

Patient Name : Mrs.SHILPA P K	Collected : 24/Jun/2023 08:55AM
Age/Gender : 35 Y 0 M 30 D/F	Received : 24/Jun/2023 10:36AM
UHID/MR No : CMYS.0000056977	Reported : 24/Jun/2023 01:22PM
Visit ID : CMYSOPV114837	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 577139	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

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SIN No:BED230145046

APOLLO CLINICS NETWORK

Patient Name : Mrs.SHILPA P K	Collected : 24/Jun/2023 08:55AM
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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	10.2	g/dL	12-15	Spectrophotometer
PCV	32.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.61	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	70	fL	83-101	Calculated
MCH	22	pg	27-32	Calculated
MCHC	31.4	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	54.7	%	40-80	Electrical Impedence
LYMPHOCYTES	37	%	20-40	Electrical Impedence
EOSINOPHILS	1.8	%	1-6	Electrical Impedence
MONOCYTES	6.2	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3829	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2590	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	126	Cells/cu.mm	20-500	
MONOCYTES	434	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	21	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	306000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	28	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

R.B.C: Majority are microcytic hypochromic. Also seen are few pencil shaped cells, macrocytes and normocytic normochromic cells.
W.B.C: Are normal in number, morphology and distribution .
Platelets: normal in number and are seen in singles and clumps.
Hemoparasites: Not seen.

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IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA.

Note : Suggested clinical correlation.



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



SIN No:BED230145046

Patient Name : Mrs.SHILPA P K	Collected : 24/Jun/2023 08:55AM
Age/Gender : 35 Y 0 M 30 D/F	Received : 24/Jun/2023 11:38AM
UHID/MR No : CMYS.0000056977	Reported : 24/Jun/2023 12:04PM
Visit ID : CMYSOPV114837	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	105	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

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

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	131	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



SIN No:PLF01989782,EDT230057730

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UHID/MR No : CMYS.0000056977	Reported : 24/Jun/2023 11:45AM
Visit ID : CMYSOPV114837	Status : Final Report
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Emp/Auth/TPA ID : 577139	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	181	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	270	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	31	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	150	mg/dL	<130	Calculated
LDL CHOLESTEROL	96	mg/dL	<100	Calculated
VLDL CHOLESTEROL	54	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.84		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 can show physiological and analytical variations.

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	94.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated



SIN No:SE04404212

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Emp/Auth/TPA ID : 577139	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.50	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	13.30	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.30	mg/dL	2.5-6.2	Uricase
CALCIUM	9.10	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	PMA Phenol
SODIUM	142	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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	12-43	Glycylcysteine Nitoranalide



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.32	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.520	µIU/mL	0.35-4.94	CMIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



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Visit ID : CMYSOPV114837	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

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

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2134166

Patient Name : Mrs.SHILPA P K	Collected : 24/Jun/2023 10:32AM
Age/Gender : 35 Y 0 M 30 D/F	Received : 25/Jun/2023 12:18PM
UHID/MR No : CMYS.0000056977	Reported : 27/Jun/2023 02:20PM
Visit ID : CMYSOPV114837	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 577139	

DEPARTMENT OF CYTOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

LBC PAP TEST (PAPSURE) , LBC FLUID

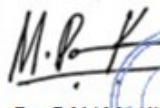
	CYTOLOGY NO.	10687/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***



Dr. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST



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



SIN No:CS064671

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

Patient Name	: Mrs. SHILPA P K	Age/Gender	: 35 Y/F
UHID/MR No.	: CMYS.0000056977	OP Visit No	: CMYSOPV114837
Sample Collected on	:	Reported on	: 24-06-2023 13:46
LRN#	: RAD2029773	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 577139		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: It is normal in size and in echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is well distended and normal. No calculi seen.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal.

RIGHT KIDNEY: It measures 9.9x3.9 cm with parenchymal thickness of 1.0 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 10.7x4.6 cm with parenchymal thickness of 1.7 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No calculi seen.

UTERUS: It is anteverted and measures 9.5x5.2x5.7 cm with ET=20 mm(Thickened). It is normal in size, outline and echotexture. No mass lesion.

Rt. OVARY: It measures 3.5x1.5 cm. It is normal. No mass lesion seen.

Lt. OVARY: It measures 4.9x3.7 cm and shows a hemorrhagic cyst measuring 3.9x2.7 cm.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION:

1 THICKENED ENDOMETRIUM.

1 LEFT OVARIAN HEMORRHAGIC CYST.

Dr. Chetan H, DNB
Consultant Radiologist.

Dr. CHETAN HOLEPPAGOL
MBBS, DNB(RADIO DIAGNOSIS)
Radiology

Name: Mrs. SHILPA P K
Age/Gender: 35 Y/F
Address: MYSORE
Location: MYSORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: MYSORE_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ROHITH H K

MR No: CMYS.0000056977
Visit ID: CMYSOPV114837
Visit Date: 24-06-2023 08:39
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: **For Corporate Health Checkup,**

SYSTEMIC REVIEW

****Weight**

--->: **Stable,**

Number of kgs: **59.2,**

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: **Nil Significant,**

Cancer: **nil,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Fitness Report

Fitness.: **YES,**

Fitness: **fit,**

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

आयकर विभाग

INCOME TAX DEPARTMENT

SHILPA PALAHALLY KASHIIPATHI

KASHIIPATHI

25/05/1988

Permanent Account Number

BLJPK3150J

Shilpa P.T.

Signature



भारत सरकार

GOVT. OF INDIA



15052012



Fwd: Health Check up Booking Request(UBOI1373), Beneficiary Code-75525

shilpa kashipathi <shilpa.kashipathi14@gmail.com>

Sat 24-06-2023 08:33

To: Mysore Apolloclinic <mysore@apolloclinic.com>

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

From: Mediwheel <wellness@mediwheel.in>

Date: Wed, 21 Jun, 2023, 10:59 am

Subject: Health Check up Booking Request(UBOI1373), Beneficiary Code-75525

To: <shilpa.kashipathi14@gmail.com>

Cc: <mediwheelwellness@gmail.com>

011-41195959

Dear SHILPA P K

Thanks for booking the following Health Check up.":

Booking Date : 21-06-2023
 Health Check up Name : MediWheel Full Body Health Checkup Female 35 To 40 - UBOI
 Health Check Code : PKG10000375
 Name of Diagnostic/Hospital : Apollo Clinic
 Address of Diagnostic/Hospital : Apollo Clinic, 23, Kalidasa Road, VV Mohalla, Mysore - 570002
 Appointment Date : 24-06-2023
 Preferred Time : 8:00am-9:00am

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
SHILPA P K	35 year	Female	
Total amount to be paid			

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name : MediWheel Full Body Health Checkup Female 35 To 40 - UBOI - Includes (20) Tests

Tests included in this Package : Bmi Check , Gynec Consultation , Pap Smear , Ent Consultation , Dietician Consultation , Thyroid Profile , ESR , Blood Glucose (Fasting) , General Physician Consultation , Chest X-ray , ECG , USG Whole Abdomen , Eye Check-up consultation , Dental Consultation , Urine analysis , CBO , HbA1c , Lipid Profile , Kidney Profile , Liver profile

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