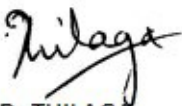


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UHID/MR No	: CSAD.0000018931	Reported	: 22/Sep/2024 12:33PM
Visit ID	: CANNOPV423819	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E32362		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Mild anisocytosis, 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.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:CAG240904005

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.5	g/dL	12-15	Spectrophotometer
PCV	35.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.9	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	89.7	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63.0	%	40-80	Electrical Impedance
LYMPHOCYTES	29.0	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	5.0	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4158	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1914	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	165	Cells/cu.mm	20-500	Calculated
MONOCYTES	330	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.17		0.78- 3.53	Calculated
PLATELET COUNT	331000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	11	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Mild anisocytosis, predominantly normocytic normochromic RBC's noted.

Page 2 of 17



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DEPARTMENT OF HAEMATOLOGY

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WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
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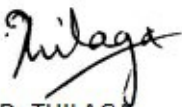
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			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 HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	74	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)	94	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				

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



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DEPARTMENT OF BIOCHEMISTRY

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

HBA1C, GLYCATED HEMOGLOBIN	5.7	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	264	mg/dL	<200	CHO-POD
TRIGLYCERIDES	188	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	228	mg/dL	<130	Calculated
LDL CHOLESTEROL	190.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	37.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	7.33		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.36		<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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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<50	UV with P5P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<50	IFCC Without Pyridoxal phosphate Activation
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	45.00	U/L	30-120	IFCC AMP Buffer
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		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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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)

Patient Name : Mrs.DEEPA KM
Age/Gender : 38 Y 7 M 15 D/F
UHID/MR No : CSAD.0000018931
Visit ID : CANNOPV423819
Ref Doctor : Self
Emp/Auth/TPA ID : 22E32362

Collected : 21/Sep/2024 10:28AM
Received : 21/Sep/2024 07:52PM
Reported : 21/Sep/2024 08:41PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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

Page 9 of 17



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



SIN No:CAG240904010

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Visit ID	: CANNOPV423819	Status	: Final Report
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Emp/Auth/TPA ID	: 22E32362		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.65	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	15.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.40	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	133	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated



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Age/Gender : 38 Y 7 M 15 D/F	Received : 21/Sep/2024 07:52PM
UHID/MR No : CSAD.0000018931	Reported : 21/Sep/2024 08:31PM
Visit ID : CANNOPV423819	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32362	

DEPARTMENT OF BIOCHEMISTRY

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

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



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



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Patient Name : Mrs.DEEPA KM	Collected : 21/Sep/2024 10:28AM
Age/Gender : 38 Y 7 M 15 D/F	Received : 21/Sep/2024 07:46PM
UHID/MR No : CSAD.0000018931	Reported : 21/Sep/2024 09:55PM
Visit ID : CANNOPV423819	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32362	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.71	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	4.64	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	138.904	µIU/mL	0.34-5.60	CLIA

TSH had values out side the corresponding linearity ranges. They have been rechecked by dilution and values corrected accordingly. Values pertains to sample as received. Kindly correlate clinically.

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



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



SIN No:CAG240904008

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UHID/MR No	: CSAD.0000018931	Reported	: 21/Sep/2024 09:55PM
Visit ID	: CANNOPV423819	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E32362		

DEPARTMENT OF IMMUNOLOGY

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

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. R. SRIVATSAN
M.D.(Biochemistry)



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Patient Name : Mrs.DEEPA KM	Collected : 21/Sep/2024 10:28AM
Age/Gender : 38 Y 7 M 15 D/F	Received : 21/Sep/2024 07:51PM
UHID/MR No : CSAD.0000018931	Reported : 21/Sep/2024 09:11PM
Visit ID : CANNOPV423819	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32362	

DEPARTMENT OF CLINICAL PATHOLOGY

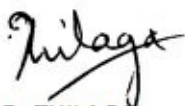
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	LIGHT TURBID		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.008		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	POSITIVE++		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	PLENTY	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT	/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:CAG240904007

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Age/Gender : 38 Y 7 M 15 D/F	Received : 21/Sep/2024 08:40PM
UHID/MR No : CSAD.0000018931	Reported : 21/Sep/2024 09:09PM
Visit ID : CANNOPV423819	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32362	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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:CAG240904012

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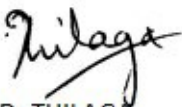
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Patient Name : Mrs.DEEPA KM	Collected : 21/Sep/2024 10:28AM
Age/Gender : 38 Y 7 M 15 D/F	Received : 21/Sep/2024 08:40PM
UHID/MR No : CSAD.0000018931	Reported : 21/Sep/2024 09:08PM
Visit ID : CANNOPV423819	Status : Final Report
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Emp/Auth/TPA ID : 22E32362	

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

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



Dr THILAGA
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Consultant Pathologist

SIN No:CAG240904009

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Patient Name : Mrs.DEEPA KM	Collected : 21/Sep/2024 10:28AM
Age/Gender : 38 Y 7 M 15 D/F	Received : 21/Sep/2024 08:16PM
UHID/MR No : CSAD.0000018931	Reported : 23/Sep/2024 05:34PM
Visit ID : CANNOPV423819	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32362	

DEPARTMENT OF CYTOLOGY

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	LBC-2339/2024
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 THILAGA
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:CAG240904013

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 |
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



1860 500 7788
www.apolloclinic.com

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)



Patient Name : Mrs.DEEPA KM
Age/Gender : 38 Y 7 M 15 D/F
UHID/MR No : CSAD.0000018931
Visit ID : CANNOPV423819
Ref Doctor : Self
Emp/Auth/TPA ID : 22E32362

Collected : 21/Sep/2024 10:28AM
Received : 21/Sep/2024 08:16PM
Reported : 23/Sep/2024 05:34PM
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 THILAGA
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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Patient Name	: Mrs. DEEPA K M	Age	: 38Yrs 7Mths 17Days
UHID	: CSAD.0000018931	OP Visit No.	: CANNOPV423819
Printed On	: 22-09-2024 09:12 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E32362		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and shows fatty changes grade -I
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 9.5 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 9.6 x 3.4 cms.
Left kidney measures 10.0 x 4.2 cms.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus measures 10.6 x 4.9 cms and shows normal endometrial and myometrial echoes.

The endometrial thickness 8.4 mm.

Right ovary measures 3.5 x 2.1 x 2.8 cms (volume - 11 cc)

Left ovary measures 2.4 x 2.1 x 3.1 cms (volume - 8 cc)

Both ovaries appear mildly poly cystic (R>L)

No mass lesion seen in the pelvis.

Bladder is normal in contour.

IMPRESSION:

***FATTY LIVER - GRADE - I**

***MILD POLY CYSTIC OVARIES.**

---End Of The Report---

Dr. PRAVEENA T
MBBS, DMRD, FAGE
72064
Radiology

Patient Name	: Mrs. DEEPA K M	Age	: 38Yrs 7Mths 17Days
UHID	: CSAD.0000018931	OP Visit No.	: CANNOPV423819
Printed On	: 22-09-2024 04:16 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E32362		

DEPARTMENT OF CARDIOLOGY

Observation :-

- 1. Sinus Rhythm.**
- 2. Heart rate is 68 beats per minutes.**

Impression:

NORMAL RESTING ECG.

---End Of The Report---

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

CSAD-18931
OCR-106769,70

भारत सरकार
Government of India

Issue Date: 04/09/2013

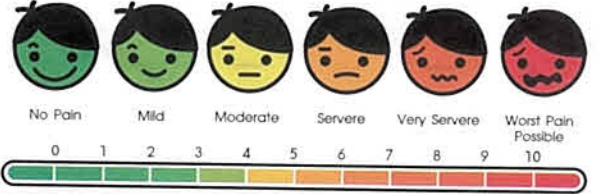


दिप क.एम
Deepa K.M
जन्म दिनांक / DOB: 01/03/1985
स्त्री / FEMALE

5877 3664 5692

मेरा आधार, मेरी पहचान

Deepa



Mr. Deepak K.M

38 | F

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

21/9/24

Dr

→ Adv scaling

→ Adv n^o of +8

[Handwritten Signature]

Follow up date:

Doctor Signature

Name: Mrs. Deepa. K. M
 Occupation:
 Age: 38 Sex: Male Female
 Address:
 Ph:

Date: 21/09/24 Reg. No.: 18931
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History:

Present Complaint:

Regular Checkup

ON EXAMINATION:

	RE	LE
Ocular Movements :	Full	Full
Anterior Segment :	N	N
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		
Without Glass :	6/6	6/6
With Glass :		
N.V. :	N6	N6
Visual Fields :		
Fundus :		
Impression :	N	N
Advice :		
Colour Vision :		

OPHTHALMOLOGY / OPTOMETRIST

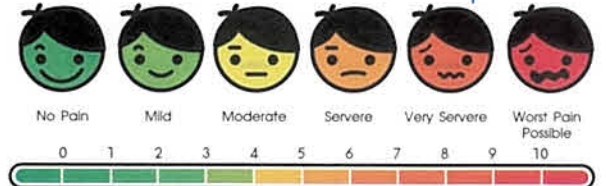
[Signature]

ENT check up

21/9/24

Deepa KM

30/F



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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

No complaints

O/E

ENT - WNL

Follow up date:

Doctor Signature

3 Years

Female

21.09.2024 2:26:01 PM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

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

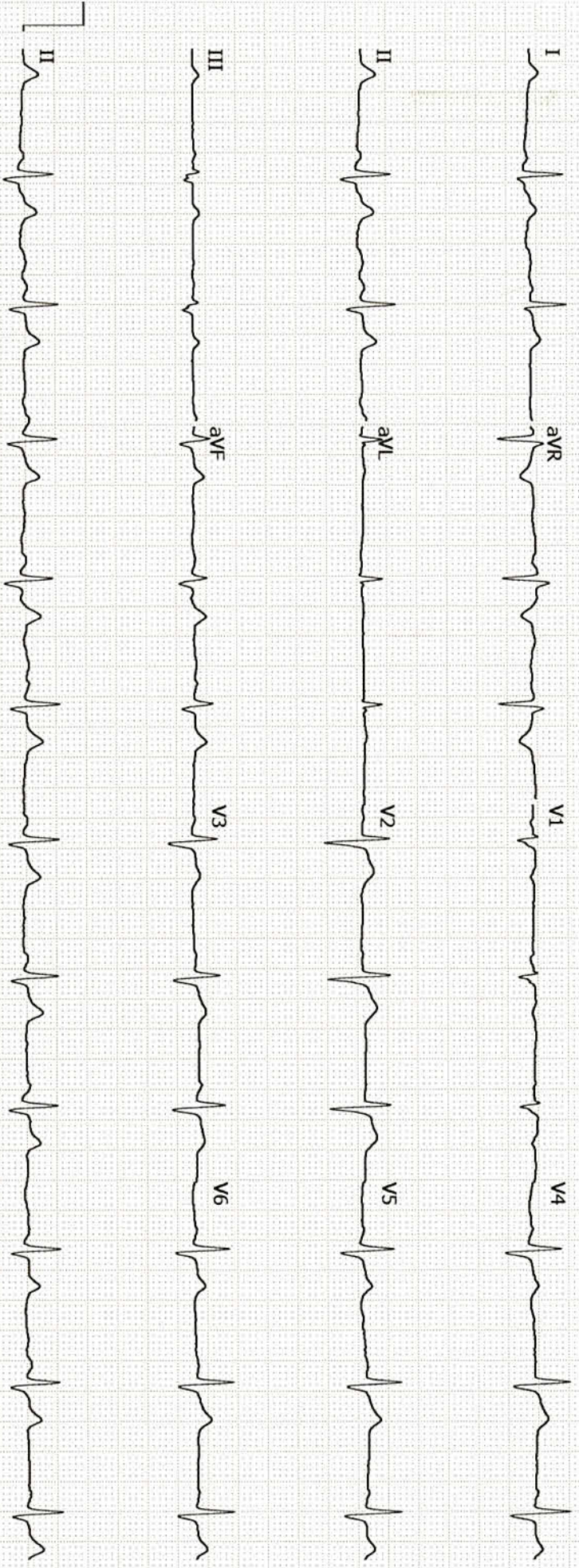
Room:

68 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 96 ms
QT / QTcBaz : 366 / 389 ms
PR : 132 ms
P : 106 ms
RR / PP : 884 / 882 ms
P / QRS / T : 54 / 19 / 45 degrees

NSR
Q



NSR

Unconfirmed

RE: Health checkup Appointments no. 80

From Corporate Apollo Clinic <corporate@apolloclinic.com>

Date Tue 9/3/2024 6:47 PM

To Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Cc Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>; deepak c <deepak.c@apollohl.com>; Electronic City <ecity@apolloclinic.com>; Tnagar Apolloclinic <tnagar@apolloclinic.com>; Asraonagar Apolloclinic <asraonagar@apolloclinic.com>; Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>; Indiranagar Apolloclinic <indiranagar@apolloclinic.com>; JP Nagar Apollo Clinic <jpnagar@apolloclinic.com>; Nigdi Apolloclinic <nigdi@apolloclinic.com>; Velachery Apolloclinic <velachery@apolloclinic.com>; Mysore Apolloclinic <mysore@apolloclinic.com>; ITPL CLINIC <itpl@apolloclinic.com>; FO ITPL <fo.itpl@apolloclinic.com>; Dilip B <dilip.b@apolloclinic.com>; Pritam Padyal <pritam.padyal@apolloclinic.com>; Rahul Rai <rahul.rai@apolloclinic.com>; Annanagar Apolloclinic <annanagar@apolloclinic.com>; Koramangala Apolloclinic <koramangala@apolloclinic.com>; CC Chembur <cc.cbr@apollospectra.com>; Foincharge Cbr <foincharge.cbr@apollospectra.com>

 1 attachments (24 KB)

Copy of 03.09.2024.xlsx;

Namaste Team,

Greetings from Apollo Clinics,

Please find the attachment for appointments status.

Thanks & Regards,

Anvesh M | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Sent: Tuesday, September 3, 2024 1:20 PM

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>; deepak c <deepak.c@apollohl.com>

Subject: Health checkup Appointments no. 80

Dear Team

Please find the attached health checkup booking and confirm the same.

Thanks & Regards

Lav Gupta



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

M. 8800465156 Email : wellness@mediwheel.in; | Web: www.mediwheel.in

CASE RECORD

Name: <u>Ms. Deepa K.M.</u>	Date: <u>2/09/24</u>
Occupation: _____	UHID No.: <u>18931</u>
Age: <u>38</u> Sex: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	OP / Company: <u>Arcafeem</u>
Address: _____	Ref. Physician: <u>Dr. Anshu</u>
Tel No: _____	

Consultant :

K/M/O Hypothyroid (12 yrs) - on meds.

History :

Chief Complaints : (If pain is present, please describe location, character, score etc.)

Nil

History of Present illness :

Anc
Obs

- ① DLP
- ② ↑ TSH (138.904)
- ③ Urine = LUT+2
- ④ QZ FL Mild PCO's
- ⑤ ECHO = (N)

Adv

- ① To do: USG - neck.
- ② S. Anti TPO
S. Thyroglobin Ab
- ③ ~~Aftw.~~ To do
Urine C/S.
- ④ Endocrine P/v.

Apollo Medical Centre
 No. 30, F-Block, 2nd Avenue,
 Anna Nagar East, Chennai-600 102
 044-26224505, Mobile: 7358392880
 Toll No. 1880 500 7788

f

f

