23/Dec/2023 09:14AM
Age/Gender : 32 Y 4 M 17 D/F	Received : 23/Dec/2023 11:56AM
UHID/MR No : CKOR.0000249201	Reported : 23/Dec/2023 02:57PM
Visit ID : CKOROPV392835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

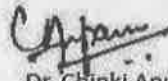
Result/s to Follow:
PERIPHERAL SMEAR



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



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



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





Patient Name	: Mrs. Chivukula Sowjanya	Age/Gender	: 32 Y/F
UHID/MR No.	: CKOR.0000249201	OP Visit No	: CKOROPV392835
Sample Collected on	:	Reported on	: 23-12-2023 16:24
LRN#	: RAD2188163	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: na		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

x.ray not requisition

Patient Name	: Mrs. Chivukula Sowjanya	Age/Gender	: 32 Y/F
UHID/MR No.	: CKOR.0000249201	OP Visit No	: CKOROPV392835
Sample Collected on	:	Reported on	: 23-12-2023 15:30
LRN#	: RAD2188163	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: na		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is normal in size and shows normal echo pattern. No biliary dilatation. No focal lesion

Portal vein is normal in size, course and caliber. CBD is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesion.

Right kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left kidney is normal in size, position, shape and echopattern. corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. wall thickness is normal. No internal echoes.

Uterus: is normal in size. Endometrial echoes are normal

Endometrium: measures 3mm.

Both ovaries are normal in size and echopattern.

Both adnexa: Normal, no mass seen.

There is no ascites.

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY DETECTED

DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

Dr. VINOD P JOSEPH
MBBS, DNB, DMRD
Radiology

Name: Mrs. Chivukula Sowjanya
Age/Gender: 32 Y/F
Address: kml
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RIDHIMA G

MR No: CKOR.0000249201
Visit ID: CKOROPV392835
Visit Date: 23-12-2023 08:59
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

****Weight**

--->: **Stable,**

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer: .,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

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

Name: Mrs. Chivukula Sowjanya
Age/Gender: 32 Y/F
Address: kml
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VIJAYA LAKSHMI M

MR No: CKOR.0000249201
Visit ID: CKOROPV392835
Visit Date: 23-12-2023 08:59
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. Chivukula Sowjanya
Age/Gender: 32 Y/F
Address: kml
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. JYOTHI RAJESH

MR No: CKOR.0000249201
Visit ID: CKOROPV392835
Visit Date: 23-12-2023 08:59
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. Chivukula Sowjanya
Age/Gender: 32 Y/F
Address: kml
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RIDHIMA G

MR No: CKOR.0000249201
Visit ID: CKOROPV392835
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HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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****Weight**

--->: **Stable,**

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer: .,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

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Doctor's Signature

Name: Mrs. Chivukula Sowjanya
Age/Gender: 32 Y/F
Address: kml
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GAZALA ANJUM

MR No: CKOR.0000249201
Visit ID: CKOROPV392835
Visit Date: 23-12-2023 08:59
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

****Weight**

--->: **Stable,**

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer: .,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

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

Patient Name	: Mrs. Chivukula Sowjanya	Age	: 32 Y/F
UHID	: CKOR.0000249201	OP Visit No	: CKOROPV392835
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 23-12-2023 15:48
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 78 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 seen.

Impression:

NORMAL RESTING ECG.

Dr MOHAN MURALI
CARDIOLOGIST

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH
FOR FUTURE REFERENCE IF NEEDED.

Patient Name	: Mrs. Chivukula Sowjanya	Age	: 32 Y/F
UHID	: CKOR.0000249201	OP Visit No	: CKOROPV392835
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 23-12-2023 15:48
Referred By	: SELF		

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