


Patient Name : Mrs.SRAVANI Y	Collected : 14/Sep/2024 10:10AM
Age/Gender : 30 Y 8 M 24 D/F	Received : 14/Sep/2024 02:10PM
UHID/MR No : CUPP.0000091432	Reported : 14/Sep/2024 04:04PM
Visit ID : CUPPOPV139238	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30308	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.1	g/dL	12.5-15	Spectrophotometer
PCV	39.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.94	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	79.1	fL	83-101	Calculated
MCH	26.6	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,500	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64	%	40-80	Flow cytometry
LYMPHOCYTES	27	%	20-40	Flow cytometry
EOSINOPHILS	2	%	1-6	Flow cytometry
MONOCYTES	7	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4160	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1755	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	130	Cells/cu.mm	20-500	Calculated
MONOCYTES	455	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.37		0.78- 3.53	Calculated
PLATELET COUNT	288000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				


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

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SIN No:UPP240900779

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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Negative			Microplate technology
Result is rechecked. Kindly correlate clinically				


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CONSULTANT PATHOLOGY

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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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	92	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:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	104	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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.


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2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. 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.
4. 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.
5. 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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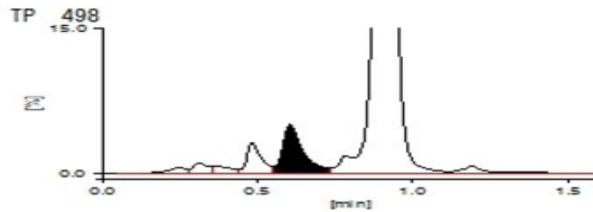
Chromatogram Report

HLC72368 V5.28 1 2024-09-14 15:36:39
 ID UPP240900784
 Sample No. 09140147 SL 0010 - 05
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.25	7.47
A1B	0.7	0.31	11.29
F	0.5	0.37	9.42
LA1C+	1.8	0.48	30.74
SA1C	5.1	0.61	69.42
AO	93.1	0.90	1603.78
H-V0			
H-V1			
H-V2			

Total Area 1732.12

HbA1c 5.1 % IFCC 32 mmol/mol
HbA1 6.2 % HbF 0.5 %




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14-09-2024 15:36:40 APOLLO

APOLLO DIAGNOSTICS GLOBAL
 BALANAGER

1 / 1

Maruthi...
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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	189	mg/dL	<200	CHO-POD
TRIGLYCERIDES	82	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	148	mg/dL	<130	Calculated
LDL CHOLESTEROL	131.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.61		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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	67.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.23	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.77	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		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:

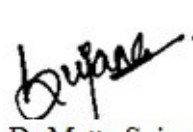
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:


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Age/Gender : 30 Y 8 M 24 D/F
UHID/MR No : CUPP.0000091432
Visit ID : CUPPOPV139238
Ref Doctor : Self
Emp/Auth/TPA ID : 22S30308

Collected : 14/Sep/2024 10:10AM
Received : 14/Sep/2024 02:30PM
Reported : 14/Sep/2024 04:25PM
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.
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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

SIN No:UPP240900780



Dr.Matta Sujana Reddy
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

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

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Emp/Auth/TPA ID : 22S30308	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.59	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	19.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.22	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.15	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.82	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.23	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.77	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		0.9-2.0	Calculated


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


Dr. Matta Sujana Reddy
 M.B.B.S., M.D (Biochemistry)
 Consultant Biochemist

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SIN No: UPP240900780

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Patient Name : Mrs.SRAVANI Y	Collected : 14/Sep/2024 10:10AM
Age/Gender : 30 Y 8 M 24 D/F	Received : 14/Sep/2024 02:30PM
UHID/MR No : CUPP.0000091432	Reported : 14/Sep/2024 03:48PM
Visit ID : CUPPOPV139238	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30308	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	<38	IFCC



Dr. Matta Sujana Reddy
M.B.B.S, M.D (Biochemistry)
Consultant Biochemist

SIN No: UPP240900780

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Patient Name : Mrs.SRAVANI Y	Collected : 14/Sep/2024 10:10AM
Age/Gender : 30 Y 8 M 24 D/F	Received : 14/Sep/2024 02:30PM
UHID/MR No : CUPP.0000091432	Reported : 14/Sep/2024 09:45PM
Visit ID : CUPPOPV139238	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30308	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.38	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.97	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.316	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

- 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


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


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 M.B.B.S., M.D (Biochemistry)
 Consultant Biochemist

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Patient Name : Mrs.SRAVANI Y	Collected : 14/Sep/2024 10:10AM
Age/Gender : 30 Y 8 M 24 D/F	Received : 14/Sep/2024 02:30PM
UHID/MR No : CUPP.0000091432	Reported : 14/Sep/2024 09:45PM
Visit ID : CUPPOPV139238	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30308	

DEPARTMENT OF IMMUNOLOGY

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

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

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

Sujana...
Dr.Matta Sujana Reddy
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



SIN No:UPP240900785

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Patient Name : Mrs.SRAVANI Y	Collected : 14/Sep/2024 10:10AM
Age/Gender : 30 Y 8 M 24 D/F	Received : 14/Sep/2024 03:01PM
UHID/MR No : CUPP.0000091432	Reported : 14/Sep/2024 04:15PM
Visit ID : CUPPOPV139238	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30308	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.004		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	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:UPP240900783

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



Patient Name : Mrs.SRAVANI Y	Collected : 14/Sep/2024 01:50PM
Age/Gender : 30 Y 8 M 24 D/F	Received : 14/Sep/2024 05:24PM
UHID/MR No : CUPP.0000091432	Reported : 14/Sep/2024 06:16PM
Visit ID : CUPPOPV139238	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30308	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No:UPP240900819

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



Patient Name : Mrs.SRAVANI Y	Collected : 14/Sep/2024 10:10AM
Age/Gender : 30 Y 8 M 24 D/F	Received : 14/Sep/2024 03:02PM
UHID/MR No : CUPP.0000091432	Reported : 14/Sep/2024 04:15PM
Visit ID : CUPPOPV139238	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30308	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:UPP240900781

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



Patient Name : Mrs.SRAVANI Y	Collected : 14/Sep/2024 02:03PM
Age/Gender : 30 Y 8 M 24 D/F	Received : 14/Sep/2024 05:59PM
UHID/MR No : CUPP.0000091432	Reported : 16/Sep/2024 07:52PM
Visit ID : CUPPOPV139238	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30308	

DEPARTMENT OF CYTOLOGY

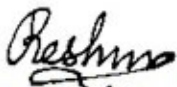
LBC PAP SMEAR , CERVICAL SAMPLE

	CYTOLOGY NO.	20264/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	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	EPITHELIAL 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. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

SIN No: UPP240900823

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Patient Name : Mrs.SRAVANI Y
Age/Gender : 30 Y 8 M 24 D/F
UHID/MR No : CUPP.0000091432
Visit ID : CUPPOPV139238
Ref Doctor : Self
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

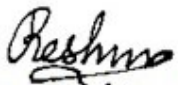
Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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



SIN No: UPP240900823

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

Patient Name	: Mrs. SRAVANI Y	Age	: 30Yrs 8Mths 25Days
UHID	: CUPP.0000091432	OP Visit No.	: CUPPOPV139238
Printed On	: 14-09-2024 07:50 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S30308		

DEPARTMENT OF RADIOLOGY

Liver appears normal in size 142 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 peri GB collection. No evidence of focal lesion is seen.

Spleen appears normal in size 118 mm. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney : 96 x 46 mm.

Left kidney : 97 x 51 mm.

Both the kidneys appear normal in size, shape and echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydro nephrosis seen on either side.

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 retroverted normal in size 79 x 35 x 46 mm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 8.3 mm.

Right ovary : 23 x 17 mm.

Left ovary : 25 x 23 mm.

Both ovaries appear normal in size, shape and echotexture.

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.

---End Of The Report---

Jyothirmai

Dr. MATTA JYOTHIRMAI
MBBS, MDRD
APMC/FMR/74706
Radiology

Patient Name	: Mrs. SRAVANI Y	Age	: 30Yrs 8Mths 27Days
UHID	: CUPP.0000091432	OP Visit No.	: CUPPOPV139238
Printed On	: 16-09-2024 06:47 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S30308		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 88 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL ECG.

---End Of The Report---



Dr. CH VENKATESHAM
MBBS,PGDCC
41992
Cardiology

Patient Name	: Mrs. SRAVANI Y	Age	: 30Yrs 8Mths 25Days
UHID	: CUPP.0000091432	OP Visit No.	: CUPPOPV139238
Printed On	: 14-09-2024 01:09 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S30308		

DEPARTMENT OF RADIOLOGY

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

For clinical correlation.

---End Of The Report---

Jyothirmai

Dr. MATTA JYOTHIRMAI
MBBS, MDRD
APMC/FMR/74706
Radiology

PHYSICAL EXAMINATION FORM

Name	MRS. SRAVANI. Y	Age & Gender	30/F
UHID	CUPP.91432	DATE	14.09.2024

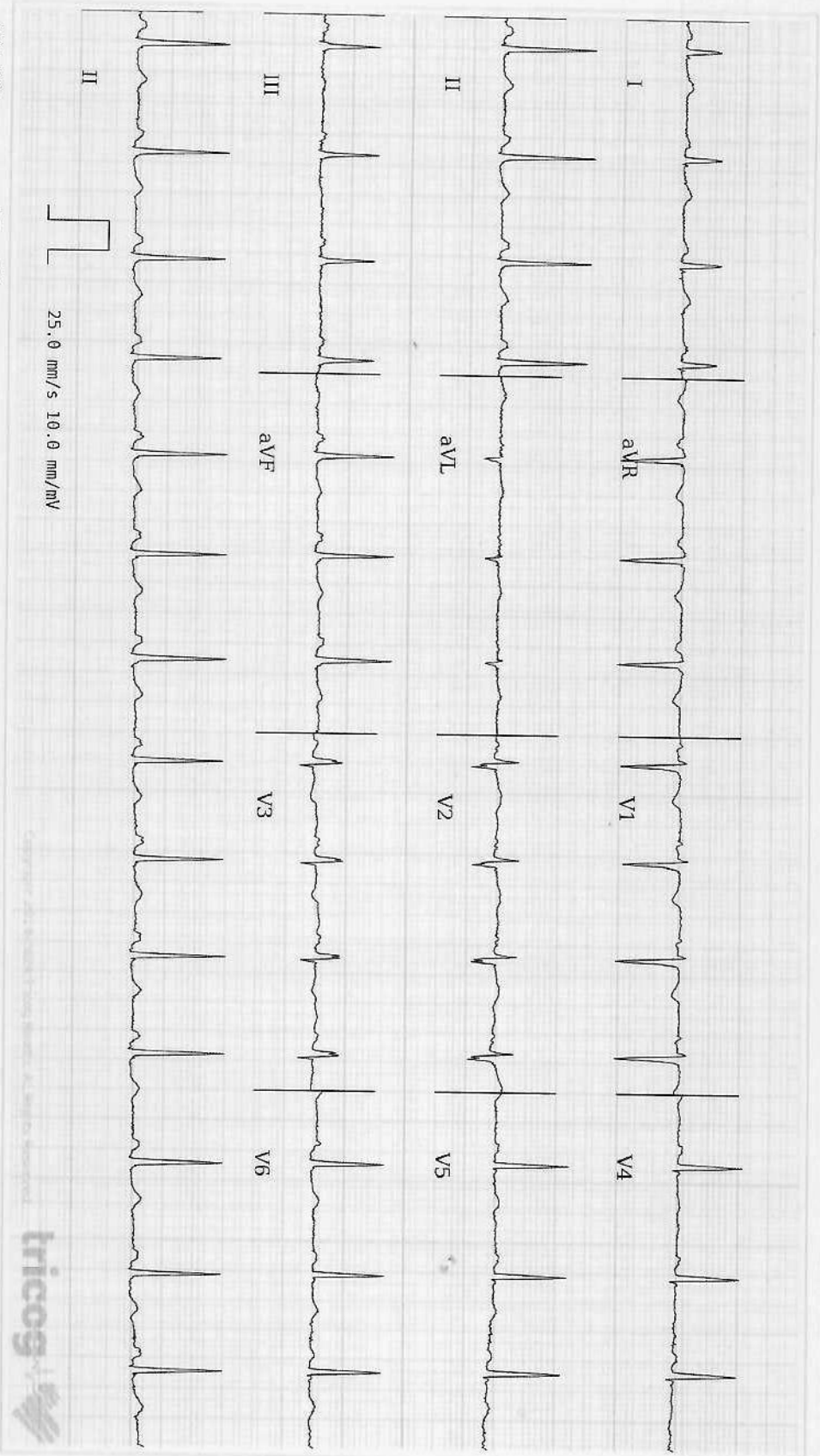
Vitals	
Height (CM)	157
Weight (KG)	85
BMI	34.5
BP	130/80
Pulse	104
SPO2 (%)	NA
Temperature	NA



Apollo clinic Boduppall

Age / Gender: 30/Female
Patient ID: 0000091432
Patient Name: Sravani

Date and Time: 14th Sep 24 1:38 PM



AR: 88bpm

VR: 88bpm

QRSD: 74ms

QT: 354ms

QTcB: 428ms

PRI: 122ms

P-R-T: 62° 67° 34°

ECG Within Normal Limits: Sinus Rhythm, Normal ECG, correlate clinically. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

REPORTED BY



72045

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Mrs. Sravaniy. on 16/9/24.

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. <u>Dyslipidemia</u></p> <p>2.</p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>3 months - lipid profile</u></p>	✓
<ul style="list-style-type: none"> Currently Unfit. Review after _____ recommended 	
<ul style="list-style-type: none"> Unfit 	

Dr. KOPPULA TRIVENI
 Medical Officer
 TSMC/EMR/05078
 APOLLO FAMILY PHYSICIAN

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

ICIN: U95119TG2000PLC046089 | Head Office: 7-1-617/A, 2nd Floor, Imperial Towers, Ameerpet, Hyderabad 500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (Cyber 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

POWER PRESCRIPTION

NAME: *Sravani y*

GENDER: *M/f*

DATE: *14/9/24*

AGE: *30*

UHID: *911432*

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE				<i>6/6</i>
NEAR				<i>10/6</i>

	SPH	CYL	AXIS	VISION
DISTANCE				<i>6/6</i>
NEAR				<i>10/6</i>


COLOUR VISION : *BE: normal*

DIAGNOSIS :

OTHER FINDINGS :

INSTRUCTIONS :

} oval



SIGNATURE