

Patient Name	: Mrs.NIRMALA R	Collected	: 28/Sep/2024 09:15AM
Age/Gender	: 40 Y 11 M 22 D/F	Received	: 28/Sep/2024 12:02PM
UHID/MR No	: CANN.0000241817	Reported	: 28/Sep/2024 01:30PM
Visit ID	: CANNOPV424914	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7651		

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.

Page 1 of 17



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

SIN No:CAG240905505

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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Address:
D No.30, F - Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 / 05

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13	g/dL	12-15	Spectrophotometer
PCV	36.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.18	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.1	fL	83-101	Calculated
MCH	31.2	pg	27-32	Calculated
MCHC	35.8	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.4	%	40-80	Electrical Impedance
LYMPHOCYTES	33.2	%	20-40	Electrical Impedance
EOSINOPHILS	4.9	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3155.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1925.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	284.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	411.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.64		0.78- 3.53	Calculated
PLATELET COUNT	354000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

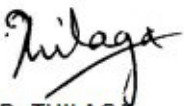
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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	89	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:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	80	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	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				



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



SIN No:CAG240905510

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HBA1C, GLYCATED HEMOGLOBIN	5.6	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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)



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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	263	mg/dL	<200	CHO-POD
TRIGLYCERIDES	71	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	217	mg/dL	<130	Calculated
LDL CHOLESTEROL	202.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.72		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

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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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	8	U/L	<50	UV with P5P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<50	IFCC Without Pyridoxal phosphate Activation
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.9		<1.15	Calculated
ALKALINE PHOSPHATASE	41.00	U/L	30-120	IFCC AMP Buffer
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.



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Patient Name	: Mrs.NIRMALA R	Collected	: 28/Sep/2024 09:15AM
Age/Gender	: 40 Y 11 M 22 D/F	Received	: 28/Sep/2024 12:16PM
UHID/MR No	: CANN.0000241817	Reported	: 28/Sep/2024 01:05PM
Visit ID	: CANNOPV424914	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7651		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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



SIN No:CAG240905503

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.70	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	109	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	<38	IFCC



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Patient Name : Mrs.NIRMALA R	Collected : 28/Sep/2024 09:15AM
Age/Gender : 40 Y 11 M 22 D/F	Received : 28/Sep/2024 12:48PM
UHID/MR No : CANN.0000241817	Reported : 28/Sep/2024 02:42PM
Visit ID : CANNOPV424914	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7651	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.21	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.53	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.140	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



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



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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M.D.(Biochemistry)



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Age/Gender : 40 Y 11 M 22 D/F	Received : 28/Sep/2024 02:50PM
UHID/MR No : CANN.0000241817	Reported : 28/Sep/2024 04:51PM
Visit ID : CANNOPV424914	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7651	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.006		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



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

SIN No:CAG240905509

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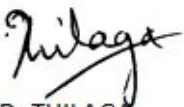
Patient Name : Mrs.NIRMALA R	Collected : 28/Sep/2024 09:15AM
Age/Gender : 40 Y 11 M 22 D/F	Received : 28/Sep/2024 06:10PM
UHID/MR No : CANN.0000241817	Reported : 28/Sep/2024 07:35PM
Visit ID : CANNOPV424914	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7651	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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

Page 15 of 17



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

SIN No:CAG240905507

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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



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

SIN No:CAG240905508

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UHID/MR No : CANN.0000241817	Reported : 30/Sep/2024 05:04PM
Visit ID : CANNOPV424914	Status : Final Report
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Emp/Auth/TPA ID : 35E7651	

DEPARTMENT OF CYTOLOGY

LBC PAP SMEAR , CERVICAL SAMPLE

	CYTOLOGY NO.	LBC-2438/2024
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial & intermediate squamous cells noted. Doderlein bacilli noted.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
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 ***

Page 17 of 17



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

SIN No: CAG240905511

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



Patient Name : Mrs.NIRMALA R
Age/Gender : 40 Y 11 M 22 D/F
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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

SIN No: CAG240905511

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

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

Address:
D No.30, F - Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 / 05



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)

 **1860 500 7788**
www.apolloclinic.com

Patient Name	: Mrs. NIRMALA R	Age	: 40Yrs 11Mths 23Days
UHID	: CANN.0000241817	OP Visit No.	: CANNOPV424914
Printed On	: 28-09-2024 02:17 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35E7651		

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 8.6 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 9.1 x 4.1 cms.
Left kidney measures 9.8 x 4.7 cms.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus measures 7.7 x 3.6 cms and shows normal endometrial and myometrial echoes.

The endometrial thickness 4.3 mm.

Right ovary measures 2.0 x 2.0 cms.

Left ovary measures 2.5 x 1.7 cms.

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.

---End Of The Report---

Dr. PRAVEENA T
MBBS, DMRD, FAGE
72064
Radiology

Patient Name	: Mrs. NIRMALA R	Age	: 40Yrs 11Mths 23Days
UHID	: CANN.0000241817	OP Visit No.	: CANNOPV424914
Printed On	: 28-09-2024 02:18 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35E7651		

DEPARTMENT OF RADIOLOGY

ULTRASOUND BREAST

CH : No complaints. routine checkup
F/H/O Breast cancer : No
Previous mammogram / USG : No
H/o Breast surgery : No

Report

Tissue composition of both breasts

Heterogenous background echotexture glandular and fatty tissues.

No suspicious solid /cystic lesion in both breasts.

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:

* NO SIGNIFICANT ABNORMALITY DETECTED.

- USG BIRADS - I

---End Of The Report---

Dr. PRAVEENA T
MBBS, DMRD, FAGE
72064
Radiology

Patient Name	: Mrs. NIRMALA R	Age	: 40Yrs 11Mths 24Days
UHID	: CANN.0000241817	OP Visit No.	: CANNOPV424914
Printed On	: 29-09-2024 08:46 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35E7651		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic 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.**

---End Of The Report---

Dr. PRAVEENA T
MBBS, DMRD, FAGE
72064
Radiology

Patient Name	: Mrs. NIRMALA R	Age	: 40Yrs 11Mths 24Days
UHID	: CANN.0000241817	OP Visit No.	: CANNOPV424914
Printed On	: 29-09-2024 03:27 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35E7651		

DEPARTMENT OF CARDIOLOGY

Observation :-

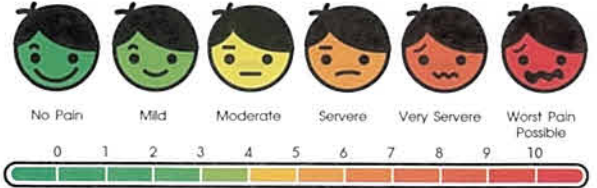
1. Heart rate is 56 beats per minutes.

Impression:

rSr PATTERN .

---End Of The Report---

Dr. ARULNITHI AYYANATHAN
MBBS., MRCP, AB, MBA
63907
Cardiology



Mrs. Nirmala

40/F

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

28/9/24

Ro

→ Adv Scaling

→ Adv Aligners / Braces
(or)

Soft-Splint.

↓
D. Sr.

Follow up date:

Doctor Signature

Name: Nirmala. R
 Occupation:
 Age: 40y Sex: Male Female
 Address:
 Ph:

Date: 28/9/24 Reg. No.: 24187A
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History: Existing glass wear past 25 years.

Present Complaint: Comfortable with present
 glass with glass Rx 6/6 NB

ON EXAMINATION:

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

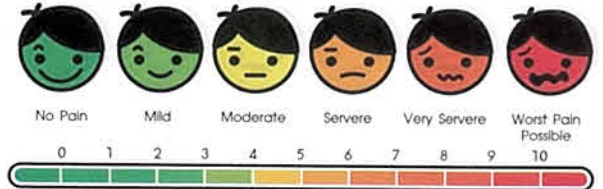
OPHTHALMOLOGY / OPTOMETRIST

ENT check up

28/9/24

Nirmala R

40/F



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

General Examination / Allergies
History

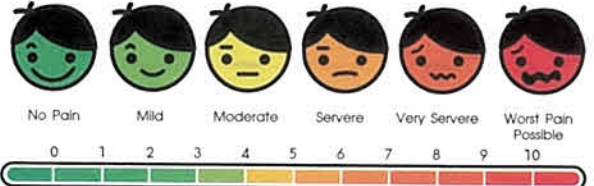
Clinical Diagnosis & Management Plan

Klcpo sinusitis ē Ear infection.

ENT - WNLs

Follow up date:

Doctor Signature



Mrs. Nirmala R.

40/12

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

→ Adv. chemical peels + extractions for
acne + Acne marks.

Follow up date:


Doctor Signature

The Apollo Clinic, Anna Nagar

#30, 2nd Ave, F Block, Block F,
Annanagar East, Chennai, Tamil Nadu 600102

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BOOK YOUR APPOINTMENT TODAY!


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Toll Number : 1860 500 7788


Website : www.apolloclinic.com

CANN-241817
OCR-106972


यूनियन बैंक  **Union Bank**
of India



नाम: निर्मला आर
Name: **R. NIRMALA**
कर्मचारी संख्या / Employee No. **577218**
जन्म दिन / Birth Date : **06.10.1983**
ब्लड ग्रुप / Blood Group : **A-**

हस्ताक्षर / Signature


जारी करने का स्थान
Place of Issue : **CHENNAI**
जारी करने की तारीख
Date of Issue: **01-11-2023**

जारीकर्ता अधिकार / Issuing Authority




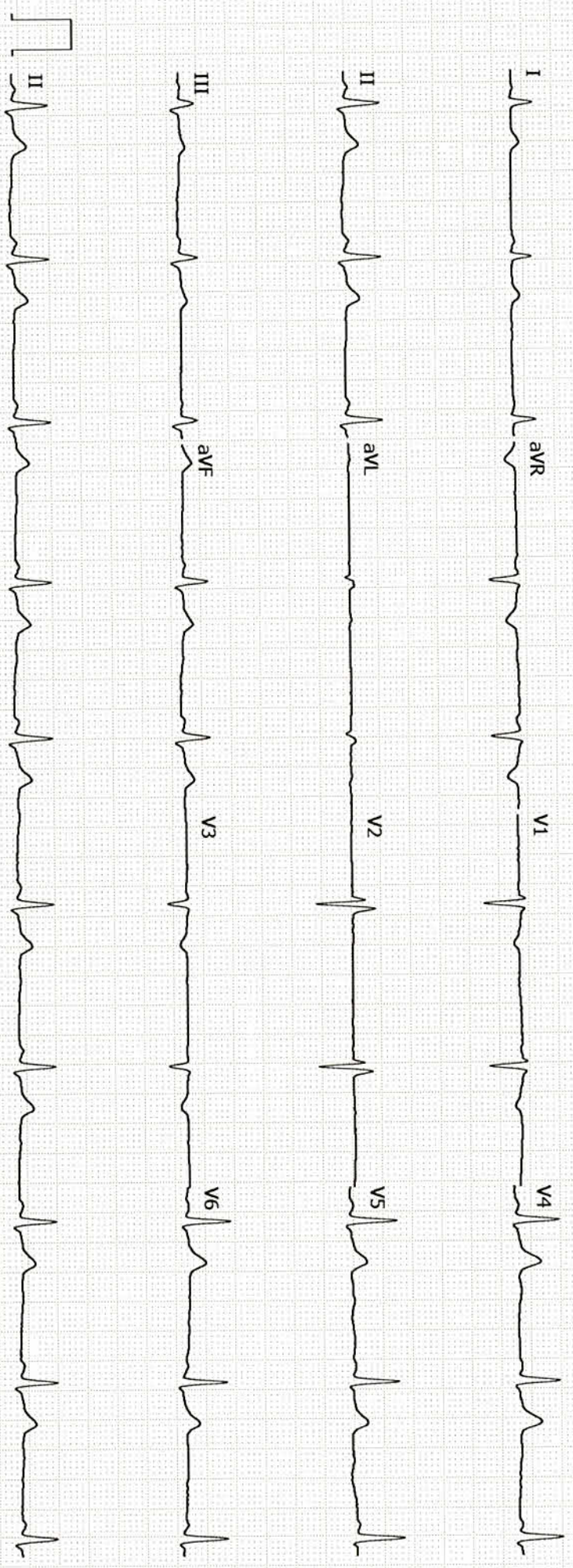
40 Years Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 98 ms
QT / QTcBaz : 400 / 386 ms
PR : 110 ms
P : 94 ms
RR / PP : 1074 / 1071 ms
P / QRS / T : 60 / 45 / 54 degrees

Indication:
Medication 1:
Medication 2:
Medication 3:

*160R
152/1 pattern
Rex*



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3 25_R1 1/1

Devi

Unconfirmed