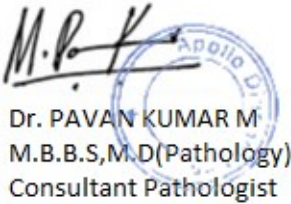


Patient Name : Mrs.NETHRAVATHI M R	Collected : 10/Feb/2024 10:06AM
Age/Gender : 36 Y 3 M 26 D/F	Received : 10/Feb/2024 12:57PM
UHID/MR No : CMYS.0000059562	Reported : 10/Feb/2024 03:50PM
Visit ID : CMYSOPV122214	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 873463020223	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



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SIN No:BED240033772




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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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.6</b>	g/dL	12-15	Spectrophotometer
PCV	<b>35.60</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>5.12</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>69</b>	fL	83-101	Calculated
MCH	<b>20.8</b>	pg	27-32	Calculated
MCHC	<b>29.9</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,900	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60.1	%	40-80	Electrical Impedance
LYMPHOCYTES	30.8	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	4.8	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3545.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1817.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	236	Cells/cu.mm	20-500	Calculated
MONOCYTES	283.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.7	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	<b>417000</b>	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>34</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

R.B.Cs: shows anisopoikilocytosis. Majority are microcytic hypochromic. Also seen are few pencil shaped cells, tear drop cells and macrocytes.



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**DEPARTMENT OF HAEMATOLOGY**

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

W.B.Cs: are normal in number, morphology and distribution.  
Platelets: are adequate in number and are seen in clumps and singles.  
Haemoparasites: Not seen.

**IMPRESSION: MICROCYTIC HYPOCHROMIC ANAEMIA.**



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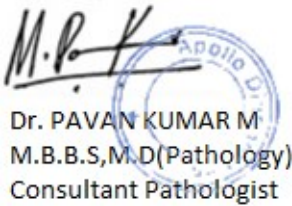


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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



**Dr. PAVAN KUMAR M**  
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Consultant Pathologist

SIN No:BED240033772



Patient Name : Mrs.NETHRAVATHI M R	Collected : 10/Feb/2024 10:06AM
Age/Gender : 36 Y 3 M 26 D/F	Received : 10/Feb/2024 02:49PM
UHID/MR No : CMYS.0000059562	Reported : 10/Feb/2024 04:01PM
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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
GLUCOSE, FASTING , NAF PLASMA	84	mg/dl	74-106	GOD, POD

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)	139	mg/dl	70-140	GOD, POD


Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC

Page 5 of 14



Dr. PAVAN KUMAR M  
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SIN No:EDT240014930



Patient Name : Mrs.NETHRAVATHI M R	Collected : 10/Feb/2024 10:06AM
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**DEPARTMENT OF BIOCHEMISTRY**

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

ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL	Calculated
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**Comment:**

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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

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



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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	182	mg/dl	0-200	CHOD
TRIGLYCERIDES	133	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	29	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	153	mg/dL	<130	Calculated
LDL CHOLESTEROL	126.16	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.69	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.24		0-4.97	Calculated

**Comment:**

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

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

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



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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.33	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.03	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	67.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	7.70	g/dl	6.4-8.3	Biuret
ALBUMIN	4.11	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	<b>3.59</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.14		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

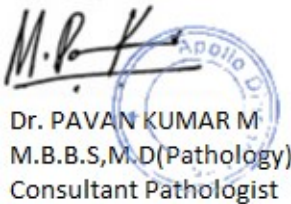
**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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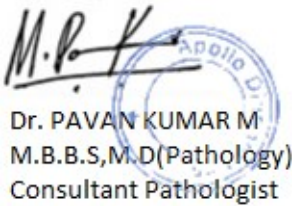


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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.72	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	15.44	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	7.2	mg/dl	6-20	Urease, UV
URIC ACID	4.70	mg/dL	2.6-6	Uricase
CALCIUM	9.10	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.51	mg/dl	2.7-4.5	Molybdate
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE



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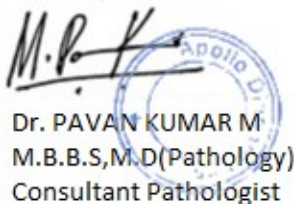


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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	16.00	U/l	0-38	IFCC



**Dr. PAVAN KUMAR M**  
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**DEPARTMENT OF IMMUNOLOGY**

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

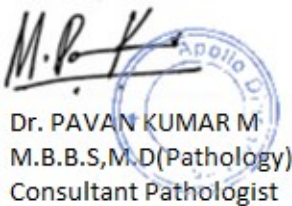
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.86	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.59	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.090	µIU/mL	0.35-4.94	CMIA

**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	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



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SIN No:SPL24022258



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**DEPARTMENT OF IMMUNOLOGY**

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

  
Dr. PAVAN KUMAR M  
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Consultant Pathologist

SIN No:SPL24022258

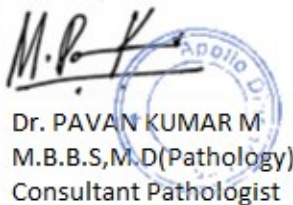


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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	4 - 5	/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



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

SIN No:UR2279730



Patient Name : Mrs.NETHRAVATHI M R	Collected : 10/Feb/2024 10:06AM
Age/Gender : 36 Y 3 M 26 D/F	Received : 10/Feb/2024 01:13PM
UHID/MR No : CMYS.0000059562	Reported : 10/Feb/2024 02:44PM
Visit ID : CMYSOPV122214	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 873463020223	

**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

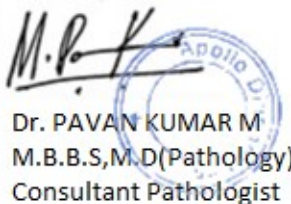
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:

LBC PAP TEST (PAPSURE)

Page 14 of 14



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

SIN No:UF010536




## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ms. Nethemathi M. R on 10-2-24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr.   
 Medical Officer [D. RAJITH H-K]  
 The Apollo Clinic, Mysore.  
**Apollo Clinic**  
 2nd Floor,  
 Kalidasa Road, Mysore - 02  
 Ph : 0821-4006040/41

*This certificate is not meant for medico-legal purposes.*

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)  
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.  
 Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

**APOLLO CLINICS NETWORK KARNATAKA**

Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 10-02-2024  
MR NO : CMYS.0000059562

Department : GENERAL

Doctor : ROHITH.H.K.

Name : Mrs. NETHRAVATHI M R

Registration No :

Age/ Gender : 36 Y / Female

Qualification :

Consultation Timing: 10:02

Height : 157	Weight : 73.4	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Hb - 10.6

PA case for Annual Health Checkup  
No fresh complaints

klclo Hypothyroid on L - 10 years - long

klclo HTN on L - 1 month.

Follow up date :

Doctor Signature

**Apollo Clinic**  
# 23, 1st Floor,  
Kalldasa Road, Mysore - 02  
Ph : 0821-4006040/41



Date : 10-02-2024  
MR NO : CMYS.0000059562

Department : GENERAL Dietetics  
Doctor : Krachura. B.P

Name : Mrs. NETHRAVATHI M R

Registration No :  
Qualification : M.Sc Nutrition & Dietetics  
PHD\*

Age/ Gender : 36 Y / Female

Consultation Timing: 10:02

IBW - 54kg

Height : 157	Weight : 73.4	BMI : 29.8	Waist Circum : 90
Temp :	Pulse :	Resp :	B.P : 130/80

General Examination /  
Allergies History

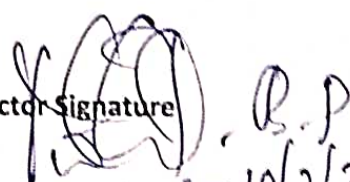
Clinical Diagnosis & Management Plan

HB - 10.6  
ESR - 34  
HDL - 29  
NON HDL - 153  
LDL - 126.16  
chol / HDL - 6.24

→ Advised low fat diet with Iron rich foods.  
→ Include Iron rich foods like Green leafy vegetables, pomegranate and vegetables like Beetroot & other vegetable. Include vitamin - C rich foods along with Iron rich foods for better absorption of Iron.

Follow up date :

Doctor Signature

  
Apollo Clinic 10/2/2024  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

Date : 10-02-2024  
MR NO : CMYS.0000059562

Department : GENERAL

Doctor :

Name : Mrs. NETHRAVATHI M R

Registration No : M Praveen Kumar

Age/ Gender : 36 Y / Female

Qualification : MSc (Oth)

Consultation Timing: 10:02

Height : 1.57	Weight : 73.4	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Came for medical checkup

Gen Bilateral (C)

Nose nasal (C)

oral cavity & oropharynx (C)

neck (C)

HR

Respiratory

*[Signature]*

Follow up date :

Doctor Signature

**Apollo Clinic**  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

Date : 10-02-2024  
MR NO : CMYS.0000059562

Department : ~~GENERAL~~ Dental  
Doctor : Dr. Jyothishree

Name : Mrs. NETHRAVATHI M R  
Age/ Gender : 36 Y / Female

Registration No :  
Qualification :

Consultation Timing: 10:02

Height : 157	Weight : 73.4	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

O/E

57 Deep caries

Asw, RVG Flw RCT?

67 Dental caries,

Asw, Restoration

Follow up date :

Doctor Signature

Jyothishree

Apollo Clinic  
# 22, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821 000000/01

Date : 10-02-2024  
MR NO : CMYS.0000059562

Department : GENERAL  
Doctor :

Name : Mrs. NETHRAVATHI M R

Registration No :

Age/ Gender : 36 Y / Female

Qualification :

Consultation Timing: 10:02

Height : 157	Weight : 73.4	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80 mmHg

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Near  
vision

Distant  
vision

Color  
vision

Plan R eye      L eye

R6

L6

6/6

6/6

(R)

(L)

Follow up date :

Doctor Signature  
Apollo Clinic  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

**Informed Consent/Declaration For Test Exclusion**

Patient Name: Nethravathi M.R Age: 59562 36 years

UHID Number: 59562

Please tick and sign the relevant part

I certify that I will skip USG + Gyn Consultation + Echo Test from my own.

No refund is provided for the above excluded test and i have been informed about the same.

Patient signature:  Date: 10/02/2024

Witness signature: Nethravathi M.R Date: 10/02/24

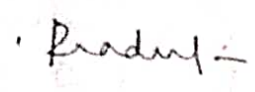
Patient Name	: Mrs. NETHRAVATHI M R	Age	: 36 Y F
UHID	: CMYS.0000059562	OP Visit No	: CMYSOPV122214
Reported on	: 10-02-2024 15:43	Printed on	: 10-02-2024 15:43
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .  
No obvious active pleuro-parenchymal lesion seen .  
Both costophrenic and cardiophrenic angles are clear .  
Both diaphragms are normal in position and contour .  
Thoracic wall and soft tissues appear normal.

**IMPRESSION :NORMAL STUDY.**



Printed on:10-02-2024 15:43

---End of the Report---

**Dr. PRADEEP KUMAR C N**  
**MBBS DNB( RADIOLOGY)**  
Radiology

**Apollo Health and Lifestyle Limited**

ICPV: URS110TG2000PLC115R19  
Regd. Office: 1, 10 to 12, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
Ph: No: (040) 4904 7777 | Fax: No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Kumarajala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

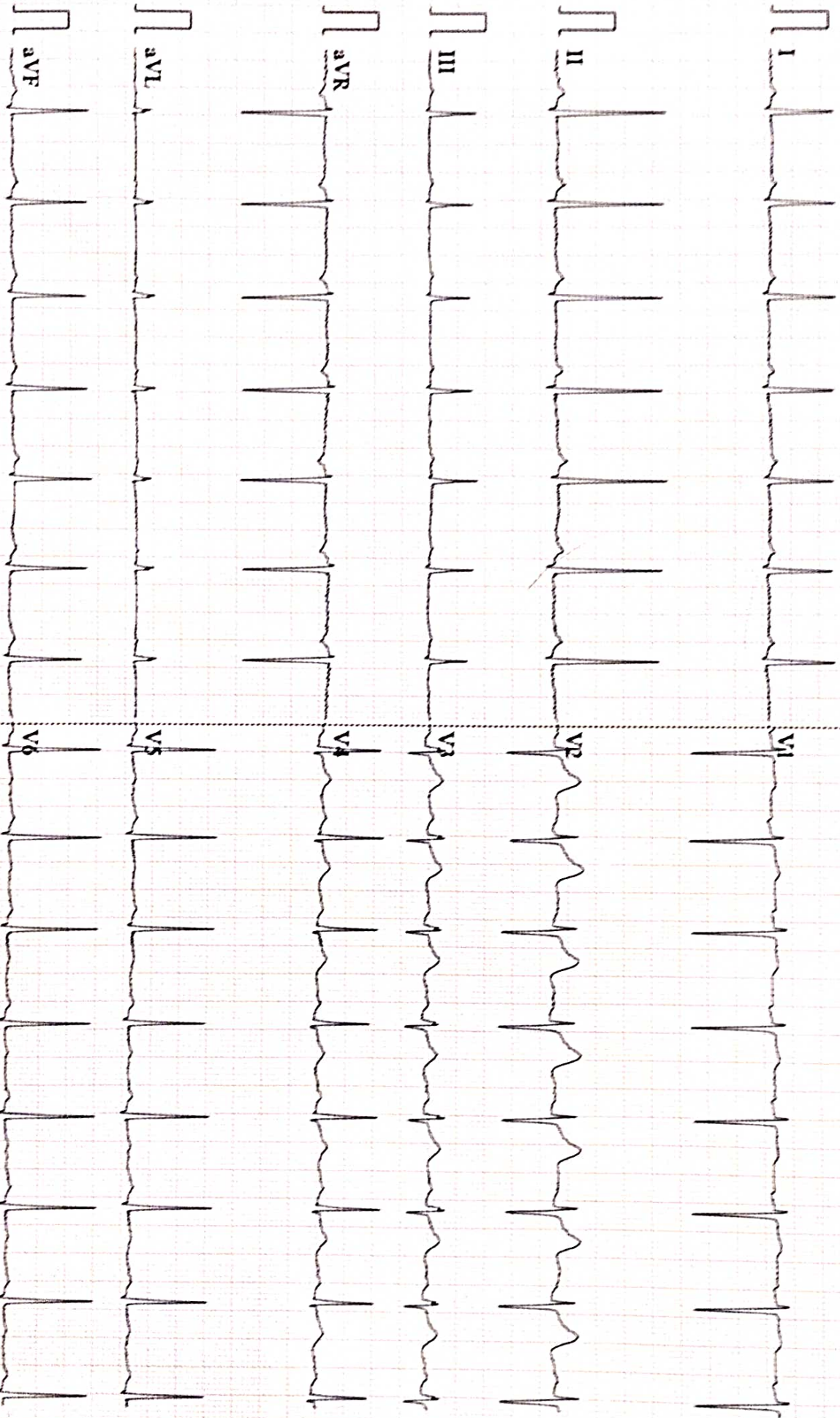
ID: S9562  
MRS NETHRAVATHI M R  
Female 36Years  
157cm 73kg 130/80 mmHg

10-02-2024 12:43:29 PM

Diagnosis Information:

**Apollo Clinic**  
# 23, 1st Floor,  
Kallidasa Road, Mysore - 02  
Ph : 0821-4005040/41

Unconfirmed Report.



0.5-45Hz AC50 25mm/s 10mm/mV 2\*5.0s 88 CARDIART

D V1.43 Glasgow V28.60 APOLLO CLINIC MYSURU