

Name : Mrs. VANITHA N

Age: 57 Y

Sex: F

Address : blr

Plan

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:CBAS.0000091314

OP Number: CBASOPV99480

Bill No	:CBAS-OCR-60513
Date	: 24.01.2024 09:07

Sno	Serive Type/ServiceName	Date : 24.01.2024 09:07
1	ARCOFEMI - MEDIWHEEL FULL DODGE	P
٠.	ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAM GAMMA GLUTAMYL TRANFERASE (GGT) 2 D ECHO	UNS - FFMALE 2D FOUR
. 2	2 D EÇHO	- EMALE - 2D ECHO - PAN INDIA - FY2324
3	LIVER FUNCTION TEST (LFT)	
-4	GLUCOSE, FASTING	
15	HEMOGRAM + PERIPHERAL SMEAR	
-61	GYNAECOLOGY CONSULTATION	
//1	DIELEONSULTATION	
1816	OMPLETE URINE EXAMINATION	
- 91	JRINE GLUCOSE(POST PRANDIAL)	
eller	ERIPHERAL SMEAR	
بتللل	ec	
12/10	BC.PAP TEST- PAPSURE	
13/R	ENAL PROFILE/RENAL FUNCTION TEGET (P. P.	
gen.	CONSULTATION	
15/61	LUÇOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
1/101	GNE GLUCOSE(FASTING)	
1812O	NO MAMOGRAPHY - SCREENING	
19 110.	ALC, GLYCATED HEMOGLOBIN	
ZUAL	KALINE PHOSPHATASE - SERLIM/PLAGNA	
7 7.1	GAT CHEST PA	
2 EN	T CONSULTATION	
3 FIT	NESS BY GENERAL PHYSICIAN	
4 BL	OD GROUP ABO AND RH FACTOR	
2/11/	AMIN BI2	
	D PROFILE	
4BOD	PY MASS INDEX (BMI)	
SOPT.	HAL BY GENERAL PHYSICIAN	
HULT	RASOUND - WHOLE ARDOMEN	
THY	ROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
	Thysio > 6 BA - wellater	

Physico - 60 - 15BA - weldeter Dentol - 10

H+=> 148cm W+> 68. 1kg B.P-> 168/97 PP=> 85

Age: 57 Name: MRS VANITHA N Personal Details
UHID: 01P3FGAT6S60Y87
PatientID: 747575

Mobile: 98868686686568

Gender: Female

Pre-Existing Medical- Symptoms Conditions

Vitals

Measurements
HR: 87 BPM
PR: 149 ms
PD: 111 ms
QRS: 81 ms
QRS Axis: deg
QT/QTC: 350/421 ms

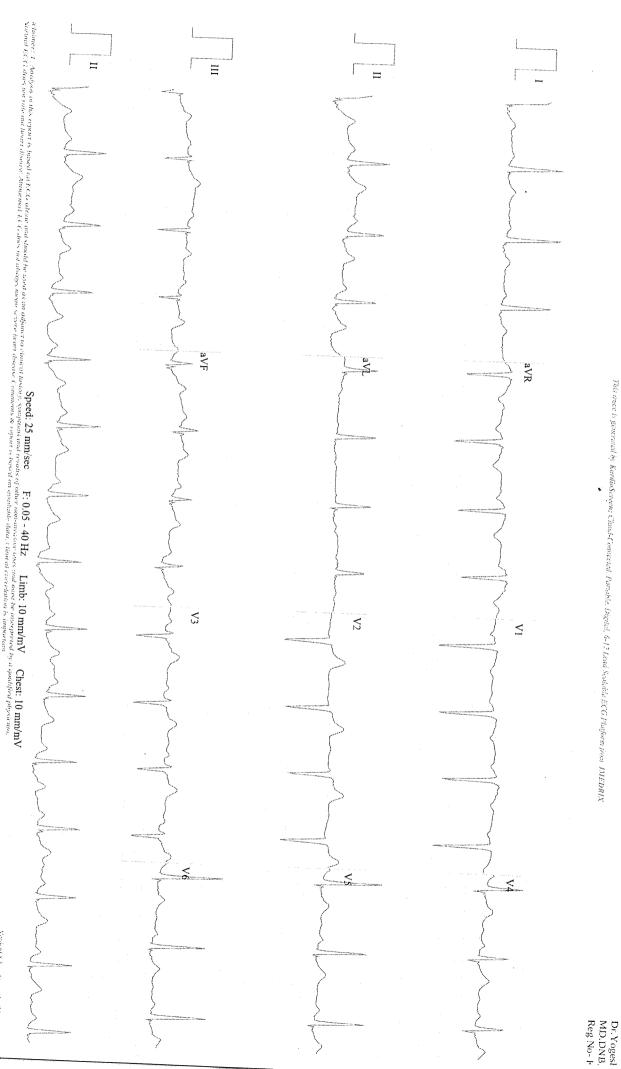
Interpretation

Report ID: AHLLP_01P3FGAT6S60Y87_V6S60Y8Q

Sinus Rhythm Regular Normal Axis QS in VI-V2 (old Anteroseptum MI)

Authori

Plus race is generated by KardioScoyen: Claud-Connected, Purnable, Digital, 6-12 Lond Scalable ECG Pluiforn joon, IMEDRIX





ECHOCARDIOGRAPHY REPORT

Name: MRS VANITHA

Age: 57 YEARS

GENDER: FEMALE

Consultant: Dr.VISHAL KUMAR.H.

Date: 24/01/2024

Findings

2D Echo cardiography

Chambers

Left Ventricle: LVH NOTED, No RWMA'S,

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

Septa

• IVS: Intact IAS:Intact

Valves

• Mitral Valve:Normal

• Tricuspid Valve: Normal

Aortic Valve: Tricuspid, Normal Mobility, SCLEROTIC

Pulmonary Valve: Normal

Great Vessels

• Aorta: Normal

Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve E 0.72 m/sec A 0.88 m/sec Tricuspid Valve E 0.50 m/sec A 0.32 m/sec Aortic Valve Vmax 1.02 m/sec Pulmonary Valve Vmax 0.80 m/sec Diastolic Dysfunction GRADE 1 LVDD	1.11
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M-Mode Measurements

P Parameter	Observed Value	Normal Range	
A Aorta	2.8	2.6-3.6	cm
Ll left Atrium	3.0	2.7-3.8	
A Aortic Cusp Separation	1.5	1.4-1.7	cm
II IVS - Diastole	0.9	0.9-1.1	cm
L left Ventricle-Diastole	4.4	4.2-5.9	cm
P Posterior wall-Diastole	0.9		cm
I IVS-Systole	1.2	0.9-1.1	cm
LL left Ventricle-Systole	2.8	1.3-1.5	cm
P Posterior wall-Systole	1.2	2.1-4.0	cm
E Ejection Fraction		1.3-1.5	cm
F Fractional shortening	60	≥ 50	%
	30	≥ 20	%
R Right Ventricle	2.4	2.0-3.3	cm

- MILD LVH
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves ,SCLEROTIC AV,MILD MR,TRIVAL AR
- No Pericardial Effusion/Vegetation/Clot

DR. VISHAL KUMAR .H CLINICAL CARDIOLOGIST



SIBLENT



Mus VANITHA N 57/F.

MBBS, MS, DNB, FHNO.

Hojak		4	
Height:	Weight:	5000	
Temp:		BMI:	Waist Circum :
	Pulse :	Resp:	
General Examination / Allergie			B.P :
Allergie	Clinical D		

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Came for soutine health chuling Klefo HTN: 10 years. Dm: 3 years. Attained Menopenne Dyrs back
Ho Sugery in the neck few yrs
(NO DETAILS).

San oval Carity I won oval Carity I dustal caref.

Non: Dors to (R)

Nech: Scart; heald a primary healing.

No obnour gland noted

If

Follow up date:

Website : www.apolloclinic.com

M. Varitha. N. 57/P 91314 24/1/24 EYE CHECK UP REPORT • Ant. Segment:- Read getine Evaluation

• Media: BE Josesbyopia (RE Myropic Astrômatisan Partielly corrected by James. Adv for dilated Réboaction & getine opinion.

CHIS

PAP SMEAR CONSENT FORM

SWEAR CONS	SENT FORM
PATIENT NAME: VOLAN AGE:	
MENSTRUAL AND REPROD	UCTIVE HISTORY DATE: 1.24
AGE OF MENARCHE	
AGE OF MENOPAUSAL IF APPLICABLE	: 134
MENSTRUAL REGULARITY	844 · 22 J
FIRST DAY OF LAST MENSTRUATION PE	REGULAR/IRREGULAR
AGE AT MARRIAGE	
YEAR'S OF MARRIED LIFE	257
CONTRACEPTION	· SUT
HORMONAL TREATMENT	:YES()NO()IF YES WHAT KIND?
GRAVIDA (NO OF TIME'S CONCEIVED)	: YES() NO() IF YES WHAT KIND? LNG IUD.
PARA(NO OF CHILDBIRTH)	
LIVE(NO OF LIVING CHILDREN)	: P2 (24) 329 fregris deliver
ABORTIONS	: 3240
MISCARRIAGES/ABORTION	\cdot
AGE OF FIRST CHILD	
AGE OF LAST CHILD	: 124 10.
PREVIOUS PAP SMEAR REPORT	: 214 back Dac
SPECULUM EXAMINAT EXTERNAL GENITALIA VAGINA CERVIX SMEAR THAKEN FROM – ENDOCERVIX ECTOCERVIX POSTERIOR VAGINA	TION FINDINGS
HEREBY DECLARE THAT THE ABOVE INFO PROCEDURE AND GIVEN MY CONSENT TO SIGNATURE OF THE PATEINT	RMINFORMATION TRUE I HAVE BEEN EXPLAINED THE UNDERGO THE SAME.
	327



ಭಾರತ ಸರ್ಕಾರ Government of India

ವನಿತಾ ಎನ್

Vanitha N

ಜನ್ಮ ದಿನಾಂಕ / DOB : 03/03/1967

ಪ್ರೀ / Female





6662 8957 7647

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RE: Health Check-up Booking No. 3 (Annual Blue)

Corporate Apollo Clinic <corporate@apolloclinic.com>

Mon 1/22/2024 4:38 PM

Namaste Team,

To: 'Customer Care : Mediwheel : New Delhi' < customercare@mediwheel.in>

Cc:Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>;Network : Mediwheel : New Delhi <network@mediwheel.in>;deepak <deepak.c@apolloclinic.com>;Basavanagudi Apolloclinic

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at Basavanagudi Apollo clinic on Requested Dates at 08:30 AM.

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

" As per agreement terms please carry all relevant documents such as HR Authorization letter, Confirmation mail, valid id proof, company ID card etc.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will

Instructions to undergo Health Check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of 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.

- 1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- 2. It is advisable not to undergo any Health Check during menstrual cycle.

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

Clinic Address: The Apollo Clinic Basavanagudi, 99, Bull Temple Road, Basavanagudi 560019.

Contact No: (080) 2661 1236/7, 08026633239/8.

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

Thanks & Regards,

Sanjeev kumar | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

Sent: 22 January 2024 14:03

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

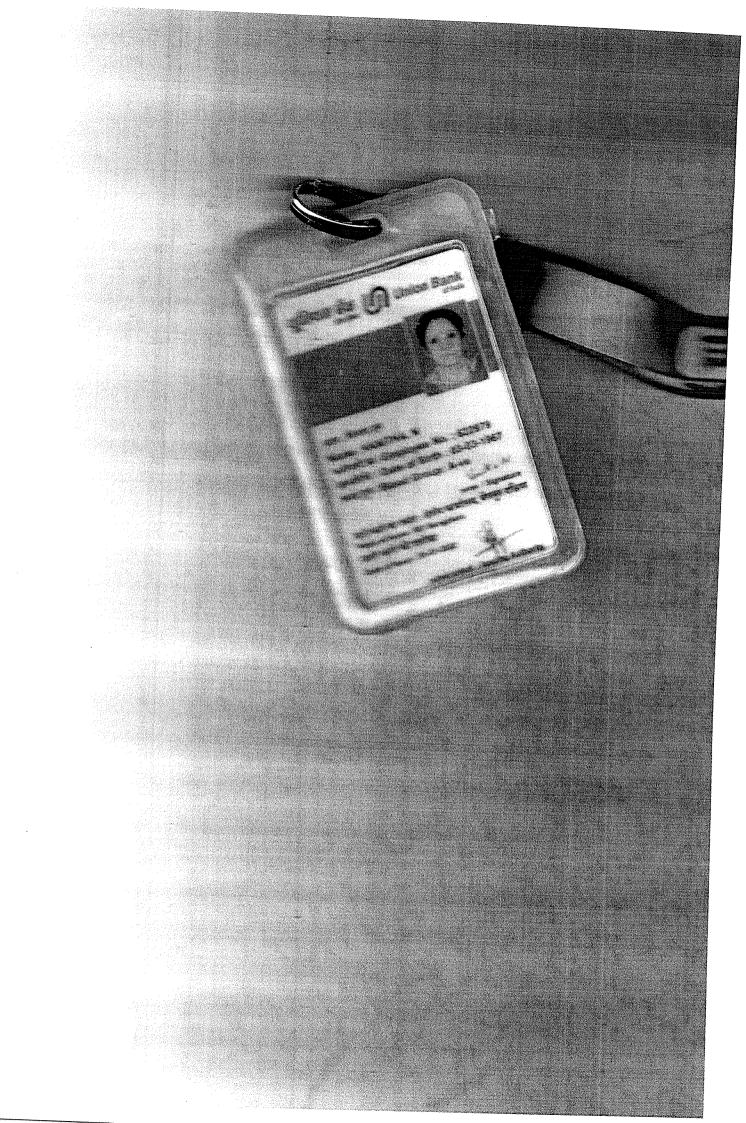
Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>

Subject: Health Check-up Booking No. 3 (Annual Blue)

Dear Team,

Please note the following Health Check-up Booking and confirm the same.

S. No	Crespore Busine	Philipper Parmi	Bearing of	Logit Name	15123	a i shiri	117.0	1944) 1 104		Flat	
1	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	UBOIES3275	KAMSANHALLI VENKATADRI RAVISHANKAR SHARMA		Male	percussionsharma@gmail.com	9448490031	26.01.2024	0.00 444	Apollo
							pareassions narmage ginani, com	9448490031	26-01-2024	9:00 AM	BASAV,
	Arcofemi/Mediwheel/MALE/FEMALE			KR SRIDEVI SHARMA	50	Female	percussionsharma@gmail.com	04494000234	26 01 202		Apollo
3			UBOIE3198					9448490031 9483504905		9:00 AM 9:00 AM	BASAV, Apollo BASAV,





Patient Name : Mrs. VANITHA N Age/Gender : 57 Y/F

UHID/MR No. :

: CBAS.0000091314

OP Visit No Reported on : CBASOPV99480

Sample Collected on

: RAD2215363

Specimen

: 24-01-2024 11:39

Ref Doctor Emp/Auth/TPA ID

LRN#

: soundarya : 334403

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study

Dr. V K PRANAV VENKATESH

MBBS,MD

Radiology



Patient Name : Mrs. VANITHA N Age/Gender : 57 Y/F

UHID/MR No. : CBAS.0000091314 **OP Visit No**

: CBASOPV99480 Sample Collected on Reported on : 24-01-2024 11:41

LRN# : RAD2215363 Specimen

Ref Doctor : soundarya : 334403 Emp/Auth/TPA ID

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Both breasts show normal echotexture and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

IMPRESSION

No significant abnormality is seen in this study.

(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.

Dr. V K PRANAV VENKATESH

MBBS,MD

Radiology



Patient Name : Mrs. VANITHA N Age/Gender : 57 Y/F

 UHID/MR No.
 : CBAS.0000091314
 OP Visit No
 : CBASOPV99480

 Sample Collected on
 :
 Reported on
 : 24-01-2024 12:10

Ref Doctor: soundaryaEmp/Auth/TPA ID: 334403

DEPARTMENT OF RADIOLOGY

Liver:appears enlarged in size (16.2 cm)and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatati

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal.

No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. 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 appear normal in size 9.5x1.3 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 10.5x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladde

<u>Uterus</u> appears normal in size with anteverted position and measuring 8.2x3.6x4.3 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 1.0 cm. IUCD,Copper-T noted in situ.

Both ovaries appear normal in size, shape and echotexture.

Right ovary measuring 2.9x1.7 cm and left ovary measuring 2.6x1.6 cm.

No evidence of any adnexal pathology noted.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-

FATTY HEPATOMEGALY.

Suggested clinical correlation.

The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a profession

Dr. V K PRANAV VENKATESH

MBBS,MD Radiology







Patient Name : Mrs.VANITHA N

Age/Gender : 57 Y 6 M 0 D/F

UHID/MR No : CBAS.0000091314 Visit ID : CBASOPV99480

: 334403

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID

Reported

Collected

Received

Status

: 24/Jan/2024 09:12AM

: 24/Jan/2024 11:36AM

: 24/Jan/2024 12:44PM

: Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.8	g/dL	12-15	Spectrophotometer
PCV	40.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.57	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	89.2	fL	83-101	Calculated
MCH	30.3	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,220	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)	- 1		
NEUTROPHILS	50.9	%	40-80	Electrical Impedance
LYMPHOCYTES	34.6	%	20-40	Electrical Impedance
EOSINOPHILS	6.5	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT			*	
NEUTROPHILS	3165.98	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2152.12	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	404.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	454.06	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.54	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	252000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 18

Dr. Karishma Dayanand M.B.B.S,M.D(Pathology) Consultant Pathologist

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



 $SIN\ No: BED240017161$ This test has been performed at apollo health and lifstyle limited- RRL bangalore

Aduress: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka- 560034









: Mrs.VANITHA N

Age/Gender

: 57 Y 6 M 0 D/F

UHID/MR No

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Visit ID Ref Doctor : CBASOPV99480

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: Dr.SELF : 334403

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: 24/Jan/2024 11:36AM

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

RBCs: are normocytic normochromic

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate, normal morphology.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.

Dr. Karishma Dayanand M.B.B.S,M.D(Pathology)

Consultant Pathologist

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

Page 2 of 18



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: 24/Jan/2024 09:12AM

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Reported

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: 24/Jan/2024 01:58PM

: Final Report

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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

SIN No:BED240017161

Page 3 of 18











: Mrs.VANITHA N

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	159	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	203	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), WHO	OLE BLOOD EDTA			

Page 4 of 18



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

SIN No:EDT240007234









: Mrs.VANITHA N

Age/Gender

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HBA1C, GLYCATED HEMOGLOBIN	8	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	183	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.
- 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)

Page 5 of 18

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

SIN No:EDT240007234







Patient Name : Mrs.VANITHA N

Age/Gender : 57 Y 6 M 0 D/F UHID/MR No : CBAS.0000091314

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ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	248	mg/dL	<200	CHO-POD
TRIGLYCERIDES	116	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	195	mg/dL	<130	Calculated
LDL CHOLESTEROL	172	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.68		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

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

Page 6 of 18



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

SIN No:SE04608048









: Mrs.VANITHA N

Age/Gender

: 57 Y 6 M 0 D/F

UHID/MR No

: CBAS.0000091314

Visit ID Ref Doctor : CBASOPV99480

Emp/Auth/TPA ID

: Dr.SELF : 334403 Collected

: 24/Jan/2024 09:12AM

Received

: 24/Jan/2024 12:00PM

Reported

: 24/Jan/2024 01:58PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Page 7 of 18



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

SIN No:SE04608048









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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.92	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.78	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	38.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.27	g/dL	6.6-8.3	Biuret
ALBUMIN	4.14	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.13	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- \bullet ALP Disproportionate increase in ALP compared with AST, ALT.
- · Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.

Page 8 of 18



DR.SHIVARAJA SHETTY
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

Received

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

- 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.

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DR.SHIVARAJA SHETTY
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Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION 1	TEST (RFT/KFT) , SER	JM		
CREATININE	0.80	mg/dL	0.51-0.95	Jaffe's, Method
UREA	16.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.74	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)

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

SIN No:SE04608048









: Mrs.VANITHA N

Age/Gender

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: CBAS.0000091314

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: Dr.SELF : 334403 Collected

: 24/Jan/2024 09:12AM

Received

: 24/Jan/2024 12:00PM

Reported

: 24/Jan/2024 12:51PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE, SERUM	38.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	34.00	U/L	<38	IFCC

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

SIN No:SE04608048









Patient Name : Mrs.VANITHA N

Age/Gender : 57 Y 6 M 0 D/F

UHID/MR No : CBAS.0000091314

Visit ID : CBASOPV99480 Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 334403

Collected : 24/Jan/2024 09:12AM

Received : 24/Jan/2024 12:04PM Reported : 24/Jan/2024 02:34PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) ,	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	0.98	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.54	μg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.290	μIU/mL	0.35-4.94	CMIA

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	Т3	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

Page 12 of 18

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

SIN No:SPL24011228

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

Address: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka-560034









: Mrs.VANITHA N

Age/Gender

: 57 Y 6 M 0 D/F

UHID/MR No

: CBAS.0000091314

Visit ID Ref Doctor : CBASOPV99480

Emp/Auth/TPA ID

Dr.SELF

: Dr.SELF

: 334403

Collected

: 24/Jan/2024 09:12AM

Received

: 24/Jan/2024 12:04PM

Reported

: 24/Jan/2024 02:34PM

Status Sponsor Name : Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

High High High Pituitary Adenoma; TSHoma/Thyrotropinoma

Page 13 of 18



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

SIN No:SPL24011228









: Mrs.VANITHA N

Age/Gender

: 57 Y 6 M 0 D/F

UHID/MR No

: CBAS.0000091314

Visit ID Ref Doctor : CBASOPV99480 : Dr.SFLF

: 334403

Emp/Auth/TPA ID

Collected

: 24/Jan/2024 09:12AM

Received

: 24/Jan/2024 12:04PM

Reported

: 24/Jan/2024 01:08PM

Status Sponsor Name : Final Report : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	13.9	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption.

Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12, SERUM	525	pg/mL	187 - 883	CMIA

Page 14 of 18

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

SIN No:SPL24011228









: Mrs.VANITHA N

Age/Gender

: 57 Y 6 M 0 D/F

UHID/MR No

: CBAS.0000091314

Visit ID Ref Doctor : CBASOPV99480

Emp/Auth/TPA ID

: Dr.SELF : 334403 Collected

: 24/Jan/2024 09:12AM

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Reported

: 24/Jan/2024 01:08PM

Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Page 15 of 18



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

SIN No:SPL24011228







: Mrs.VANITHA N

Age/Gender

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UHID/MR No

: CBAS.0000091314

Visit ID Ref Doctor : CBASOPV99480

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: Dr.SELF : 334403

Collected

: 24/Jan/2024 09:11AM

Received

: 24/Jan/2024 11:49AM

Reported Status

: 24/Jan/2024 12:23PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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		1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				ATT	
URINE PROTEIN		NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE		NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN		NEGATIVE	-49	NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)		NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN		NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD		NEGATIVE		NEGATIVE	Peroxidase
NITRITE		NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	2.	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET	MOUNT	AND MICROSCOPY			
PUS CELLS	F -	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS		3-4	/hpf	<10	MICROSCOPY
RBC		NIL	/hpf	0-2	MICROSCOPY
CASTS		NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS		ABSENT		ABSENT	MICROSCOPY

Page 16 of 18



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

SIN No:UR2267437

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

Aduress: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka- 560034









: Mrs.VANITHA N

Age/Gender

: 57 Y 6 M 0 D/F

UHID/MR No

: CBAS.0000091314

Visit ID Ref Doctor : CBASOPV99480

Emp/Auth/TPA ID

: Dr.SELF : 334403 Collected

: 24/Jan/2024 09:12AM

Received

: 24/Jan/2024 11:49AM

Reported

: 24/Jan/2024 01:15PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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

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

SIN No:UF010267

Page 17 of 18











: Mrs.VANITHA N

Age/Gender

: 57 Y 6 M 0 D/F

UHID/MR No

: CBAS.0000091314

Visit ID Ref Doctor : CBASOPV99480 : Dr.SELF

Emp/Auth/TPA ID

: 334403

Collected

: 24/Jan/2024 11:36AM

Received

: 25/Jan/2024 11:26AM

Reported Status : 27/Jan/2024 06:40PM

Sponsor Name

: Final Report : ARCOFEMI HEALTHCARE LIMITED

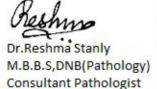
DEPARTMENT OF CYTOLOGY

BC PA	P TEST (PAPSURE) , CERVICAL BRUSH SAMI	PLE		
1,85	CYTOLOGY NO.	1429/24		
I	SPECIMEN			
a	SPECIMEN ADEQUACY	ADEQUATE		
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)		
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR		
c	ENDOCERVICAL-TRANSFORMATION ZONE	CAL-TRANSFORMATION PRESENT WITH ENDOCERVICAL CELLS		
d	COMMENTS	SATISFACTORY FOR EVALUATION		
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.		
Ш	RESULT			
a	EPITHEIAL CELL			
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN		
	GLANDULAR CELL ABNORMALITIES	NOT SEEN		
b	ORGANISM	NIL		
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY		

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

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR



Page 18 of 18

CAP

ACCREDITED

COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS073387

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE 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

Address: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka-560034

