

Patient Name	: Mr.JAYAMALATHY G	Collected	: 27/Jul/2024 09:14AM
Age/Gender	: 45 Y 9 M 5 D/M	Received	: 27/Jul/2024 11:18AM
UHID/MR No	: CTNA.0000127500	Reported	: 27/Jul/2024 01:02PM
Visit ID	: CTNAOPV204574	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7142		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Mild anisocytosis, microcytic hypochromic RBC's admixed with 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:BED240196776

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>8.8</b>	g/dL	13-17	Spectrophotometer
PCV	<b>28.00</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.08</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>68.6</b>	fL	83-101	Calculated
MCH	<b>21.6</b>	pg	27-32	Calculated
MCHC	31.5	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.4</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	69.3	%	40-80	Electrical Impedance
LYMPHOCYTES	22.8	%	20-40	Electrical Impedance
EOSINOPHILS	1.5	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4573.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1504.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	99	Cells/cu.mm	20-500	Calculated
MONOCYTES	389.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.04		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	299000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	12	mm/hour	0-15	Capillary photometry
<b>PERIPHERAL SMEAR</b>				
METHODOLOGY	: Microscopic			



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

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			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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Visit ID : CTNAOPV204574	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	107	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.



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



SIN No:PLF02194497

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Patient Name : Mr.JAYAMALATHY G	Collected : 27/Jul/2024 11:42AM
Age/Gender : 45 Y 9 M 5 D/M	Received : 27/Jul/2024 03:53PM
UHID/MR No : CTNA.0000127500	Reported : 27/Jul/2024 07:31PM
Visit ID : CTNAOPV204574	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	103	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.  
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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



SIN No:PLP1477529

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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.

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)



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SIN No:EDT240081230

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	193	mg/dL	<200	CHO-POD
TRIGLYCERIDES	119	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>139</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>115.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.57		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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SIN No:SE04793288

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.01	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.87	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	<50	UV with P5P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<50	IFCC Without Pyridoxal phosphate Activation
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	76.00	U/L	30-120	IFCC AMP Buffer
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		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'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:

Page 9 of 18



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



SIN No:SE04793288

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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Patient Name	: Mr.JAYAMALATHY G	Collected	: 27/Jul/2024 09:14AM
Age/Gender	: 45 Y 9 M 5 D/M	Received	: 27/Jul/2024 11:50AM
UHID/MR No	: CTNA.0000127500	Reported	: 27/Jul/2024 12:36PM
Visit ID	: CTNAOPV204574	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7142		

**DEPARTMENT OF BIOCHEMISTRY**

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

\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.  
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.67</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>14.00</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.50	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	<b>8.40</b>	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	109	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated



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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	45.00	U/L	<55	IFCC



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Visit ID : CTNAOPV204574	Status : Final Report
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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	<b>0.53</b>	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.86	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>8.680</b>	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	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



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M.D.(Biochemistry)



SIN No:SPL24124024

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



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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.006		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

**Comment:**

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

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

SIN No:UR2394578

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



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Consultant Pathologist

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

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



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

SIN No:UF011957

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 : Mr.JAYAMALATHY G	Collected : 27/Jul/2024 11:26AM
Age/Gender : 45 Y 9 M 5 D/M	Received : 27/Jul/2024 04:38PM
UHID/MR No : CTNA.0000127500	Reported : 29/Jul/2024 05:17PM
Visit ID : CTNAOPV204574	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7142	

**DEPARTMENT OF CYTOLOGY**

**LBC PAP SMEAR , CERVICAL SAMPLE**

	<b>CYTOLOGY NO.</b>	LBC-1661/2024
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial & intermediate squamous cells noted.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

\*\*\* End Of Report \*\*\*



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

SIN No:CS084008

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

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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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**APOLLO CLINICS NETWORK**

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



**Patient Name** : Mr. Jayamalathy G

**Age/Gender** : 45 Y/M

**UHID/MR No.** : CTNA.0000127500

**OP Visit No** : CTNAOPV204574

**Sample Collected on** :

**Reported on** : 29-07-2024 11:30

**LRN#** : RAD2389634

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 35E7142

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

Normal study.



**Dr. RASHEED ARAFATH HIDAYATHULLAH**  
**MBBS, DNB (RD)**  
Radiology

Mrs. Jeyamalathy 4667

27.7.24.

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

General Examination / Allergies  
History

c/o Nerve pain.  
 Headache.  
 No re. cold  
Q/S: Thr: clear.  
noxe: DSC  
Sau: R/c Tm  
 intact.  
 A - SRT  
TH: Hearing normal.  
 A - SRT ~~head~~ clinically  
 normal.

**APOLLO MEDICAL CENTRE**  
 11/4, Sivaprakasam Street, Pondy Bazaar  
 T. Nagar, Chennai - 680 017.  
 Phone: 044 - 2434 1066 / 95001 66355

Follow up date:

Doctor Signature & Stamp

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

# OPHTHALMOLOGY

Name <i>S. Jayamalathi G</i>	Date <i>27/07/24</i>
Age <i>45</i>	UHID No. <i>127500</i>
Sex: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

## OPHTHAL FITNESS CERTIFICATE

	RE	LE
DV-UCVA :	<i>(6/36)</i>	<i>(6/12)</i>
DV-BCVA <i>-12</i> :	<i>(6/9)</i>	<i>(6/6)</i>
NEAR VISION :	<i>N6</i>	<i>N6</i>
ANTERIOR SEGMENT :	<i>Full</i>	<i>Full</i>
IOP :		
FIELDS OF VISION :		
E O M :		
COLOUR VISION :	<i>Normal</i>	<i>Normal</i>
FUNDUS :		
IMPRESSION :		
ADVICE :	<i>Relin on 1-0007</i>	

**APOLLO MEDICAL CENTRE**  
11/4, Sivaprakasam Street, Pondy Bazaar  
T. Nagar, Chennai - 600 017.  
Phone: 044 - 2434 1066 / 95001 66335

### PHYSICAL EXAMINATION

NAME	Mrs. Jayamalathi		DATE OF CHECK UP
AGE / GENDER	45 yrs	MALE/FEMALE	<input checked="" type="checkbox"/>
HEIGHT	161		Cm
WEIGHT	75.3		Kgs
BLOOD PRESSURE	130/70		Mm/Hg
BMI	29.05		
WAIST	93		
HIP	104		
WAIST IP RATION	0.89		
RESPIRATORY RATE	18		Min
PULSE	89		
CHEST	INSPIRATION		
	EXPIRATION		

### OPHTHAL EXAMINATION

### COLOUR VISION

VISION	FAR VISION RIGHT	FAR VISION LEFT	NEAR VISION RIGHT	NEAR VISION LEFT	RIGHT	LEFT
WITHOUT GLASS						
WITH GLASS						
REMARKS IF ANY						

**APOLLO MEDICAL CENTRE**  
11/4, Sivaprakasam Street, Pandy Bazaar  
T. Nagar, Chennai - 600 017.  
Phone : 044 - 2434 1066 / 95001 66355


**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of \_\_\_\_\_ on \_\_\_\_\_

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	
<ul style="list-style-type: none"> <li>• Fit with restrictions / recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not Impediments to the job.</p> <p>1. <u>Grade 2 fatty liver</u></p> <p>2. <u>Prediabetes</u></p> <p>3. <u>probably Iron deficiency anemia</u></p> <p>4. <u>Hypocalcaemia (calcium risedrel)</u></p> <p>vit D levels to be checked.</p> <p>However the employee should follow the advice/medication that has been Communicated to him/her.</p> <p>Review after _____</p>	<p><i>tab. Myrox SD-bd 5</i></p> <p><i>tab osfer x7 o-l-o ximon</i></p>
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____</li> <li>_____ recommended</li> </ul>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

  
**Dr. KAVITHA SUDHARAN**  
 Medical Officer  
 MBBS, DNB Family Medicine  
 The Apollo Clinic (Location)  
 Apollo Family Physician  
 Reg. No. 186706

*This certificate is not meant for medico-legal purposes*

**Patient Name** : Mr. Jayamalathy G

**Age/Gender** : 45 Y/M

**UHID/MR No.** : CTNA.0000127500

**OP Visit No** : CTNAOPV204574

**Sample Collected on** :

**Reported on** : 27-07-2024 15:41

**LRN#** : RAD2389634

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 35E7142

---

## DEPARTMENT OF RADIOLOGY

---

### ULTRASOUND - WHOLE ABDOMEN

**Liver shows increase in echogenicity suggestive of fatty changes.**

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.

Aorta and IVC appear normal.

Right kidney measures 9.4 cms.

Left kidney measures 10.4 cms.

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

Bladder is normal in contour.

Uterus is bulky , retroverted and measures 8.0 x 6.5 x 4.5 cms.

It shows normal endometrial and myometrial echoes.

Endometrium thickness measures 6 mm.

Cervix - Cervix is bulky and shows few sub centimeter nabothian cysts are noted.

Vagina appears normal.

Right ovary measures 2.1 x 1.2 cms.

Left ovary measures 2.2 x 1.3 cms.

Both ovaries are normal in size and echotexture.

Both the parametria are free. No mass lesion seen in the pelvis.

Both iliac fossae appear normal.

### IMPRESSION:




**Patient Name** : Mr. Jayamalathy G

**Age/Gender** : 45 Y/M

---

**Fatty Liver ( Grade I).**

**Bulky uterus and cervix with few sub centimeter nabothian cysts.**



**Dr. RASHEED ARAFATH HIDAYATHULLAH**  
MBBS, DNB (RD)  
Radiology

Name: Mr. Jayamalathy G  
Age/Gender: 45 Y/M  
Address: 24 ,12th cross street rail nagar maraimalai nagar chennai  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: T NAGAR\_20052024  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. HARI K

MR No: CTNA.0000127500  
Visit ID: CTNAOPV204574  
Visit Date: 27-07-2024 09:08  
Discharge Date:  
Referred By: SELF

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

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. Jayamalathy G  
Age/Gender: 45 Y/M  
Address: 24 ,12th cross street rail nagar maraimalai nagar chennai  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: T NAGAR\_20052024  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. REKHA SANJAY

MR No: CTNA.0000127500  
Visit ID: CTNAOPV204574  
Visit Date: 27-07-2024 09:08  
Discharge Date:  
Referred By: SELF

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

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. Jayamalathy G  
Age/Gender: 45 Y/M  
Address: 24 ,12th cross street rail nagar maraimalai nagar chennai  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: T NAGAR\_20052024  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. T DEVI SHANMUGA PRIYA

MR No: CTNA.0000127500  
Visit ID: CTNAOPV204574  
Visit Date: 27-07-2024 09:08  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mr. Jayamalathy G  
Age/Gender: 45 Y/M  
Address: 24 ,12th cross street rail nagar maraimalai nagar chennai  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: T NAGAR\_20052024  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. NARASSA NARAYANI

MR No: CTNA.0000127500  
Visit ID: CTNAOPV204574  
Visit Date: 27-07-2024 09:08  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mr. Jayamalathy G  
Age/Gender: 45 Y/M  
Address: 24 ,12th cross street rail nagar maraimalai nagar chennai  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: T NAGAR\_20052024  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. HARI K

MR No: CTNA.0000127500  
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Visit Date: 27-07-2024 09:08  
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**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
27-07-2024 13:27	Beats/min	130/70 mmHg	Rate/min	F	161 cms	75.3 Kgs	%	%	Years	29.05	cms	cms	cms		AHLL03212

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
27-07-2024 13:27	Beats/min	130/70 mmHg	Rate/min	F	161 cms	75.3 Kgs	%	%	Years	29.05	cms	cms	cms		AHLL03212



Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
27-07-2024 13:27	Beats/min	130/70 mmHg	Rate/min	F	161 cms	75.3 Kgs	%	%	Years	29.05	cms	cms	cms		AHLL03212

## Your appointment is confirmed

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

Fri 7/26/2024 12:25 PM

To:jayamalathi1717@gmail.com <jayamalathi1717@gmail.com>

Cc:Tnagar Apolloclinic <tnagar@apolloclinic.com>;Sreetharan V <sreetharan.v@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear **G JAYAMALATHY,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **T NAGAR clinic** on **2024-07-27** at **08:00-08:15**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324]</b>

**"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."**

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

**Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.

3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

**For further assistance, please call us on our Help Line #: 1860 500 7788.**

**Clinic Address: THE APOLLO MEDICAL CENTRE, 11/4 SIVA PRAKASAM STREET  
PONDYBAZZAR T-NAGAR-600017.**

**Contact No: (044) 24341066/24335315 - 16 - 18 - 19 .**

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

यूनियन बैंक  
अंध्र प्रदेश  
Union Bank  
of India



नाम : जी. जयमालती

Name : G. Jayamalathi

कर्मचारी संख्या / Employee No. 664191

जन्म दिन / Birth Date : 17.05.1978

ब्लड ग्रुप / Blood Group : B+ve

जारी करने का स्थान

Place of Issue: Chennai

जारी करने की तारीख

Date of Issue: 22.03.2021

हस्ताक्षर

Signature

जारीकर्ता प्राधिकारी

Issuing Authority

GE M401200 ST      MRS JAYAMALATHI, G 000127500, APOLLO CLINIC, T. NAGAR, CHENNAI

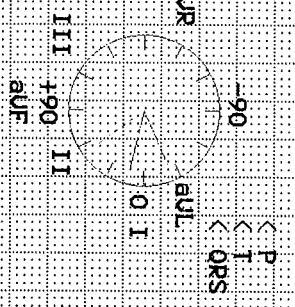
HR 86 bpm

Female

AGE: 45

Measurement Results:

QRS : 84 ms  
 QT/QTcB : 366 / 437 ms  
 PR : 166 ms  
 P : 96 ms  
 RR/PP : 690 / 695 ms  
 P/QRS/T : 53 / 14 / -24 degrees



Interpretation:  
 12SL - Interpretation  
 Normal sinus rhythm  
 Nonspecific ST and T wave abnormality  
 Abnormal ECG

Unconfirmed report.

Patient Name	: Mr. Jayamalathy G	Age	: 45 Y/M
UHID	: CTNA.0000127500	OP Visit No	: CTNAOPV204574
Reported By:	: Dr. HARI K	Conducted Date	: 27-07-2024 12:40
Referred By	: SELF		

---

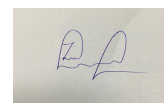
## ECG REPORT

### **Impression:**

NORMAL SINUS RHYTHM

NORMAL ECG.

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



Dr. HARI K



Patient Name : Mr. Jayamalathy G Age : 45 Y/M  
UHID : CTNA.0000127500 OP Visit No : CTNAOPV204574  
Conducted By: : Dr. ASHA MAHILMARAN Conducted Date : 27-07-2024 13:08  
Referred By : SELF

---

## **2D-ECHO WITH COLOUR DOPPLER**

### Dimensions:

Ao (ed)	2.7 CM
LA (es)	3.2 CM
LVID (ed)	4.2 CM
LVID (es)	2.7 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	67.00%
%FD	37.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

Patient Name	: Mr. Jayamalathy G	Age	: 45 Y/M
UHID	: CTNA.0000127500	OP Visit No	: CTNAOPV204574
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 27-07-2024 13:08
Referred By	: SELF		

---

## **DOPPLER STUDIES**

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.9m/sec A: 0.6m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO 0.7m/sec

VELOCITY ACROSS THE AV UPTO 1.4m/sec

## **IMPRESSION:**

**NO REGIONAL WALL MOTION ABNORMALITIES**

**NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION**

**NORMAL LEFT VENTRICULAR IN SIZE**

**NO : PE/PAH**

DONE BY

Patient Name : Mr. Jayamalathy G Age : 45 Y/M  
UHID : CTNA.0000127500 OP Visit No : CTNAOPV204574  
Conducted By: : Dr. ASHA MAHILMARAN Conducted Date : 27-07-2024 13:08  
Referred By : SELF

---

NIRMALA



Dr.ASHA  
MAHILMARAN.

Patient Name	: Mr. Jayamalathy G	Age	: 45 Y/M
UHID	: CTNA.0000127500	OP Visit No	: CTNAOPV204574
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 27-07-2024 13:08
Referred By	: SELF		

---

Patient Name	: Mr. Jayamalathy G	Age	: 45 Y/M
UHID	: CTNA.0000127500	OP Visit No	: CTNAOPV204574
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 27-07-2024 13:08
Referred By	: SELF		

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Patient Name	: Mr. Jayamalathy G	Age	: 45 Y/M
UHID	: CTNA.0000127500	OP Visit No	: CTNAOPV204574
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 27-07-2024 13:08
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Patient Name	: Mr. Jayamalathy G	Age	: 45 Y/M
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