

UHID:CKOR.0000250496 Name : Mrs. Sabita Rani Sahoo Age: 48 Y Sex: F Address: kml OP Number: CKOROPV397211 : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN Plan Bill No :CKOR-OCR-80517 INDIA OP AGREEMENT Date : 27.01.2024 09:26 Serive Type/ServiceName Sno Department ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324 HURINE GLUCOSE(FASTING) 2 GAMMA GLUTAMYL TRANFERASE (GGT) (3 SONO MAMOGRAPHY - SCREENING & 4 HbA1c, GLYCATED HEMOGLOBIN 5 LIVER FUNCTION TEST (LFT) X-RAY CHEST PA 7 GLUCOSE, FASTING 8 HEMOGRAM + PERIPHERAL SMEAR 9 ENT CONSULTATION Ar. higarde ROOM No. 09 10 CARDIAC STRESS TEST(TMT) 11 FITMESS BY GENERAL PHYSICIAN 12 GYNAECOLOGY CONSULTATION 13 DIET CONSULTATION 14 COMPLETE URINE EXAMINATION 15 URINE GLUCOSE(POST PRANDIAL) 16 PERIPHERAL SMEAR LIZECG 18 BLOOD GROUP ABO AND RH FACTOR 19 LIPID PROFILE 20 BODY MASS INDEX (BMI) 21 LBC PAP TEST- PAPSURE 1 22 OPTHAL BY GENERAL PHYSICIAN 23 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) 24 ULTRASOUND - WHOLE ABDOMEN 25 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) 26 DENTAL CONSULTATION

oxudio 11 19 physio 11 (7)

27 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)

BP> 115 Gurnm Hy

Weight: - 59.1 lys

Height: - 162 cm.

Pulse: 102 bts/nts

Bp: 99/60 mng/s

106/58 mm/s

Bi-- 10:00 Pp- 11:30.







### **CERTIFICATE OF MEDICAL FITNESS**

• Me	edically Fit	Tick
• Fit	with restrictions/recommendations	
Though for these are not	ollowing restrictions have been revealed, in my opinion, impediments to the job.  1	
However	3the employee should follow the advice/medication that has	
peen commu	nicated to him/her.	
	Review after	

Dr. M. PROSONO KUMBR Medical Officer The Apollo Clinic (Location)

This certificate is not meant for medico - legal purposes.





## Apollo Medical Centre

Expertise. Closer to you

**Patient Name** 

: Mrs Sabita Rani Sahoo

Patient ID: 250496

Age

: 48Year(s)

Sex : Female

Referring Doctor

: H/C

Date

: 29.01 .2024

### ULTRASOUND ABDOMEN AND PELVIS

Liver is normal in size and shows normal echo pattern. No biliary dilatation .No focal lesion **Portal vein** is normal in size, course and caliber. CBD is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesion.

Right kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. Mild hydronephrosis seen.

Left kidney is normal in size, position, shape and echopattern corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended, wall thickness is normal. No internal echoes.

Uterus: is normal in size. Endometrial echoes are normal

Endometrium: measures 3.0 mm.

Both ovaries are not visualized

Both adnexa: Normal, no mass seen.

There is no ascites.

#### IMPRESSION:

MILD RIGHT HYDRONEPHROSIS

DR VINOD JOSEPH DNB,DMRD RADIOLOGIST







: Mrs Sabita Rani Sahoo

Patient ID : 250496

Age

: 48Years

Sex : Female

**Referring Doctor** 

: H/C

Date : 29.01.24

#### **SONOMAMMOGRAPHY**

Multiple cysts seen in the both breast largest measuring  $0.9 \times 0.9$ cms in the right central 11clock position

The nipple and areolar region show no abnormality.

The bilateral axillary region shows no abnormality and there is no evidence of enlarge lymph nodes.

IMPRESSION: BILATERAL CYSTIC DISEASE - BIRADS II

DR VINOD JOSEPH DNB,DMRD RADIOLOGIST





# Original OP Credit Bill

Age/Gender Address Contact No Name :48 Y F : +919035756314 : Mrs. Sabita Rani Sahoo

: CKOR 0000250496

ARCOFEMI HEAL THCARE LIMITED

ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Corporate Name

Package Charges Department

Referred by Bill/Reg Date : SELF : 27.01.2024 09:26 Bill No

: CKOR-OCR-80517

Center : Koramangala

Emp No/Auth Code : na

2,600.00	Corporate Due:				
0.00	Net Payment:				
0.00	Total Discount:				
2,600.00	Bill Amount				
2,600.00	0.00	2,600.00	-	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324	
Ашерше	Discount	Rate	Qty	Service Name	

You can download your report from "www.apolloclinic.com" Enter user name as CKOROPV397211 and password as 79294 koramangala

Received with thanks: Zero Rupees only

# Apollo Health and Lifestyle Listined

(CM+-UST) 10TCaD00PLC 115819)
Regid Officer 1-10-60VSL Advita Regirupath Chambers 5th Floor, Regirupet Hyderabad, Telangana - 500 016 | Email ID-enquisyletspoliobiscom

Ph No: 040-6004 7777, Fax No: 4584 3744

# APOLLO CLINICS NETWORK

Telenganer Hydeschad (AS Tao Nagar | Chanda Nagar | Kondopy | Nalakunta | Nazampet | Manikonda | Uppal | Andria Pradesta Vizag Geetsumma Petal Kamasakas Bangalora (Basavanaguet | Bellandur | Electronics City | Frazer Town |
HSR Layout | Indira Nagar | P. Nagar | Kondolahalii | Konamangala | Sarjapur Road | Mysore (VV Mohalia) Tamifinada: Chemeai (Antanagur | Kotturpuram | Mogappair | Tilagur | Valusarsakkam | Valudery ) Mahasashtra: Pane (Aundh | Higdi
Podzhilasan | Vernan Nagar | Wascowesi Uttus Pradesta Ghazakhad (Indiquuram) Gujarat Ahmedahad (Sateline) Pumjub: Ameticar (Court Road) Haryana: Farfodabad (Fallway Sation Road)



ಭಾರತ ಸರ್ಕಾರ Government of India

ಸಬಿತ ರಾಜೆ ಸಾಹೂ Sabita Rani Sahoo ಹುಟ್ರಿದ ವರ್ಷ / Year of Birth : 1975 ಸ್ರೀ / Female

2932 3332 0954

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

#### Your appointment is confirmed

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

Wed 24-01-2024 16:03

To:customercare@mediwheel.in <customercare@mediwheel.in>
Cc:Koramangala Apolloclinic <koramangala@apolloclinic.com>;Saim Qamar <saim.qamar@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

#### Dear Sabita Rani Sahoo .,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at KORAMANGALA clinic on 2024-01-27 at 08:30-08:45.

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.
- 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:

- 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: THE APOLLO MEDICAL CENTRE,51, JYOTI NIVAS COLLEGE ROAD, 5TH BLOCK, KORAMANGALA.

Contact No: (080) 2563 3833 - 24 - 23.

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

Age/Gender: 48 Y/F Address: kml

Location: BANGALORE, KARNATAKA

Doctor:

Department: GENERAL

Rate Plan: KORAMANGALA\_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. VIJAYA LAKSHMI M

#### **Doctor's Signature**

MR No: CKOR.0000250496 Visit ID: CKOROPV397211 Visit Date: 27-01-2024 09:24

Discharge Date:

Age/Gender: 48 Y/F Address: kml

Location: BANGALORE, KARNATAKA

Doctor:

Department: GENERAL

Rate Plan: KORAMANGALA\_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. GAZALA ANJUM

#### HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

#### SYSTEMIC REVIEW

\*\*Weight

--->: Stable,

#### **HT-HISTORY**

#### **Past Medical History**

PAST MEDICAL HISTORY: Nil,

\*\*Cancer: .,

#### PHYSICAL EXAMINATION

#### SYSTEMIC EXAMINATION

#### **IMPRESSION**

#### RECOMMENDATION

#### DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

**Doctor's Signature** 

MR No: CKOR.0000250496
Visit ID: CKOROPV397211
Visit Date: 27-01-2024 09:24

Discharge Date:

Age/Gender: 48 Y/F Address: kml

Location: BANGALORE, KARNATAKA

Doctor:

Department: GENERAL

Rate Plan: KORAMANGALA\_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. JYOTHI RAJESH

#### **Doctor's Signature**

MR No: CKOR.0000250496
Visit ID: CKOROPV397211
Visit Date: 27-01-2024 09:24

Discharge Date:

Age/Gender: 48 Y/F Address: kml

Location: BANGALORE, KARNATAKA

Doctor:

Department: GENERAL

Rate Plan: KORAMANGALA\_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. RIDHIMA G

#### HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

#### SYSTEMIC REVIEW

\*\*Weight

--->: Stable,

#### **HT-HISTORY**

#### **Past Medical History**

PAST MEDICAL HISTORY: Nil,

\*\*Cancer: .,

#### PHYSICAL EXAMINATION

#### SYSTEMIC EXAMINATION

#### **IMPRESSION**

#### RECOMMENDATION

#### DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

**Doctor's Signature** 

MR No: CKOR.0000250496
Visit ID: CKOROPV397211
Visit Date: 27-01-2024 09:24

Discharge Date:

Patient Name : Mrs. Sabita Rani Sahoo Age : 48 Y/F

UHID : CKOR.0000250496 OP Visit No : CKOROPV397211
Reported By: : Dr. MOHAN MURALI Conducted Date : 28-01-2024 10:22

Referred By : SELF

#### **ECG REPORT**

#### **Observation:**-

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 68beats 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 seen

#### **Impression:**

NORMAL RESTING ECG.

Dr MOHAN MURALI CARDIOLOGIST

NOTE: KINDLY TAKE A PHOTOCOPY OF THE GRAPH FOR FUTURE REFERENCE IF NEEDED.

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

Patient Name : Mrs. Sabita Rani Sahoo Age : 48 Y/F

UHID : CKOR.0000250496 OP Visit No : CKOROPV397211
Reported By: : Dr. MOHAN MURALI Conducted Date : 28-01-2024 10:22

Age/Gender: 48 Y/F Address: kml

Location: BANGALORE, KARNATAKA

Doctor:

Department: GENERAL

Rate Plan: KORAMANGALA\_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. RIDHIMA G

#### HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

#### SYSTEMIC REVIEW

\*\*Weight

--->: Stable,

#### **HT-HISTORY**

#### **Past Medical History**

PAST MEDICAL HISTORY: Nil,

\*\*Cancer: .,

#### PHYSICAL EXAMINATION

#### SYSTEMIC EXAMINATION

#### **IMPRESSION**

#### RECOMMENDATION

#### DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

**Doctor's Signature** 

MR No: CKOR.0000250496
Visit ID: CKOROPV397211
Visit Date: 27-01-2024 09:24

Discharge Date:



**Patient Name** : Mrs. Sabita Rani Sahoo Age/Gender : 48 Y/F

UHID/MR No.

: CKOR.0000250496

Sample Collected on :

LRN#

: RAD2218104

**Ref Doctor** : SELF Emp/Auth/TPA ID : na

**OP Visit No** : CKOROPV397211

: 27-01-2024 14:20 Reported on Specimen

#### DEPARTMENT OF RADIOLOGY

#### X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

**IMPRESSION: NORMAL STUDY.** 

Dr. VINOD P JOSEPH MBBS, DNB, DMRD Radiology



**Patient Name** : Mrs. Sabita Rani Sahoo Age/Gender : 48 Y/F UHID/MR No. : CKOR.0000250496 **OP Visit No** : CKOROPV397211 : 29-01-2024 10:50 Sample Collected on Reported on LRN# : RAD2218104 Specimen **Ref Doctor** : SELF Emp/Auth/TPA ID : na

#### DEPARTMENT OF RADIOLOGY

#### SONO MAMOGRAPHY - SCREENING

# Multiple cysts seen in the both breast largest measuring $0.9 \times 0.9 cms$ in the right central 11 clock position

The nipple and areolar region show no abnormality.

The bilateral axillary region shows no abnormality and there is no evidence of enlarge lymph nodes.

IMPRESSION: BILATERAL CYSTIC DISEASE - BIRADS II

DR VINOD JOSEPH DNB,DMRD RADIOLOGIST

Dr. VINOD P JOSEPH
MBBS, DNB, DMRD
Radiology



: 29-01-2024 11:00

**Patient Name** : Mrs. Sabita Rani Sahoo Age/Gender : 48 Y/F UHID/MR No. **OP Visit No** : CKOROPV397211

Sample Collected on :

: CKOR.0000250496

LRN#

: RAD2218104

**Ref Doctor** : SELF Emp/Auth/TPA ID : na

#### DEPARTMENT OF RADIOLOGY

Reported on

**Specimen** 

#### **ULTRASOUND - WHOLE ABDOMEN**

Liver is normal in size and shows normal echo pattern. No biliary dilatation . No focal lesion **Portal vein** is normal in size, course and caliber. CBD is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid

**Pancreas** to the extent visualized, appears normal in size, contour and echogenicity **Spleen** is normal in size, shape, contour and echopattern. No evidence of mass or focal lesion. **Right kidney** is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. Mild hydronephrosis seen.

**Left kidney** is normal in size, position, shape and echopattern corticomedulary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended, wall thickness is normal. No internal echoes.

Uterus: is normal in size. Endometrial echoes are normal

Endometrium: measures 3.0 mm.

Both ovaries are not visualized

**Both adnexa:** Normal, no mass seen.

There is no ascites.

#### **IMPRESSION:**

MILD RIGHT HYDRONEPHROSIS

### DR VINOD JOSEPH DNB,DMRD RADIOLOGIST

Dr. VINOD P JOSEPH MBBS, DNB, DMRD







Patient Name : Mrs.SABITA RANI SAHOO

Age/Gender : 48 Y 9 M 17 D/F UHID/MR No : CKOR.0000250496 Visit ID : CKOROPV397211

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : na

Collected : 27/Jan/2024 09:31AM Received : 27/Jan/2024 12:51PM

: 27/Jan/2024 03:22PM Reported

: Final Report : ARCOFEMI HEALTHCARE LIMITED Sponsor Name

#### **DEPARTMENT OF HAEMATOLOGY**

Status

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDT	Ā				
HAEMOGLOBIN	12.9	L	g/dL	12-15	Spectrophotometer
PCV	38.50	L	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.01	L	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	96.2	L	fL	83-101	Calculated
MCH	32.3	Н	pg	27-32	Calculated
MCHC	33.6	L	g/dL	31.5-34.5	Calculated
R.D.W	13.6	L	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,120	L	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC CO	UNT (DLC)				
NEUTROPHILS	54.4	L	%	40-80	Electrical Impedance
LYMPHOCYTES	28.3	L	%	20-40	Electrical Impedance
EOSINOPHILS	8.5	Н	%	1-6	Electrical Impedance
MONOCYTES	8.3	L	%	2-10	Electrical Impedance
BASOPHILS	0.5	L	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT					
NEUTROPHILS	2785.28	L	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1448.96	L	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	435.2	L	Cells/cu.mm	20-500	Calculated
MONOCYTES	424.96	L	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.6	L	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	250000	L	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	26	Н	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR		L			

RBCs: are normocytic normochromic

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

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

Page 1 of 16



SIN No:BED240019680

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Adoress: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka- 560034









: Mrs.SABITA RANI SAHOO

Age/Gender

: 48 Y 9 M 17 D/F

UHID/MR No

: CKOR.0000250496

Visit ID

: CKOROPV397211

Ref Doctor

: Dr.SELF

: na

Emp/Auth/TPA ID

Collected

: 27/Jan/2024 09:31AM

Received

: 27/Jan/2024 12:51PM

Reported

: 27/Jan/2024 03:22PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Kindly correlate clinically.

Dr.Shobha Emmanuel M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 2 of 16



SIN No:BED240019680









: Mrs.SABITA RANI SAHOO

Age/Gender

: 48 Y 9 M 17 D/F

UHID/MR No

: CKOR.0000250496

Visit ID

: CKOROPV397211

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : na

Collected

: 27/Jan/2024 09:31AM

Received

: 27/Jan/2024 12:51PM

Reported

: 27/Jan/2024 03:22PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACT	TOR , WHOLE BLC	OOD EDTA			
BLOOD GROUP TYPE	0	N			Microplate Hemagglutination
Rh TYPE	Positive	N			Microplate Hemagglutination

Dr.Shobha Emmanuel M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

Page 3 of 16



SIN No:BED240019680









: Mrs.SABITA RANI SAHOO

Age/Gender

: 48 Y 9 M 17 D/F

UHID/MR No

Ref Doctor

: CKOR.0000250496

Visit ID

: CKOROPV397211

Emp/Auth/TPA ID

: Dr.SELF

Sponsor Name

Collected

Received

Reported

Status

: 27/Jan/2024 09:31AM

: 27/Jan/2024 01:10PM

: 27/Jan/2024 03:30PM

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	96	L	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	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	106	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	5.9	Н	%		HPLC		

Page 4 of 16



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240008376









Patient Name : Mrs.SABITA RANI SAHOO

Age/Gender : 48 Y 9 M 17 D/F UHID/MR No : CKOR.0000250496

: CKOROPV397211 Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : na Collected : 27/Jan/2024 09:31AM

Received : 27/Jan/2024 01:10PM Reported : 27/Jan/2024 03:30PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF BIOCHEMISTRY

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

ESTIMATED AVERAGE GLUCOSE	123	N	mg/dL	Calculated
(eAG)				

#### **Comment:**

Visit ID

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.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. 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.
- 4. 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.
- 5. 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)

Page 5 of 16



DR. SHIVARAJA SHETTY M.B.B.S, M.D(Biochemistry) CONSULTANT BIOCHEMIST

SIN No:EDT240008376









Patient Name : Mrs.SABITA RANI SAHOO

Age/Gender : 48 Y 9 M 17 D/F
UHID/MR No : CKOR.0000250496
Visit ID : CKOROPV397211

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : na Collected : 27/Jan/2024 09:31AM Received : 27/Jan/2024 12:57PM

Reported : 27/Jan/2024 03:23PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM					
TOTAL CHOLESTEROL	194	L	mg/dL	<200	CHO-POD
TRIGLYCERIDES	110	L	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	L	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	143	Н	mg/dL	<130	Calculated
LDL CHOLESTEROL	121.4	Н	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22	L	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.81	L		0-4.97	Calculated

#### **Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

			1	
	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		160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- 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 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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Page 6 of 16



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04610747









Patient Name : Mrs.SABITA RANI SAHOO

Age/Gender : 48 Y 9 M 17 D/F
UHID/MR No : CKOR.0000250496
Visit ID : CKOROPV397211

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : na Collected : 27/Jan/2024 09:31AM Received : 27/Jan/2024 12:57PM

Reported : 27/Jan/2024 03:23PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT), SERUM					
BILIRUBIN, TOTAL	1.23	Н	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	L	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.06	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	64.00	L	U/L	30-120	IFCC
PROTEIN, TOTAL	6.95	L	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	L	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.69	L	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58	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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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:

Page 7 of 16



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04610747









: Mrs.SABITA RANI SAHOO

Age/Gender

: 48 Y 9 M 17 D/F

UHID/MR No

: CKOR.0000250496

Visit ID

: CKOROPV397211

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: na

Collected

: 27/Jan/2024 09:31AM

Received

: 27/Jan/2024 12:57PM

Reported

: 27/Jan/2024 03:23PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

Page 8 of 16



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04610747









: Mrs.SABITA RANI SAHOO

Age/Gender

: 48 Y 9 M 17 D/F

UHID/MR No

: CKOR.0000250496

Visit ID

: CKOROPV397211

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: na

Collected

: 27/Jan/2024 09:31AM

Received

: 27/Jan/2024 12:57PM

Reported

: 27/Jan/2024 03:23PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method	
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM						
CREATININE	0.63	L	mg/dL	0.51-0.95	Jaffe's, Method	
UREA	23.60	L	mg/dL	17-43	GLDH, Kinetic Assay	
BLOOD UREA NITROGEN	11.0	L	mg/dL	8.0 - 23.0	Calculated	
URIC ACID	5.00	L	mg/dL	2.6-6.0	Uricase PAP	
CALCIUM	9.10	L	mg/dL	8.8-10.6	Arsenazo III	
PHOSPHORUS, INORGANIC	3.52	L	mg/dL	2.5-4.5	Phosphomolybdate Complex	
SODIUM	139	L	mmol/L	136–146	ISE (Indirect)	
POTASSIUM	4.9	L	mmol/L	3.5–5.1	ISE (Indirect)	
CHLORIDE	106	L	mmol/L	101–109	ISE (Indirect)	

Page 9 of 16



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04610747









: Mrs.SABITA RANI SAHOO

Age/Gender

: 48 Y 9 M 17 D/F

UHID/MR No

: CKOR.0000250496

Visit ID

: CKOROPV397211

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : na Collected

: 27/Jan/2024 09:31AM

Received

: 27/Jan/2024 12:57PM

Reported Status

: 27/Jan/2024 03:18PM

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

Page 10 of 16



DR.SHIVARAJA SHETTY M.B.B.S, M.D(Biochemistry) CONSULTANT BIOCHEMIST

SIN No:SE04610747









Patient Name : Mrs.SABITA RANI SAHOO

Age/Gender : 48 Y 9 M 17 D/F
UHID/MR No : CKOR.0000250496
Visit ID : CKOROPV397211

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : na Collected : 27/Jan/2024 09:31AM

Received : 27/Jan/2024 12:55PM Reported : 27/Jan/2024 01:58PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF IMMUNOLOGY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4	I, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	L	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.30	L	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.675	L	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

- 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	Т3	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	

Page 11 of 16

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24012927







: Mrs.SABITA RANI SAHOO

Age/Gender

: 48 Y 9 M 17 D/F

UHID/MR No

: CKOR.0000250496

Visit ID

: CKOROPV397211

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : na

Collected

: 27/Jan/2024 09:31AM

Received

: 27/Jan/2024 12:55PM : 27/Jan/2024 01:58PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF IMMUNOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Page 12 of 16



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24012927









Patient Name : Mrs.SABITA RANI SAHOO

Age/Gender : 48 Y 9 M 17 D/F
UHID/MR No : CKOR.0000250496
Visit ID : CKOROPV397211

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : na Collected : 27/Jan/2024 09:29AM Received : 27/Jan/2024 02:50PM

Reported : 27/Jan/2024 02:50PM : 27/Jan/2024 03:36PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION	N (CUE) , URINE				
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW	N		PALE YELLOW	Visual
TRANSPARENCY	HAZY	N		CLEAR	Visual
рН	5.5	L		5-7.5	DOUBLE INDICATOR
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	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE	N		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE	N		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL	N		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE	N		NEGATIVE	Peroxidase
NITRITE	NEGATIVE	N		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +	N		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET	MOUNT AND MICRO	OSCOPY			
PUS CELLS	8-10	Н	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	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.Shobha Emmanuel M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

Page 13 of 16



SIN No:UR2269264









: Mrs.SABITA RANI SAHOO

Age/Gender

: 48 Y 9 M 17 D/F

UHID/MR No

: CKOR.0000250496

Visit ID

: CKOROPV397211

Ref Doctor

Emp/Auth/TPA ID

: Dr.SELF

: na

Collected

: 27/Jan/2024 09:29AM

Received

: 27/Jan/2024 11:48AM

Reported

: 27/Jan/2024 03:31PM

Status Sponsor Name : Final Report : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE	N		NEGATIVE	Dipstick

Dr.Shobha Emmanuel M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

Page 14 of 16



SIN No:UF010351









: Mrs.SABITA RANI SAHOO

Age/Gender

: 48 Y 9 M 17 D/F

UHID/MR No Visit ID : CKOR.0000250496 : CKOROPV397211

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : na

Collected

: 27/Jan/2024 01:50PM

Received Reported : 28/Jan/2024 04:51PM : 30/Jan/2024 01:17PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

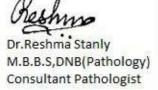
#### **DEPARTMENT OF CYTOLOGY**

LBC PA	P TEST (PAPSURE) , CERVICAL BRUSH S	SAMPLE		
	CYTOLOGY NO.	1666/24		
I	SPECIMEN			
a	SPECIMEN ADEQUACY	ADEQUATE		
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)		
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR		
c	ENDOCERVICAL- TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS		
d	COMMENTS	SATISFACTORY FOR EVALUATION		
П	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy.		
III	RESULT			
a	EPITHEIAL CELL			
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN		
	GLANDULAR CELL ABNORMALITIES	NOT SEEN		
b	ORGANISM	FUNGAL ELEMENTS MORPHOLOGICALLY CONSISTENT WITH CANDIDA		
IV	INTERPRETATION	CANDIDIASIS		

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







SIN No:CS073534

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

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 APOLLO CLINICS NETWORK

Address: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka- 560034









: Mrs.SABITA RANI SAHOO

Age/Gender

: 48 Y 9 M 17 D/F

UHID/MR No

: CKOR.0000250496

Visit ID

: CKOROPV397211

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: na

Collected

: 27/Jan/2024 01:50PM

Received

: 28/Jan/2024 04:51PM : 30/Jan/2024 01:17PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CYTOLOGY**





SIN No:CS073534

Dr.Reshma Stanly

M.B.B.S,DNB(Pathology) Consultant Pathologist

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

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 APOLLO CLINICS NETWORK

Address: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka-560034

