

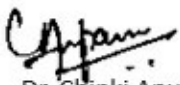
Patient Name : MissR LAKSHMI	Collected : 23/Mar/2024 11:00AM
Age/Gender : 47 Y 0 M 21 D/F	Received : 23/Mar/2024 04:28PM
UHID/MR No : CBAS.0000092115	Reported : 23/Mar/2024 08:19PM
Visit ID : CBASOPV101391	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE16751	

DEPARTMENT OF HAEMATOLOGY

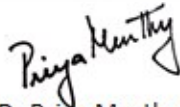
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.1	g/dL	12-15	Spectrophotometer
PCV	35.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.71	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	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,520	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	64	%	40-80	Electrical Impedence
LYMPHOCYTES	26.9	%	20-40	Electrical Impedence
EOSINOPHILS	3.5	%	1-6	Electrical Impedence
MONOCYTES	5.3	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5452.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2291.88	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	298.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	451.56	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.56	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.38		0.78- 3.53	Calculated
PLATELET COUNT	286000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	47	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

Page 1 of 14



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



Dr Priya Murthy  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:BED240080371

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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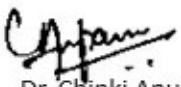
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

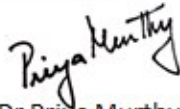
RBC NORMOCYTIC NORMOCHROMIC WITH FEW MICROCYTES SEEN  
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Suggested Iron profile in view of reduced RBC indices

Kindly correlate clinically.



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



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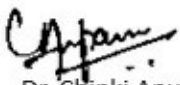
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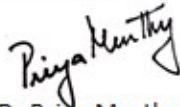
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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



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 **1860 500 7788**  
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	117	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	193	mg/dL	70-140	HEXOKINASE


Comment:

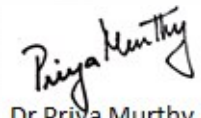
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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				

Page 4 of 14

  
 Govinda Raju N L  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
 Dr Priya Murthy  
 M.B.B.S, M.D(Pathology)  
 Consultant Pathologist



SIN No:EDT240036951

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HbA1C, GLYCATED HEMOGLOBIN	<b>7.2</b>	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	160	mg/dL	Calculated

**Comment:**

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

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
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 M.B.B.S, M.D(Pathology)  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	169	mg/dL	<200	CHO-POD
TRIGLYCERIDES	255	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	125	mg/dL	<130	Calculated
LDL CHOLESTEROL	74.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	51	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.85		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.40		<0.11	Calculated

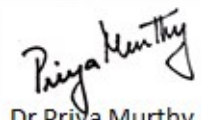
**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
**Dr Priya Murthy**  
 M.B.B.S, M.D(Pathology)  
 Consultant Pathologist



SIN No:SE04673508

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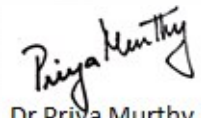
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- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention 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 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
**Dr Priya Murthy**  
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 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka - 560034

  
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Patient Name : MissR LAKSHMI	Collected : 23/Mar/2024 11:00AM
Age/Gender : 47 Y 0 M 21 D/F	Received : 23/Mar/2024 05:50PM
UHID/MR No : CBAS.0000092115	Reported : 23/Mar/2024 08:05PM
Visit ID : CBASOPV101391	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE16751	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.04	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.89	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>36</b>	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>36.0</b>	U/L	<35	IFCC
ALKALINE PHOSPHATASE	65.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.35	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**


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

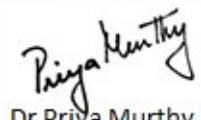
**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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

  
**Govinda Raju N L**  
 MSc, MPhil, (PhD)  
 Consultant Biochemist

  
**Dr Priya Murthy**  
 M.B.B.S., M.D (Pathology)  
 Consultant Pathologist



SIN No:SE04673508

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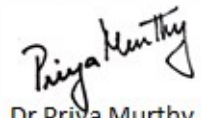
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.62	mg/dL	0.51-0.95	Jaffe's, Method
UREA	<b>14.30</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.7</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>6.56</b>	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.39	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.35	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated

  
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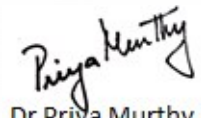
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	27.00	U/L	<38	IFCC

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
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Patient Name : MissR LAKSHMI	Collected : 23/Mar/2024 11:00AM
Age/Gender : 47 Y 0 M 21 D/F	Received : 23/Mar/2024 05:03PM
UHID/MR No : CBAS.000092115	Reported : 23/Mar/2024 05:58PM
Visit ID : CBASOPV101391	Status : Final Report
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Emp/Auth/TPA ID : bobE16751	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.81	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.94	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.763	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

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
**Dr Priya Murthy**  
 M.B.B.S, M.D(Pathology)  
 Consultant Pathologist



SIN No: SPL24054014

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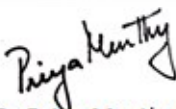
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**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--

  
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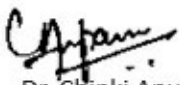
Patient Name : MissR LAKSHMI	Collected : 23/Mar/2024 10:59AM
Age/Gender : 47 Y 0 M 21 D/F	Received : 23/Mar/2024 07:56PM
UHID/MR No : CBAS.0000092115	Reported : 23/Mar/2024 09:50PM
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DEPARTMENT OF CLINICAL PATHOLOGY

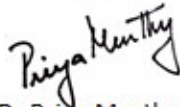
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

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



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



Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:UF011402

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Patient Name : MissR LAKSHMI	Collected : 23/Mar/2024 02:05PM
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**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

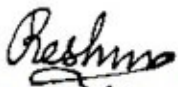
	<b>CYTOLOGY NO.</b>	7169/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	<b>SPECIMEN ADEQUACY</b>	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	<b>SPECIMEN NATURE/SOURCE</b>	CERVICAL SMEAR
<b>c</b>	<b>ENDOCERVICAL-TRANSFORMATION ZONE</b>	ABSENT
<b>d</b>	<b>COMMENTS</b>	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	<b>SQUAMOUS CELL ABNORMALITIES</b>	NOT SEEN
	<b>GLANDULAR CELL ABNORMALITIES</b>	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>c</b>	<b>NON NEOPLASTIC FINDINGS</b>	INFLAMMATORY SMEAR
<b>IV</b>	<b>INTERPRETATION</b>	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:

COMPLETE URINE EXAMINATION (CUE), PERIPHERAL SMEAR



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

SIN No:CS077425

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

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

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Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
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Karnataka - 560034


Page 14 of 14  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



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

Customer Pending Tests

ENT,diet,  
fitness by  
General  
physician  
pending


<b>Name</b> : Miss, R LAKSHMI  <b>Address</b> : BLR  <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 47 Y  <b>Sex</b> : F	<b>UHID</b> :CBAS.0000092115  <small>*CBAS.0000092115*</small> <b>OP Number</b> :CBASOPV101391 <b>Bill No</b> :CBAS-OCR-61475 <b>Date</b> : 23.03.2024 10:21
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNACOBGLOGY CONSULTATION ✓	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE ✓	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	SONO MAMOGRAPHY - SCREENING	
18	HbA1c, GLYCATED HEMOGLOBIN	
19	X-RAY CHEST PA	
20	ENT CONSULTATION	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	LIPID PROFILE	
24	BODY MASS INDEX (BMI)	
25	OPHTHAL BY GENERAL PHYSICIAN	
26	ULTRASOUND - WHOLE ABDOMEN	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

→ Physio  
→ Dental

Ht - 155  
Wt - 75.2  
BP - 130/83  
PR - 95  
Cot - 95  
H.P - 108



Authorized by  


Dr. Yogesh Kohari  
 MD, DNB, FESC, FEP  
 Reg. No- KMC 44065

Report ID: AHLLP\_01P3FGAT6TT12V3\_V6TT12VP

**Interpretation**

Sinus Rhythm Regular  
 Normal Axis

**Measurements**

HR: 88 BPM  
 PR: 144 ms  
 PD: 109 ms  
 QRSd: 102 ms  
 QRS Axis: 69 deg  
 QT/QTc: 360/360 ms

**Vitals**

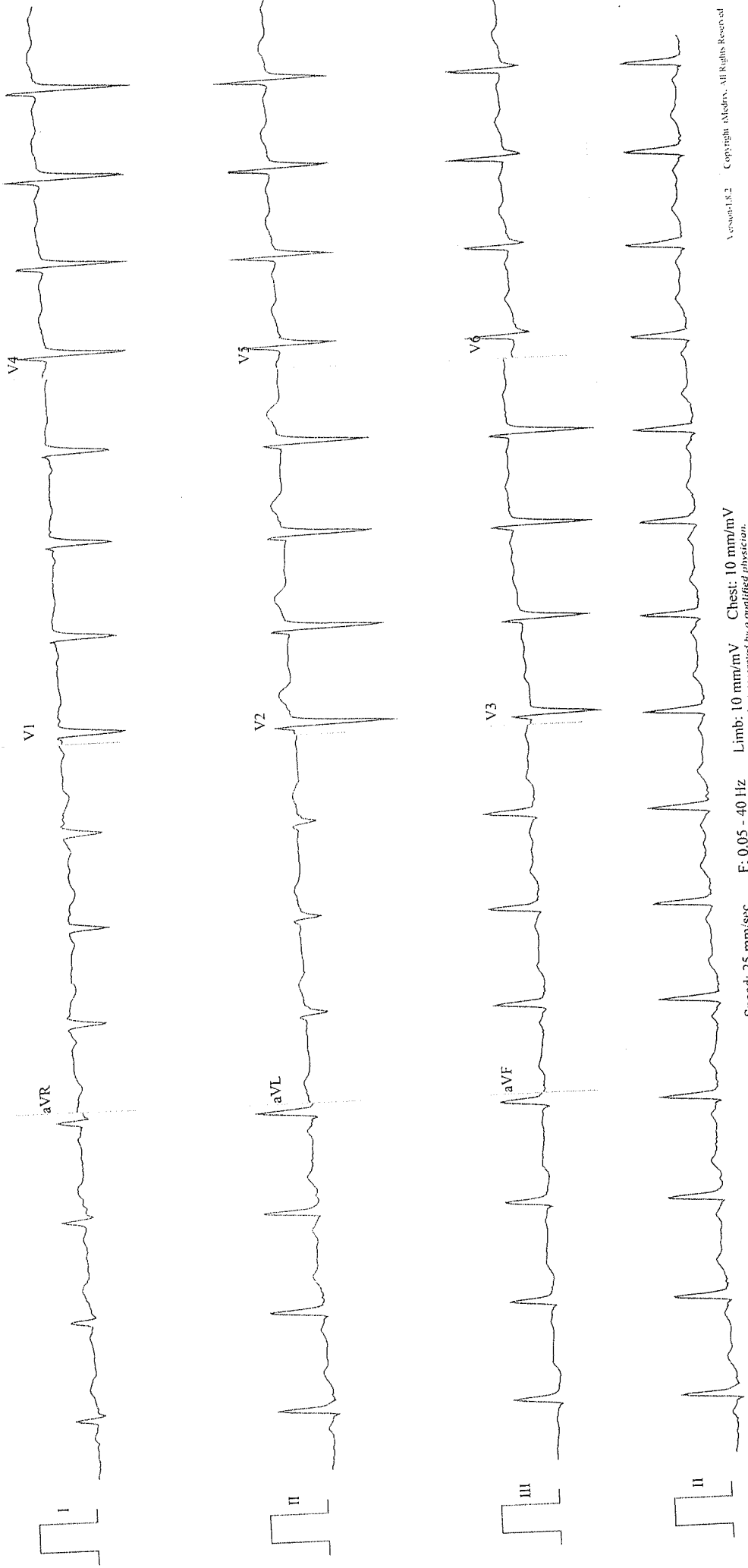
**Symptoms**

**Pre-Existing Medical-Conditions**

Date: IST: 2024-03-23 13:59:49

**Personal Details**

UJID: 01P3FGAT6TT12V3  
 PatientID: 92115  
 Name: R LAKSHMI  
 Age: 47  
 Gender: Female  
 Mobile: 58768556666



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: This analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data, clinical correlation is important.

23/3/2024.

Lakshmi  
47/F.

pt has come for general dental  
check up.

on examination : Car.

oral prophyensis

!  
Dr. Deepak

Alliance Dental Care Limited  
GSTIN: 36AEECA118N1ZK

Corporate & Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp to: Ameerpet Metro Station,  
Ameerpet, Hyderabad 500038, Telangana.

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To book an appointment

1800 102 0288

**ECHOCARDIOGRAPHY REPORT**

**Name: MRS LAKSHMI S R**

**Age: 46 YEARS**

**GENDER: FEMALE**

**Consultant: Dr. VISHAL KUMAR H.**

**Date : 23/03/2024**

**Findings**

**2D Echo cardiography**

**Chambers**

- Left Ventricle: Normal, 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
- Pulmonary Valve: Normal

**Great Vessels**

- Aorta: Normal
- Pulmonary Artery: Normal

**Pericardium: Normal**

**Doppler echocardiography**

Mitral Valve	E	0.87	m/sec	A	0.42	m/sec	No MR
Tricuspid Valve	E	0.48	m/sec	A	0.42	m/sec	No TR
Aortic Valve	Vmax	1.06	m/sec				No AR
Pulmonary Valve	Vmax	0.81	m/sec				No PR
Diastolic Dysfunction							

**M-Mode Measurements**

<b>Parameter</b>	<b>Observed Value</b>	<b>Normal Range</b>	
Aorta	2.4	2.6-3.6	cm
left Atrium	3.4	2.7-3.8	cm
Aortic Cusp Separation	1.7	1.4-1.7	cm
IVS - Diastole	1.6	0.9-1.1	cm
left Ventricle-Diastole	4.6	4.2-5.9	cm
Posterior wall-Diastole	0.9	0.9-1.1	cm
IVS-Systole	1.2	1.3-1.5	cm
left Ventricle-Systole	2.7	2.1-4.0	cm
Posterior wall-Systole	1.0	1.3-1.5	cm
Ejection Fraction	60	≥ 50	%
Fractional shortening	30	≥ 20	%
Right Ventricle	2.3	2.0-3.3	cm

**Impression -**

- Normal Sized Cardiac Chambers
- No RWMA,S
- Normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot
- 

**DR. VISHAL KUMAR H.**

**CLINICAL CARDIOLOGIST**

**PAP SMEAR CONSENT FORM**

PATIENT NAME: Lakehin AGE: 47 GENDER: F DATE: 03/3/24

**MENSTRUAL AND REPRODUCTIVE HISTORY**

AGE OF MENARCHE : 13  
AGE OF MENOPAUSAL IF APPLICABLE :   
MENSTRUAL REGULARITY : REGULAR  
FIRST DAY OF LAST MENSTRUATION PERIOD: 4-3-24  
AGE AT MARRIAGE : 19  
YEAR'S OF MARRIED LIFE : 19  
CONTRACEPTION : YES() NO() IF YES WHAT KIND?  
HORMONAL TREATMENT : YES() NO() IF YES WHAT KIND?  
GRAVIDA (NO OF TIME'S CONCEIVED) : P14 - 4/0, 254, 07  
PARA(NO OF CHILDBIRTH) : tubectomy.  
LIVE(NO OF LIVING CHILDREN) :  
ABORTIONS :  
MISCARRIAGES/ABORTION :  
AGE OF FIRST CHILD :  
AGE OF LAST CHILD :  
PREVIOUS PAP SMEAR REPORT :

**SPECULUM EXAMINATION FINDINGS**

EXTERNAL GENITALIA  
VAGINA  
CERVIX  
SMEAR THAKEN FROM - ENDOCERVIX  
ECTOCERVIX  
POSTERIOR VAGINA



HEREBY DECLARE THAT THE ABOVE INFORMINFORMATION TRUE I HAVE BEEN EXPLAINED THE PROCEDURE AND GIVEN MY CONSENT TO UNDERGO THE SAME.

SIGNATURE OF THE PATEINT

SIGNATURE OF THE DOCTOR

Mrs. S R Lakshmi 49/P 92115  
23/3/24

EYE CHECK UP REPORT

Vision Acuity { 6/6  
unaided  
6/6

Digital IOP { 20  
20

Near Vision { N10  
unaided  
N10

Colour Vision { normal  
normal

• Fundus: Normal @ study

• Ant. Segment :- normal

• Media: normal

• Pupil: normal

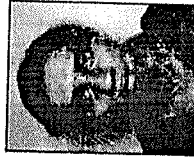
BLH-255PB N6 Adv glasses

near reading vision only

K/15



भारत सरकार  
GOVERNMENT OF INDIA



ಲಕ್ಷ್ಮಿ ಎಸ್ ಆರ್  
Lakshmi S R

ಹುಟ್ಟಿದ ದಿನಾಂಕ/DOB: 03-05-1977  
ಹೆಣ್ಣು/FEMALE



6881 6617 3178

Fwd: Health Check up Booking Confirmed Request(bobE16751),Package Code-PKG10000376, Beneficiary Code-300959

lakshmi sr <lakshmisr1097@gmail.com>

Sat 3/23/2024 10:00 AM

To:Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>

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

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

Date: Thu, 21 Mar, 2024, 12:55 pm

Subject: Health Check up Booking Confirmed Request(bobE16751),Package Code-PKG10000376, Beneficiary Code-300959

To: <lakshmisr1097@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **MS. R LAKSHMI S**,

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

**Hospital Package Name** : Mediwheel Full Body Annual Plus Check Advanced - Female  
**Patient Package Name** : Mediwheel Full Body Health Checkup Female Above 40  
**Name of Diagnostic/Hospital** : Apollo Clinic - Basavanagudi  
**Address of Diagnostic/Hospital-** : Apollo Clinic, # 99, Bull Temple Road , Next to Ramakrishna mutt, Basavanagudi - 560019  
**City** : Bangalore  
**State** :  
**Pincode** : 560019  
**Appointment Date** : 23-03-2024  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 9:00am  
**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MS. R LAKSHMI S	47 year	Female

Note - Please note to not pay any amount at the center.

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.



- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

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

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,  
Mediwheel Team  
Please Download Mediwheel App

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**Patient Name** : Miss R LAKSHMI

**Age/Gender** : 47 Y/F

**UHID/MR No.** : CBAS.0000092115

**OP Visit No** : CBASOPV101391

**Sample Collected on** :

**Reported on** : 23-03-2024 19:45

**LRN#** : RAD2277348

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE16751

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

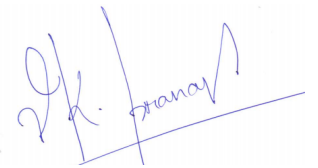
Both costophrenic and cardiophrenic angles are clear.

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 PRNAV VENKATESH**  
**MBBS,MD**  
Radiology

**Patient Name** : Miss R LAKSHMI

**Age/Gender** : 47 Y/F

**UHID/MR No.** : CBAS.0000092115

**OP Visit No** : CBASOPV101391

**Sample Collected on** :

**Reported on** : 23-03-2024 19:39

**LRN#** : RAD2277348

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE16751

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**DEPARTMENT OF RADIOLOGY**

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**SONO MAMOGRAPHY - SCREENING**

Evidence of anechoic cystic lesion noted in right upper inner quadrant measuring 0.5x0.4 cm with no internal septations.

**IMPRESSION**

**CYSTIC LESION ON RIGHT BREAST AS DESCRIBED ABOVE.**

**BIRAD'S Category II Lesions.**

(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** : Miss R LAKSHMI

**Age/Gender** : 47 Y/F

**UHID/MR No.** : CBAS.0000092115

**OP Visit No** : CBASOPV101391

**Sample Collected on** :

**Reported on** : 23-03-2024 18:06

**LRN#** : RAD2277348

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE16751

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears enlarged in size (16.0 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** post cholecystectomy status.

**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 8.8x1.2 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Left kidney** appear normal in size 9.1x1.5 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 bladder abnormality detected.

**Uterus** appears normal in size with anteverted position and measuring 8.4x4.8x6.4cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 1.0 cm.

**Both ovaries** appear normal in size, shape and echotexture. Right ovary measuring 2.9x2.6 cm and left ovary measuring 3.0x1.5 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 professional opinion, Not valid for medico legal purpose



**Dr. V K PRNAV VENKATESH**  
**MBBS,MD**  
Radiology



**Patient Name** : Miss R LAKSHMI

**Age/Gender** : 47 Y/F

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