

Date : 28-02-2024
MR NO : CVAL 0000015170

Department : GENERAL PHYSICIAN
Doctor : Dr. PADMINI M

Name : Mrs. LAVANYA S

Registration No : 25154

Age/ Gender : 40 Y / Female

Qualification : MD

Consultation Timing: 08 20

Ht 158 cm
wt 74.5 kg
Bp. 120/80
Pw- 90.

Just in for blood pressure

Ht 158 cm to 155 to Mother.

to 155 cm to 155 cm to Mother

in
mm

Dr. Padmini M

Mrs. LAVANYA

40/F.

20/12/24

O/E: ... Nat ENT complaints

Ear (R)

(L)

B/C TM Intact

Nose - (L) DNS

Throat - NAD -

Neck - No mass -

Imp:
Dec

Ret -

T. LEPORE-20

0 - 0 - 1 (5)

[Signature]

Name <i>Mrs. LAVANYA.S</i>	Date <i>28.02.24</i>
Age <i>40</i>	UHID No. <i>CVAL.15170</i>
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

<i>No H/o using specs</i>	RE	LE
DV-UCVA :	<i>6/6</i>	<i>6/6</i>
DV-BCVA :	—	—
NEAR VISION :	<i>Add +1.00 Dsph N6</i>	<i>Add +1.00 Dsph N6</i>
ANTERIOR SEGMENT :	—	—
IOP :	—	—
FIELDS OF VISION :	—	—
E O M :	—	—
COLOUR VISION :	<i>Normal</i>	<i>Normal</i>
FUNDUS :	—	—
IMPRESSION :	—	—
ADVICE :	—	—

Date: 28/2/2024. CASE RECORD

Name: Mrs. Lavanya S. Age: 40yrs, UHID:
Consultant: Dr. Amudha Jwan

ALLERGIES: - NKDA.
Chief Complaints:
- For MHC.

Menstrual History: Periods regular - occ. delayed by 10 days. (10-flow)

Marital History: 20 yrs. Functional Status: (ability to do routine activities)
Last Cervical Smear

LMP: 3/2/2024.

Contraception History: Voluntary abstinence.

Obstetric History: P2L2 - LCB 12 yrs. Both well.

Past Medical History: Nil particular.

Past Surgical History: LSC 7 2.

Psychological Status:
 Normal Anxious Depressed

Social History:
Family History: Father DM.
Mother HTN.
Present Medications:

Nutritional Status:
Build:

General Examination

Height :	Pulse :	B.P.:	Temperature
Weight :	CVS :	RS :	

Pain : Score _____ Location : _____ Character : _____

Breasts : (L) breast noted. rest of the breast (R) noted. FCD changed

Abdomen : (R) breast soft. Axillae free. Nipples NAD.

Local / Speculum examination : P/s: Cx congested.

Bimanual examination : P/v: ut NS (Ad) (FF)

PR : _____

Investigation: Pap smear taken.

Provisional Diagnosis: For MTC.

Proposed Care Plan :

Patient Education / Counselling

Taught SBE

Adv Mammogram

Review - the report

- Current Status
- Outcome
- Expected Cost
- Any other, specify _____

Signature : *[Signature]*
Name : *[Name]*
Date & Time :

Fwd: Your appointment is confirmed

SENTHIL KUMAR M <senthil417@gmail.com>

Wed 28-02-2024 08:59

To:Valasaravakkam Clinic <valasaravakkam@apolloclinic.com>

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

From: <noreply@apolloclinics.info>

Date: Mon, 26 Feb, 2024, 2:43 pm

Subject: Your appointment is confirmed

To: <senthil417@gmail.com>

Cc: <valasaravakkam@apolloclinic.com>, <sreetharan.v@apolloclinic.com> ,

<syamsunder.m@apollohl.com>

Dear S LAVANYA,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VALASARAVAKKAM clinic** on **2024-02-28 at 08:00-08:15.**

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

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

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 be updating the same to customers.

Instructions to be followed for a 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 alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
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: APOLLO CLINIC,NO:1&2,PRAKASAM
SALAI,VALASARAVAKKAM,CHENNAI,NEAR MCDONALDS.**

Contact No: (044) 42698222 - 666.

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 are ready.

Warm Regards,
Apollo Clinic

India Driving Licence (Tamil Nadu)
Class 7

 **EXPIRES 27/01/2017**

D.L. No. TN10 20170000705
Name S LAVANYA
CLASS A1 BENTHIL KUMAR

Address
NO 2374 A2 SUN UTHAYAM
SUBRAMANIA SWAMY KOIL STREET
MUDALIYAKKAM CHENNAI 600 25

DOB
NO 2008 A2 SUN UTHAYAM
10/06/1983




MRS. LVANIYA S
ID: CVAL-15170

40 Years
Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 78 ms
QT / QTcbaz : 366 / 442 ms
PR : 162 ms
P : 94 ms
RR / PP : 684 / 681 ms
P / QRS / T : 33 / 25 / 7 degrees

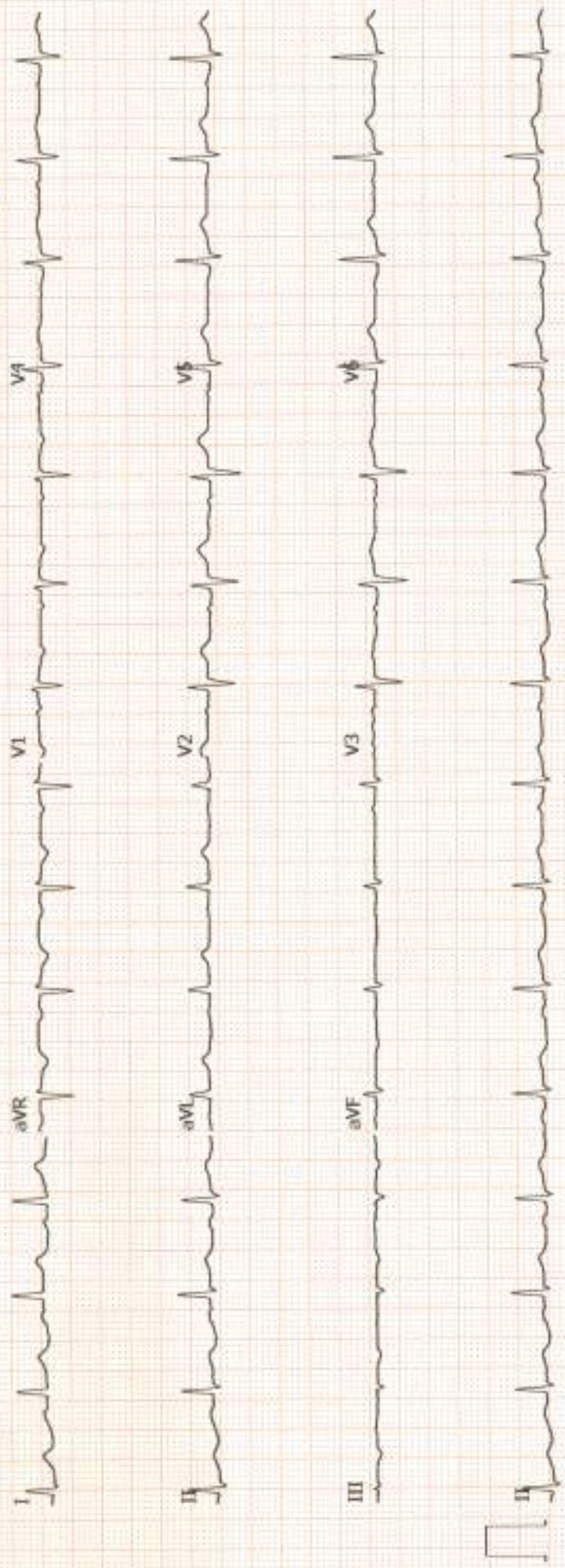
28.02.2024 9:31:31 AM
apolo clinic
valasaravakkam
chennai

Location:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

88 bpm
- / - mmHg

NSR wnc
[Signature]



Unconfirmed
4x2.5x3_25_R1 1/1

ADS 0.56-20 Hz 50 Hz

25 mm/s 10 mm/mV

12SL™ V241

1.1

GE MAC2000

Patient Name : Mrs. LAVANYA S Age : 40 Y/F
UHID : CVAL.0000015170 OP Visit No : CVALOPV107111
Reported By: : Dr. MANJULA RANGANATHAN M Conducted Date : 28-02-2024 09:17
Referred By : SELF

ECG REPORT

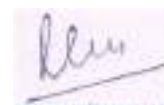
Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 88beats per minutes.

Impression:

WITHIN NORMAL LIMITS

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



Dr. MANJULA RANGANATHAN M

Patient Name : Mrs. LAVANYA S Age : 40 Y/F
UHID : CVAL.0000015170 OP Visit No : CVALOPV107111
Conducted By: : Conducted Date : 28-02-2024 11:25
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.8 CM
LA (es) 3.5 CM
RVID(ed) 3.8 CM
LVID (ed) 4.4 CM
LVID (es) 2.7 CM
IVS (Ed) 0.7/1.6 CM
LVPW (Ed) 1.1/1.3 CM
EF 68.00%
%FD 38.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

Patient Name	: Mrs. LAVANYA S	Age	: 40 Y/F
UHID	: CVAL.0000015170	OP Visit No	: CVALOPV107111
Conducted By:	:	Conducted Date	: 28-02-2024 11:25
Referred By	: SELF		

NORMAL

COLOUR AND DOPPLER STUDIES

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.9m/sec A: 0.5m/sec

**VELOCITY ACROSS THE PULMONIC VALVE UPTO
1.2/6m/sec**

VELOCITY ACROSS THE AV UPTO 1.2/6m/sec

TR VELOCITY UPTO 1.3/7m/sec

IMPRESSION:

- **NO REGIONAL WALL MOTION ABNORMALITIES**
- **NORMAL LV SYSTOLIC FUNCTION**
- **NORMAL CHAMBER DIMENSIONS**
- **STRUCTURALLY VALVES ARE NORMAL**
- **NO PERICARDIAL EFFUSION CLOT/PAH**

DR.NISHANTH

Name: Mrs. LAVANYA S
Age/Gender: 40 Y/F
Address: NO 2/374 SUN UDHAYAMS SS KOVIL ST MUGALIVAKKAM
CHENNAI
Location: OTHER, OTHER
Doctor: Dr. PADMINI M
Department: GENERAL PHYSICIAN
Rate Plan: VALASARAVAKKAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PADMINI M

MR No: CVAL.0000015170
Visit ID: CVALOPV107111
Visit Date: 28-02-2024 09:20
Discharge Date:
Referred By: SELF

DRUG ALLERGY

DRUG ALLERGY: **NIL,**

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: **For Annual Health Checkup,**

CHIEF COMPLAINTS:- **Gas Formation,**

GENERAL SYMPTOMS :: **NO SPECIFIC COMPLAINTS ,**

Present Known Illness

Diabetes Mellitus: **No History of Diabetes Mellitus,**

No history of: **No History of diabetes / Hypertension / Heart Disease,**

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: **No,**

Gynaecology and Obstetrics

PERIODS: **regular,**

****Weight**

--->: **Stable,**

Number of kgs: **74,**

General Symptoms

: **NIL SIGNIFICANT ,**

Present Medications

-): **Nil,**

HT-HISTORY

Past Medical History

ALLERGIES: Nil,

PAST MEDICAL HISTORY: Nil Significant,

**Cancer: NIL,

Past surgical history

Surgical history: NIL,

Family History

Diabetes	father ,
-->	
Hypertension	mother ,
-->	
Thyroid/Other Endocrine Disorder	mother ,

PHYSICAL EXAMINATION

General Examination

General appearance: Normal,

Build: Obese,

Height (in cms): 158,

Weight (in Kgs): 74,

BMI: 29,

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate(Per Minute):: 90,

Rhythm---: regular,

Blood pressure::: sitting,

Systolic: 120,

Diastolic: 80,

Eye:

Eye Vision--: normal,

Colour Vision-: normal,

Gynaecology and Obstetrics:

Breasts: MAMMOGRAM:
NORMAL STUDY,

Pap Smear: Taken,

IMPRESSION

Apollo Health check

Findings:

DYSLIPIDEMIA ,

,

Ultrasound Radiology

: **NORMAL STUDY ,**

ECG

: **WITHIN NORMAL LIMITS,**

Echo Lab

: **NORMAL STUDY,**

X-Ray

: **NORMAL STUDY,**

RECOMMENDATION

Advice on Diet

Diet instructions : **LOW CALORIE,**
LOW FAT,

Advice on Physical Activity

Advice on Physical Activity: **WEIGHT REDUCTION,**

,

Advice on Medication

Advice:

,

Fitness Report

Fitness: **FIT WITH RECOMMENDATIONS ,**

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature

Patient Name : Mrs. LAVANYA S

Age/Gender : 40 Y/F

UHID/MR No. : CVAL.0000015170

OP Visit No : CVALOPV107111

Sample Collected on :

Reported on : 29-02-2024 10:26

LRN# : RAD2250785

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : TN10 2017000705

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Normal Study.



Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)

Radiology

Patient Name	: Mrs. LAVANYA S	Age/Gender	: 40 Y/F
UHID/MR No.	: CVAL.0000015170	OP Visit No	: CVALOPV107111
Sample Collected on	:	Reported on	: 28-02-2024 15:55
LRN#	: RAD2250785	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: TN10 2017000705		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size measures 15.8 cm 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 periGB collection. No evidence of focal lesion is seen.

Spleen appears normal in size measures 10.4 cm.

No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification.

No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern.

Cortical thickness and CM differentiation are maintained.

No calculus / hydronephrosis seen on either side.

Right kidney measures 10.5 x 4.2 cm.

Left kidney measures 10.6 x 4.0 cm.

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 measures 8.2 x 3.9 x 5.4 cm.

It shows normal shape & echo pattern.

Endometrial echo-complex appears normal and thickness measures 11 mm.

Both ovaries appear normal in size, shape and echotexture.

Right ovary measures 2.9 x 1.3 cm.

Left ovary measures 3.0 x 2.0 cm.

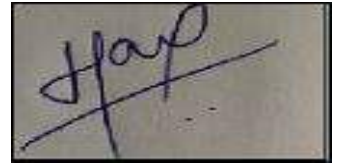
Patient Name : Mrs. LAVANYA S

Age/Gender : 40 Y/F

No evidence of any adnexal pathology noted.

IMPRESSION:

Normal study.



Dr. HARSHINI U
MD (Radio Diagnosis)
Radiology

Patient Name : Mrs.LAVANYA S	Collected : 28/Feb/2024 09:25AM
Age/Gender : 40 Y 8 M 22 D/F	Received : 28/Feb/2024 02:18PM
UHID/MR No : CVAL.0000015170	Reported : 28/Feb/2024 03:48PM
Visit ID : CVALOPV107111	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TN10 2017000705	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Mild anisocytosis, predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240052159

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2006PLC115819)
Regd. Office: 1-10-00/52, Ashoka Baghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 018 |
www.apollohli.com | Email ID: enquiry@apollohli.com, Ph No: 040-4904 7272, Fax No: 4864 7244

ADDRESS:
B No.70, F - Block, 2nd Avenue, Ashok Nagar ERM, Chennai 600 032,
Phone - 044-2624804 / 95

1860 500 7788
www.apolloclinic.com

APOLLO CLINICS NETWORK
Telangana: Hyderabad | AS Pao Nagar | Charadi Nagar | Koodapur | Walibanda | Nizampet | Marikonda | Uppal | Analka Pradesh | Vijay (Sethurama Pura) Karnataka: Bangalore (Kasbanagalli) | Bellandur | Electronic City | Frazer Town | HSR Layout | Indira Nagar | JP Nagar | Karsalehalli | Koramangala | Sarjapur Road. Mysore (VV Bellur) Tamil Nadu: Chennai | Anna Nagar | Kottapattinam | Mogappair | T Nagar | Velamannaikam | Velachery | Maharashtra: Pune (Aundh) | Nagd Pradhikaran | Viman Nagar | Warananthi Uttar Pradesh: Ghaziabad (Indraprastha) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Harjpur, Faridabad (Railway Station Road)

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	35.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.11	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.6	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	14.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	69.6	%	40-80	Electrical Impedance
LYMPHOCYTES	20.3	%	20-40	Electrical Impedance
EOSINOPHILS	3.9	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5985.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1745.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	335.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	507.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.43		0.78- 3.53	Calculated
PLATELET COUNT	265000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	44	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR				
METHODOLOGY : Microscopic				

Page 2 of 14



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DEPARTMENT OF HAEMATOLOGY

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

RBC MORPHOLOGY	: Mild anisocytosis, predominantly normocytic normochromic RBC's noted.
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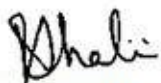
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Patient Name : Mrs.LAVANYA S	Collected : 28/Feb/2024 09:25AM
Age/Gender : 40 Y 8 M 22 D/F	Received : 29/Feb/2024 07:40AM
UHID/MR No : CVAL.0000015170	Reported : 29/Feb/2024 09:53AM
Visit ID : CVALOPV107111	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology

Dr. R. SHALINI
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: HA06565146

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

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2006PLC115819)

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Patient Name : Mrs.LAVANYA S	Collected : 28/Feb/2024 12:09PM
Age/Gender : 40 Y 8 M 22 D/F	Received : 28/Feb/2024 03:49PM
UHID/MR No : CVAL.0000015170	Reported : 28/Feb/2024 04:34PM
Visit ID : CVALOPV107111	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TN10 2017000705	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	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.



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:PLP1424995

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Patient Name : Mrs.LAVANYA S	Collected : 28/Feb/2024 09:25AM
Age/Gender : 40 Y 8 M 22 D/F	Received : 28/Feb/2024 02:17PM
UHID/MR No : CVAL.0000015170	Reported : 28/Feb/2024 04:18PM
Visit ID : CVALOPV107111	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TN10 2017000705	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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)



DR.R.SRIVATSAN
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SIN No:EDT240023558

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Patient Name : Mrs.LAVANYA S	Collected : 28/Feb/2024 09:25AM
Age/Gender : 40 Y 8 M 22 D/F	Received : 28/Feb/2024 01:54PM
UHID/MR No : CVAL.0000015170	Reported : 28/Feb/2024 03:55PM
Visit ID : CVALOPV107111	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	196	mg/dL	<200	CHO-POD
TRIGLYCERIDES	80	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	149	mg/dL	<130	Calculated
LDL CHOLESTEROL	133	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.17		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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SIN No:SE04644229

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Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TN10 2017000705	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.63	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	102.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		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.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.56	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	14.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.80	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	99	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated



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M.D. (Biochemistry)



SIN No:SE04644229

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	U/L	<38	IFCC



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Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodOTHYRONINE (T3, TOTAL)	0.719	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.66	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.574	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



DR. R. SRIVATSAN
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SIN No:SPL24034486

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ADDRESS:
B No.70, F - Block, 2nd Avenue, Ashok Nagar ERM, Chennai 600 032,
Phone - 044-26228004 / 05

1860 500 7788
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Patient Name : Mrs.LAVANYA S	Collected : 28/Feb/2024 09:25AM
Age/Gender : 40 Y 8 M 22 D/F	Received : 28/Feb/2024 01:52PM
UHID/MR No : CVAL.0000015170	Reported : 28/Feb/2024 03:24PM
Visit ID : CVALOPV107111	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TN10 2017000705	

DEPARTMENT OF IMMUNOLOGY

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



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24034486

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2006PLC115819)
Regd. Office: 1-10-60/52, Ashoka Baghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 018 |
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Patient Name : Mrs.LAVANYA S	Collected : 28/Feb/2024 09:25AM
Age/Gender : 40 Y 8 M 22 D/F	Received : 28/Feb/2024 03:59PM
UHID/MR No : CVAL.0000015170	Reported : 28/Feb/2024 04:41PM
Visit ID : CVALOPV107111	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TN10 2017000705	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2293172

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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Patient Name : Mrs.LAVANYA S	Collected : 28/Feb/2024 09:25AM
Age/Gender : 40 Y 8 M 22 D/F	Received : 28/Feb/2024 04:39PM
UHID/MR No : CVAL.0000015170	Reported : 28/Feb/2024 05:21PM
Visit ID : CVALOPV107111	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TN10 2017000705	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

Result/s to Follow:
LBC PAP TEST (PAPSURE)



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

SIN No:UF010836

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



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