

Patient Name	: Mrs.SUGANYA T	Collected	: 26/Mar/2024 08:04AM
Age/Gender	: 48 Y 2 M 19 D/F	Received	: 26/Mar/2024 12:17PM
UHID/MR No	: CANN.0000114828	Reported	: 26/Mar/2024 01:04PM
Visit ID	: CANNOPV398238	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE3098		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: 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.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240082372

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 - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)



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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.5	g/dL	12-15	Spectrophotometer
PCV	37.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.33	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	86.8	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,600	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	69.8	%	40-80	Electrical Impedence
LYMPHOCYTES	23	%	20-40	Electrical Impedence
EOSINOPHILS	1.2	%	1-6	Electrical Impedence
MONOCYTES	5.9	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6700.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2208	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	115.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	566.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	9.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.03		0.78- 3.53	Calculated
PLATELET COUNT	268000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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DEPARTMENT OF HAEMATOLOGY

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

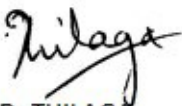
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NOTE/ COMMENT : Please correlate clinically.



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UHID/MR No : CANN.0000114828	Reported : 26/Mar/2024 03:12PM
Visit ID : CANNOPV398238	Status : Final Report
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Emp/Auth/TPA ID : bobE3098	

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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



Dr. MARQUESS RAJ
M.D, DipRCPath, D.N.B (PATH)
Consultant Pathologist

SIN No: BED240082372

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



Patient Name : Mrs.SUGANYA T	Collected : 26/Mar/2024 10:17AM
Age/Gender : 48 Y 2 M 19 D/F	Received : 26/Mar/2024 01:25PM
UHID/MR No : CANN.0000114828	Reported : 26/Mar/2024 01:58PM
Visit ID : CANNOPV398238	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE3098	

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	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)	93	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:PLP1437544

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Age/Gender : 48 Y 2 M 19 D/F	Received : 26/Mar/2024 12:30PM
UHID/MR No : CANN.0000114828	Reported : 26/Mar/2024 01:29PM
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Emp/Auth/TPA ID : bobE3098	

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	10.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	246	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
M.D.(Biochemistry)



SIN No:EDT240037913

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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHO-POD
TRIGLYCERIDES	65	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	113	mg/dL	<130	Calculated
LDL CHOLESTEROL	100	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.13		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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:

- 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

Page 7 of 15



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SIN No:SE04675604

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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).

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.64	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	59.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		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.



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



SIN No:SE04675604

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 - U85110TG2000PLC115819)
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Patient Name : Mrs.SUGANYA T	Collected : 26/Mar/2024 08:04AM
Age/Gender : 48 Y 2 M 19 D/F	Received : 26/Mar/2024 12:22PM
UHID/MR No : CANN.0000114828	Reported : 26/Mar/2024 01:14PM
Visit ID : CANNOPV398238	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE3098	

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	19.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.40	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.30	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated



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



SIN No:SE04675604

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Patient Name : Mrs.SUGANYA T	Collected : 26/Mar/2024 08:04AM
Age/Gender : 48 Y 2 M 19 D/F	Received : 26/Mar/2024 12:22PM
UHID/MR No : CANN.0000114828	Reported : 26/Mar/2024 12:54PM
Visit ID : CANNOPV398238	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE3098	

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	31.00	U/L	<38	IFCC



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



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Patient Name : Mrs.SUGANYA T	Collected : 26/Mar/2024 08:04AM
Age/Gender : 48 Y 2 M 19 D/F	Received : 26/Mar/2024 12:27PM
UHID/MR No : CANN.0000114828	Reported : 26/Mar/2024 01:37PM
Visit ID : CANNOPV398238	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE3098	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.7	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.48	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.184	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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SIN No: SPL24055510

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

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Patient Name : Mrs.SUGANYA T	Collected : 26/Mar/2024 08:04AM
Age/Gender : 48 Y 2 M 19 D/F	Received : 26/Mar/2024 12:39PM
UHID/MR No : CANN.0000114828	Reported : 26/Mar/2024 02:30PM
Visit ID : CANNOPV/398238	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE3098	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/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:UR2316135

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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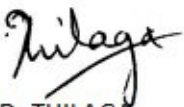
Patient Name : Mrs.SUGANYA T	Collected : 26/Mar/2024 08:04AM
Age/Gender : 48 Y 2 M 19 D/F	Received : 26/Mar/2024 12:38PM
UHID/MR No : CANN.0000114828	Reported : 26/Mar/2024 02:33PM
Visit ID : CANNOPV398238	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE3098	

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

SIN No:UF011458

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Patient Name : Mrs.SUGANYA T	Collected : 26/Mar/2024 10:17AM
Age/Gender : 48 Y 2 M 19 D/F	Received : 27/Mar/2024 08:43AM
UHID/MR No : CANN.0000114828	Reported : 28/Mar/2024 04:59PM
Visit ID : CANNOPV398238	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE3098	

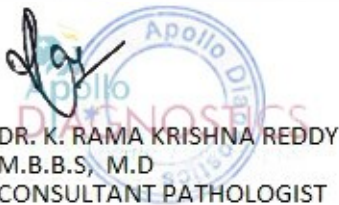
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	7430/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	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

SIN No:CS077674

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

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Patient Name	: Mrs. SUGANYA T	Age/Gender	: 48 Y/F
UHID/MR No.	: CANN.0000114828	OP Visit No	: CANNOPV398238
Sample Collected on	:	Reported on	: 27-03-2024 12:16
LRN#	: RAD2281209	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE3098		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

CH : No complaints. Routine check up
F/H/O Breast cancer : No
Previous mammogram / USG : 2021
H/o Breast surgery : No

Report

Tissue composition of both breasts

Heterogenous background echotexture glandular and fatty tissues.

A cyst measuring 6 x 3 mm noted Right breast 7 - 8 'O' clock position

No suspicious solid /cystic lesion in Left breast.
No evidence of duct dilatation / architectural distortion.
The subareolar tissues are normal.
No evidence of retromammary pathology is seen.
The axillary tails are normal.
No axillary lymphadenopathy.

IMPRESSION:

* RIGHT BREAST SIMPLE CYST
- USG BIRADS - II

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Patient Name	: Mrs. SUGANYA T	Age/Gender	: 48 Y/F
UHID/MR No.	: CANN.0000114828	OP Visit No	: CANNOPV398238
Sample Collected on	:	Reported on	: 27-03-2024 11:29
LRN#	: RAD2281209	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE3098		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 7.1 cms.

Portal and splenic veins appear normal. No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 11.8 x 3.4cms.

Left kidney measures 10.4 x 4.1 cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus measures 9.1 x 4.3 x 5.0cms and shows normal endometrial and myometrial echoes.

The endometrial thickness 8mm.

Right ovary measures 3.0 x 1.9cms. Left ovary measures 3.2 x 1.9cms.

Both ovaries are normal in size and echotexture.

No mass lesion seen in the pelvis.

Bladder is normal in contour.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED**



Patient Name : Mrs. SUGANYA T

Age/Gender : 48 Y/F

BOWEL GAS OBSCURATION AND OTHER FACTORS, MANY CONDITIONS MAY NOT BE PICKED UP BY US STUDY AND SHOULD BE TREATED WITH CLINICAL CORRELATION.
NOT AN MLC DOCUMENT. MANY INCIDENTAL FINDINGS OF LOW PRIORITY MIGHT NOT BE MENTIONED AS IT IS NOT A FOCUSED STUDY.

Dr. ASHIQ MOHAMMED JEFFREY
MD
Radiology

Patient Name : Mrs. SUGANYA T

Age/Gender : 48 Y/F

UHID/MR No. : CANN.0000114828

OP Visit No : CANNOPV398238

Sample Collected on :

Reported on : 26-03-2024 15:57

LRN# : RAD2281209

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE3098

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Sat 3/23/2024 12:55 PM

To:srkkanya7@gmail.com <srkkanya7@gmail.com>

Cc:Annagar Apolloclinic <annagar@apolloclinic.com>;Haranath S <haranath.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear **MRS. T SUGANYA,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **ANNA NAGAR clinic** on **2024-03-26** 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 ANNUAL PLUS CHECK ADVANCED - 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 MEDICAL CENTRE,NO-30,F- BLOCK,2ND AVENUE, ANNANAGAR EAST,CHENNAI - 600102.

Contact No: 7358392880/7305702537.

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

ENT check up

Suganya

48/F

26/3/24

Height:	Weight:	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies
History

No complaints

O/E (R) ear wax



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

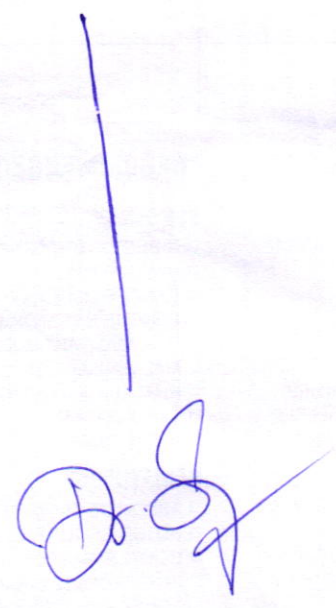
26/03/2024

Mrs. Suganya.T 48/F

Height:	Weight:	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies
History

Adv Scaling



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Name:..... *Suganya.T*

Occupation:.....

Age:..... *A&Y* Sex: Male Female

Address:.....

..... Ph:.....

Date:..... *26/3/24* Reg. No.:..... *114828*

Ref. Physician:.....

Copies to:.....

.....

REPORT ON OPHTHALMIC EXAMINATION

History: *Existing glass worn past 5 years
Having diabetic past 10 years.*

Present Complaint: *None*

ON EXAMINATION:

	RE	LE
Ocular Movements :		<i>Free</i>
Anterior Segment :	<i>Free</i>	
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		<i>N</i>
Without Glass :		
With Glass :	<i>6/12</i>	<i>6/12</i>
N.V. :		
Visual Fields :		<i>N10</i>
Fundus :	<i>N10</i>	
Impression :		<i>Free</i>
Advice :	<i>Free</i>	
Colour Vision :	<i>N</i>	<i>N</i>

*Same
option*

MRS SUGANYA T
ID: 114828R

22

48 Years

Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

26.03.2024 7:57:26 AM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

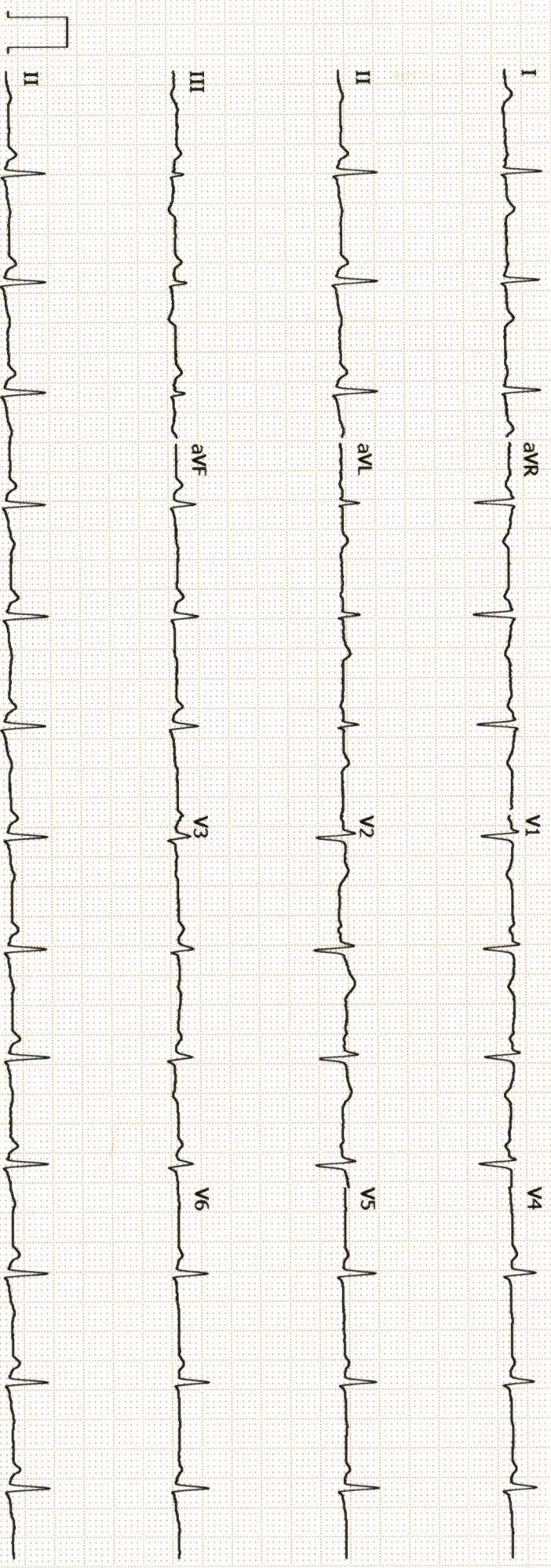
ARROW CE

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

Room:


81 bpm
-- / -- mmHg

QRS : 80 ms
QT / QTcbaz : 386 / 448 ms
PR : 142 ms
P : 106 ms
RR / PP : 736 / 740 ms
P / QRS / T : 74 / 47 / 15 degrees




GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz Unconfirmed 4x2.5x3_25_R1 1/1


CANN-114828
OCC-101500

 बैंक ऑफ बड़ोदा
Bank of Baroda

नाम
Name : T. SUGANYA

संस्था संख्या
E.C. No. : 75514


जारीकर्ता प्राधिकारी
Issuing Authority


T. Suganya
धारक के हस्ताक्षर
Signature of Holder

26/3/24

T. Suganya

9841626405

Patient Name	: Mrs. SUGANYA T	Age	: 48 Y/F
UHID	: CANN.0000114828	OP Visit No	: CANNOPV398238
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 26-03-2024 12:46
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.4 CM
LA (es)	3.4 CM
LVID (ed)	4.5 CM
LVID (es)	3.0 CM
IVS (Ed)	0.7 CM
LVPW (Ed)	0.9 CM
EF	66%
%FD	36 %
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. SUGANYA T	Age	: 48 Y/F
UHID	: CANN.0000114828	OP Visit No	: CANNOPV398238
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 26-03-2024 12:46
Referred By	: SELF		

DOPPLER STUDIES MITRAL INFLOW : E 0.9 m/sc A 0.8m/sc

Velocity / Gradient Across Pulmonic Valve :0.6 m/sc

Velocity / Gradient Across Aortic Valve :1.3 m/sc

IMPRESSION :

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR FUNCTION (EF- 66%)

STRUCTURALLY VALVES ARE NORMAL

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE

Rakesh Gopal

Dr.
RAKESH P
GOPAL

Patient Name	: Mrs. SUGANYA T	Age	: 48 Y/F
UHID	: CANN.0000114828	OP Visit No	: CANNOPV398238
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 26-03-2024 12:46
Referred By	: SELF		

Patient Name	: Mrs. SUGANYA T	Age	: 48 Y/F
UHID	: CANN.0000114828	OP Visit No	: CANNOPV398238
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 26-03-2024 16:34
Referred By	: SELF		

ECG REPORT

Observation :-

- 1. Normal Sinus Rhythm.**
- 2. Heart rate is 81 beats per minutes.**

Impression:

NORMAL RESTING ECG.

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

Dr. ARULNITHI AYYANATHAN