



The Apollo Clinic

Apollo Clinic
Specialist Clinics

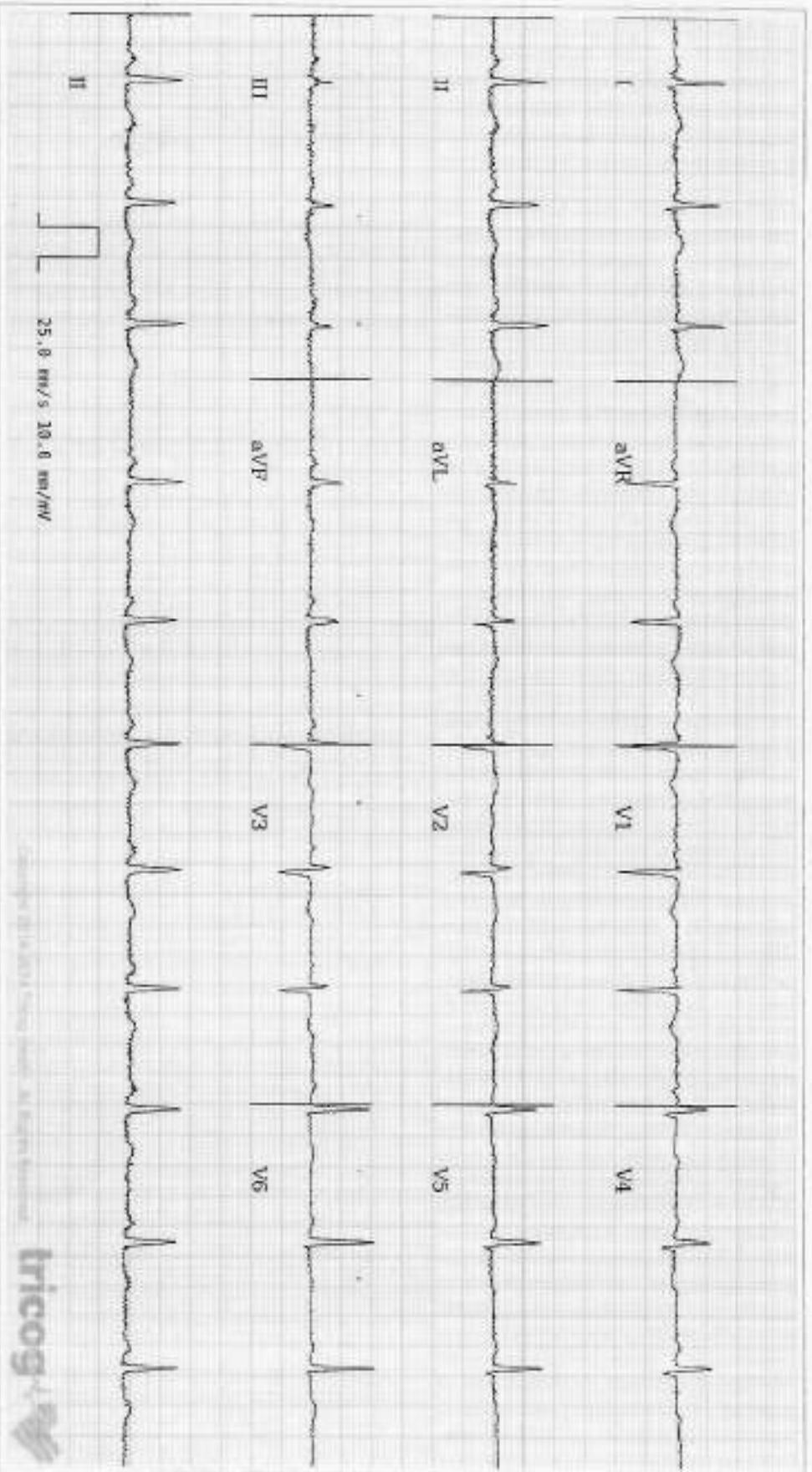
PHYSICAL EXAMINATION FORM

Date	27/1/2014	Age	31y/f
Name	Mrs. Sindhu	UHID:	85430
Height	163 Cms	BMI	27.5
Weight	73 Kgs	BP	110/70

Apollo Clinic, H NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ
COTTONS, BODUPPAL, R DISTRICT, HYD PH. NO.04049503373/74



Age / Gender: 31/Female
Patient ID: 0000085430
Patient Name: Mrs Sindhu



ARI: 70bpm

VR: 70bpm

QRSTD: 60ms

QT: 412ms

QTcB: 144ms

HR1: 148ms

P-R-T: 67° 47° 29°

Sinus Rhythm with Sinus Arrhythmia Nonspecific T wave Abnormality, correlate clinically. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should not be used as an instrument or clinical history. Interpretation and usage of this process and any derivatives and report to be interpreted by a qualified physician.



2024

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of
Mrs. Sindhu on 29/12/24

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

	<u>Tick</u>
<ul style="list-style-type: none"> Medically Fit 	✓
<ul style="list-style-type: none"> Fit with Restrictions/ Recommendations <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 candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after</p>	
<ul style="list-style-type: none"> Currently Unfit. <p>Review after.....recommended.</p>	
<ul style="list-style-type: none"> Unfit 	


Dr. Komal Triveni
DR. REG No :05078
Consultant Physician
Apollo Clinic
Uppal

POWER PRESCRIPTION

NAME: *Sindhu*

GENDER: *M/F*

DATE: *24/01/24*

AGE: *31*

UHID: *85430*

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>1</i> <i>0.50</i>	<i>—</i>	<i>—</i>	<i>6/6</i>
NEAR				<i>No</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>1</i> <i>0.75</i>	<i>—</i>	<i>—</i>	<i>6/6</i>
NEAR				<i>No</i>

COLOUR VISION : *Normal*

DIAGNOSIS : *myo*

OTHER FINDINGS:

INSTRUCTIONS :

[Signature]
SIGNATURE



**Health Check up Booking Confirmed Request(bobS5789),Package Code-
KG10000377, Beneficiary Code-300997**

message

Mediwheel <wellness@mediwheel.in>
o: saai.cheerla@gmail.com
c: customercare@mediwheel.in

Sun, 21 Jan 2024 at 1:51 pm



011-41195959

Dear **Cheerla Sai Kumar**,

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

Booking Date : 18-01-2024
Hospital Package Name : Mediwheel Full Body Health Annual Plus Check
Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40
Name of Diagnostic/Hospital : Apollo Clinic
Address of Diagnostic/Hospital : Apollo Clinic, Plot no:977, Survey no:45-50, H No:6-48/3, Near Pillar no:91, Beside Ramraj Cotton Show room, Canaranagar Bus-stop, Boduppal, Boduppal - 500039
City : Hyderabad
State :
Pincode : 500039
Appointment Date : 27-01-2024
Confirmation Status : Booking Confirmed
Preferred Time : 9:00am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Sindhu	31 year	Female

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India
Government of India

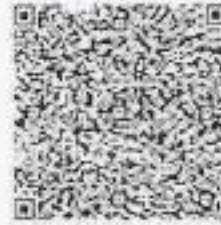
నమోదు సంఖ్య / Enrollment No. : 1358/10048/28765

17/10/2013

To
Shetti Sindhu
శిల్పి సింధు
D/O Dharmiah
1-7-28/E/1
Chathrapathi shivaji nagar
Guntur
Mahabubabad Warangal
Andhra Pradesh - 506101
7382853380



KL759345615FT
75934561



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6314 3031 2403

ఆధార్ - సామాన్యని హక్కు



భారత ప్రభుత్వం
Government of India



శిల్పి సింధు
Shetti Sindhu

పుట్టిన తేదీ/DOB: 13/07/1992
లింగం / Female

6314 3031 2403



Patient Name	: Mrs. SINDHU	Age	: 31 Y/F
UHID	: CUPP.0000085430	OP Visit No	: CUPPOPV128771
Reported By:	: Dr. VINAY KUMAR GUPTA	Conducted Date	: 29-01-2024 13:17
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 70 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL ECG.

CORRELATE CLINICALLY.

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

Dr. VINAY KUMAR GUPTA

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
27-01-2024 15:44	72 Beats/min	110/70 mmHg	22 Rate/min	98.6 F	163 cms	73 Kgs	%	%	Years	27.48	cms	cms	cms		AHLL09781

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Patient Name : Mrs. SINDHU Age : 31 Y/F
UHID : CUPP.0000085430 OP Visit No : CUPPOPV128771
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 29-01-2024 20:08
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.8 CM
LA (es)	3.1 CM
LVID (ed)	4.3 CM
LVID (es)	3.2 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	68.00%
%FD	34.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. SINDHU	Age	: 31 Y/F
UHID	: CUPP.0000085430	OP Visit No	: CUPPOPV128771
Conducted By:	: Dr. CH VENKATESHAM	Conducted Date	: 29-01-2024 20:08
Referred By	: SELF		

COLOUR AND DOPPLER STUDIES

AJV=1.4

PJV=0.9

E=0.8

A=0.5

IMPRESSION

NORMAL SIZED CARDIAC CHAMBERS & VALVES

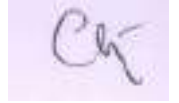
NORMAL BLOOD FLOWS

GOOD LV/ RV FUNCTION

NO RWMA / LVH

NO CLOT / P E

Patient Name : Mrs. SINDHU Age : 31 Y/F
UHID : CUPP.0000085430 OP Visit No : CUPPOPV128771
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 29-01-2024 20:08
Referred By : SELF



Name: Mrs. SINDHU
Age/Gender: 31 Y/F
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: CUPP.0000085430
Visit ID: CUPPOPV128771
Visit Date: 27-01-2024 08:30
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Age/Gender: 31 Y/F
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000085430
Visit ID: CUPPOPV128771
Visit Date: 27-01-2024 08:30
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. SINDHU
Age/Gender: 31 Y/F
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
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SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Patient Name	: Mrs. SINDHU	Age/Gender	: 31 Y/F
UHID/MR No.	: CUPP.0000085430	OP Visit No	: CUPPOPV128771
Sample Collected on	:	Reported on	: 27-01-2024 13:41
LRN#	: RAD2217656	Specimen	:
Ref Doctor	: DR. SRAVYA SREE		
Emp/Auth/TPA ID	: 176416/332878		

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.

CONCLUSION :

No obvious abnormality seen



Dr. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Patient Name	: Mrs. SINDHU	Age/Gender	: 31 Y/F
UHID/MR No.	: CUPP.0000085430	OP Visit No	: CUPPOPV128771
Sample Collected on	:	Reported on	: 27-01-2024 15:33
LRN#	: RAD2217656	Specimen	:
Ref Doctor	: DR. SRAVYA SREE		
Emp/Auth/TPA ID	: 176416/332878		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 147 mm 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 78 mm.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 : 104 x 34 mm. **Left kidney** : 103 x 43 mm.

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 89 x 37 x 34 mm. It shows normal shape & echo pattern.Endometrial echo-complex appears normal and measures 8 mm.

Both ovaries appear normal in size, shape and echotexture.

Right ovary : 32 x 27 x 20 mm.Volume measure 9 cc.

Left ovary : 27 x 27 x 19 mm.Volume measure 8 cc.

No evidence of any adnexal pathology noted.

IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Patient Name : Mrs. SINDHU

Age/Gender : 31 Y/F



Dr. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology


Patient Name : Mrs.SINDHU	Collected : 27/Jan/2024 08:39AM
Age/Gender : 31 Y 6 M 14 D/F	Received : 27/Jan/2024 01:35PM
UHID/MR No : CUPP.0000085430	Reported : 27/Jan/2024 04:21PM
Visit ID : CUPPOPV128771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 176416/332878	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA					
HAEMOGLOBIN	11.4	L	g/dL	13-17	Spectrophotometer
PCV	35.30	L	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.59	L	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	76.9	L	fL	83-101	Calculated
MCH	24.8	L	pg	27-32	Calculated
MCHC	32.2	L	g/dL	31.5-34.5	Calculated
R.D.W	14	L	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,790	L	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)					
NEUTROPHILS	49.6	L	%	40-80	Electrical Impedance
LYMPHOCYTES	36.9	L	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	L	%	1-6	Electrical Impedance
MONOCYTES	10	L	%	2-10	Electrical Impedance
BASOPHILS	0.8	L	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT					
NEUTROPHILS	3367.84	L	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2505.51	L	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	183.33	L	Cells/cu.mm	20-500	Calculated
MONOCYTES	679	L	Cells/cu.mm	200-1000	Calculated
BASOPHILS	54.32	L	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	288000	L	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	L	mm at the end of 1 hour	0-20	MODIFIED WESTERGRENS
PERIPHERAL SMEAR		L			

RBC- MICROCYTIC HYPOCHROMIC.MILD DEGREE OF ANISOPOIKILOCYTOSIS WITH TEAR DROP CELLS,ELLIPTOCYTES AND OVALOCYTES SEEN.
WBC WITHIN NORMAL LIMITS


Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

SIN No:BED240019325

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

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Patient Name : Mrs.SINDHU
Age/Gender : 31 Y 6 M 14 D/F
UHID/MR No : CUPP.0000085430
Visit ID : CUPPOPV128771
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 176416/332878

Collected : 27/Jan/2024 08:39AM
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DEPARTMENT OF HAEMATOLOGY

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

PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA
KINDLY CORRELATE WITH IRON STUDIES.

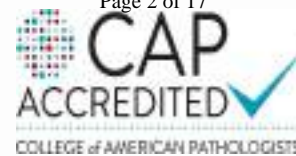


Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

SIN No:BED240019325

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Patient Name : Mrs.SINDHU	Collected : 27/Jan/2024 08:39AM
Age/Gender : 31 Y 6 M 14 D/F	Received : 27/Jan/2024 01:38PM
UHID/MR No : CUPP.0000085430	Reported : 27/Jan/2024 03:17PM
Visit ID : CUPPOPV128771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 176416/332878	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	L	mg/dL	70-100	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	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	99	L	mg/dL	70-140	HEXOKINASE

Comment:

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

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA					
HBA1C, GLYCATED HEMOGLOBIN	5.5	L	%		HPLC
ESTIMATED AVERAGE GLUCOSE	111	N	mg/dL		Calculated

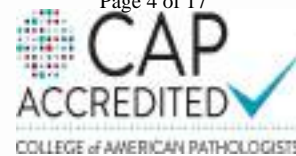


Dr.E.Maruthi Prasad
Msc,PhD(Biochemistry)
Consultant Biochemist

SIN No:EDT240008158

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

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Patient Name : Mrs.SINDHU	Collected : 27/Jan/2024 08:39AM
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DEPARTMENT OF BIOCHEMISTRY

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

(eAG)

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. E. Maruthi Prasad
 Msc, PhD (Biochemistry)
 Consultant Biochemist

SIN No: EDT240008158

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



Patient Name : Mrs.SINDHU	Collected : 27/Jan/2024 08:39AM
Age/Gender : 31 Y 6 M 14 D/F	Received : 27/Jan/2024 01:38PM
UHID/MR No : CUPP.0000085430	Reported : 27/Jan/2024 03:17PM
Visit ID : CUPPOPV128771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 176416/332878	

DEPARTMENT OF BIOCHEMISTRY

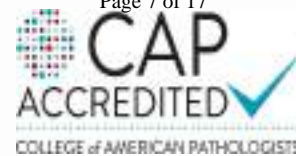
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324


Dr.E.Maruthi Prasad
Msc,PhD(Biochemistry)
Consultant Biochemist

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Patient Name : Mrs.SINDHU	Collected : 27/Jan/2024 08:39AM
Age/Gender : 31 Y 6 M 14 D/F	Received : 27/Jan/2024 01:51PM
UHID/MR No : CUPP.0000085430	Reported : 27/Jan/2024 05:42PM
Visit ID : CUPPOPV128771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM					
TOTAL CHOLESTEROL	145	L	mg/dL	<200	CHO-POD
TRIGLYCERIDES	75	L	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	L	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	102	L	mg/dL	<130	Calculated
LDL CHOLESTEROL	87	L	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15	L	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.37	L		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.

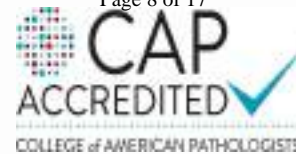


Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:SE04610371

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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM					
BILIRUBIN, TOTAL	0.47	L	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	L	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.35	L	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	L	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	L	U/L	<35	IFCC
ALKALINE PHOSPHATASE	58.00	L	U/L	30-120	IFCC
PROTEIN, TOTAL	7.35	L	g/dL	6.6-8.3	Biuret
ALBUMIN	3.82	L	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.53	H	g/dL	2.0-3.5	Calculated
A/G RATIO	1.08	L		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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Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:SE04610371

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.60	L	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	15.10	L	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.1	L	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.43	L	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.50	L	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.44	L	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	L	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	L	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	L	mmol/L	101-109	ISE (Indirect)



Dr. RAJESH BATTINA
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Age/Gender : 31 Y 6 M 14 D/F	Received : 27/Jan/2024 01:51PM
UHID/MR No : CUPP.0000085430	Reported : 27/Jan/2024 04:04PM
Visit ID : CUPPOPV128771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 176416/332878	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	L	U/L	<38	IFCC

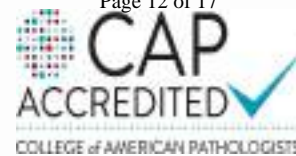


Dr.E.Maruthi Prasad
Msc,PhD(Biochemistry)
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SIN No:SE04610371

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Emp/Auth/TPA ID : 176416/332878	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	1.12	L	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.96	L	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.361	L	µIU/mL	0.38-5.33	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. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:SPL24012643

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

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Patient Name : Mrs.SINDHU	Collected : 27/Jan/2024 08:39AM
Age/Gender : 31 Y 6 M 14 D/F	Received : 27/Jan/2024 02:39PM
UHID/MR No : CUPP.0000085430	Reported : 27/Jan/2024 03:51PM
Visit ID : CUPPOPV128771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 176416/332878	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE					
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW	N		PALE YELLOW	Visual
TRANSPARENCY	CLEAR	N		CLEAR	Visual
pH	5.5	L		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025	L		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION					
URINE PROTEIN	NEGATIVE	N		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE	N		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE	N		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE	N		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL	N		NORMAL	EHRlich
BLOOD	NEGATIVE	N		NEGATIVE	Peroxidase
NITRITE	NEGATIVE	N		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE	N		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY					
PUS CELLS	2-3	L	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	N	/hpf	<10	MICROSCOPY
RBC	NIL	N	/hpf	0-2	MICROSCOPY
CASTS	NIL	L		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT	N		ABSENT	MICROSCOPY


Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

SIN No:UR2268932

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

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Patient Name : Mrs.SINDHU	Collected : 27/Jan/2024 01:46PM
Age/Gender : 31 Y 6 M 14 D/F	Received : 27/Jan/2024 04:38PM
UHID/MR No : CUPP.0000085430	Reported : 29/Jan/2024 05:11PM
Visit ID : CUPPOPV128771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 176416/332878	

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	1579/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	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. Inflammatory cells, predominantly neutrophils. 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 ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr.A. Kalyan Rao
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:CS073525

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