

Certificate No: MC-2435

Patient Name : Mrs.UMA. N	Collected : 13/Jan/2024 08:30AM
Age/Gender : 59 Y 8 M 23 D/F	Received : 13/Jan/2024 11:43AM
UHID/MR No : SALW.0000070854	Reported : 13/Jan/2024 03:00PM
Visit ID : CTNAOPV191080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 62171	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240008975

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

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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APOLLO CLINICS NETWORK

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.2	g/dL	12-15	Spectrophotometer
PCV	38.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.77	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	81	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.0	%	40-80	Electrical Impedance
LYMPHOCYTES	40.2	%	20-40	Electrical Impedance
EOSINOPHILS	4.0	%	1-6	Electrical Impedance
MONOCYTES	5.4	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4250	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3417	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	340	Cells/cu.mm	20-500	Calculated
MONOCYTES	459	Cells/cu.mm	200-1000	Calculated
BASOPHILS	34	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	431000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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

PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen.

IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			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 ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	184	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:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	274	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:PLP1408137

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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	203	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)



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



SIN No:EDT240003772

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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	226	mg/dL	<200	CHO-POD
TRIGLYCERIDES	165	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	181	mg/dL	<130	Calculated
LDL CHOLESTEROL	148	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.02		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.62	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	111.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	3.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.

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DR. R. SRIVATSAN
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SIN No:SE04599548

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Patient Name : Mrs.UMA. N	Collected : 13/Jan/2024 08:30AM
Age/Gender : 59 Y 8 M 23 D/F	Received : 13/Jan/2024 12:02PM
UHID/MR No : SALW.0000070854	Reported : 13/Jan/2024 01:21PM
Visit ID : CTNAOPV191080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 62171	

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- Correlation with PT (Prothrombin Time) helps.



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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.68	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.20	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)



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Patient Name : Mrs.UMA. N	Collected : 13/Jan/2024 08:30AM
Age/Gender : 59 Y 8 M 23 D/F	Received : 13/Jan/2024 12:02PM
UHID/MR No : SALW.0000070854	Reported : 13/Jan/2024 12:38PM
Visit ID : CTNAOPV191080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 62171	

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	<38	IFCC



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Certificate No: MC-2435

Patient Name : Mrs.UMA. N	Collected : 13/Jan/2024 08:30AM
Age/Gender : 59 Y 8 M 23 D/F	Received : 13/Jan/2024 12:04PM
UHID/MR No : SALW.0000070854	Reported : 13/Jan/2024 12:58PM
Visit ID : CTNAOPV191080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 62171	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.88	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.61	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.940	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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



SIN No: SPL24005967

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Certificate No: MC-2435

Patient Name	: Mrs.UMA. N	Collected	: 13/Jan/2024 08:30AM
Age/Gender	: 59 Y 8 M 23 D/F	Received	: 13/Jan/2024 12:04PM
UHID/MR No	: SALW.0000070854	Reported	: 13/Jan/2024 12:58PM
Visit ID	: CTNAOPV191080	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: EMP ID 62171		

DEPARTMENT OF IMMUNOLOGY

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



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



SIN No:SPL24005967

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Certificate No: MC-2435

Patient Name : Mrs.UMA. N	Collected : 13/Jan/2024 08:30AM
Age/Gender : 59 Y 8 M 23 D/F	Received : 13/Jan/2024 05:07PM
UHID/MR No : SALW.0000070854	Reported : 13/Jan/2024 06:13PM
Visit ID : CTNAOPV191080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 62171	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE ++++		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 15 of 17



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Patient Name : Mrs.UMA. N	Collected : 13/Jan/2024 08:30AM
Age/Gender : 59 Y 8 M 23 D/F	Received : 13/Jan/2024 04:08PM
UHID/MR No : SALW.0000070854	Reported : 13/Jan/2024 05:05PM
Visit ID : CTNAOPV191080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 62171	

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
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (+++)		NEGATIVE	Dipstick

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



Dr THILAGA
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SIN No:UF010155

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Patient Name : Mrs.UMA. N	Collected : 13/Jan/2024 01:56PM
Age/Gender : 59 Y 8 M 23 D/F	Received : 14/Jan/2024 12:12PM
UHID/MR No : SALW.0000070854	Reported : 16/Jan/2024 01:02PM
Visit ID : CTNAOPV191080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 62171	

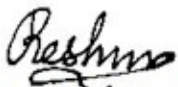
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	762/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	VAULT SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	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 ***



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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)

Mrs. Uma N
Age: 59/F

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

40 HOH (L) > (R)

O/E: B/L TM intact

Adv
PTA

S. Meenakshi

APOLLO MEDICAL CENTER
Door No 11/4, Sivaprakasam Street, T.Nagar,
Chennai - 600017.
Ph No 044-24341086 / 24335315 / 16118119

Follow up date:

Doctor Signature

APOLLO CLINIC

CONSENT FORM

Patient Name .. M.S. Uma .n Age..... 59 yrs

UHID Number..... 70854 company Name..... Arcolem


I Mr/Mrs/Ms..... Uma .n Employee of..... 59

(Company) Want to inform you that I am not interested in getting..... Sae Mamoogan, Opthal &

Tests done which is apart of my routine health check package.

Dental

And I claim the above statemnt in my full consciousness.

Patient Signature.....  Date..... 13/1/24

APOLLO MEDICAL CENTER
Door No 11/4, Sivaprakasam Street, T.Nagar,
Chennai - 600017.
Ph No 044-24341006 / 24336315 M6/18/19

Physical Examination			
Name Mr / Mrs / Miss		Mrs. Uma. N	
Age / Gender		59 yrs	Male / Female
DATE OF CHECK UP			
HEIGHT	147	Cms	
WEIGHT	69.4	Kgs	
BLOOD PRESSURE (if above 140/90 need 3 readings)	1)	130/80	mmHg
	2)		
	3)		
BMI	32.1		
WAIST	102		
HIP	107		
WAIST HIP RATIO	0.95	Min	
RESPIRATORY RATE	18	Min	
PULSE	85 b/min		
CHEST	INSPIRATION	Ins:	Cms
	EXPIRATION	Exp:	Cms

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 CENTER
Door No 114, Sivaprakasam Street, T.Nagar,
Chennai - 600017.
Ph No 044-24341066 / 24350315 / 16/18/19

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TAMILNADU

Chennai | Annanagar | Kotturpuram | Mogappair | T.Nagar | Valasaravakkam | Velachery

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs. UMA. N

Age/Gender : 59 Y/F

UHID/MR No. : SALW.0000070854

OP Visit No : CTNAOPV191080

Sample Collected on :

Reported on : 15-01-2024 09:20

LRN# : RAD2207136

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : EMP ID 62171

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Fibroatelectatic changes is seen in right mid zone.

Rest of the 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 :

Fibroatelectatic changes in right mid zone.



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

Patient Name	: Mrs. UMA. N	Age/Gender	: 59 Y/F
UHID/MR No.	: SALW.0000070854	OP Visit No	: CTNAOPV191080
Sample Collected on	:	Reported on	: 13-01-2024 19:24
LRN#	: RAD2207136	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: EMP ID 62171		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is mildly enlarged measures 17 cms and 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 8.5 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 9.3 x 3.8 cms.

Left kidney measures 10.7 x 5.4 cms.

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

Uterus is not visualised consistent with surgery.

Both ovaries are not clearly visualised.

Both the parametria are free. No mass lesion seen in the pelvis.
Bladder is normal in contour. Both iliac fossae appear normal.

IMPRESSION:

- **Mild Hepatomegaly with Fatty Liver (Grade II).**
- **Post hysterectomy status.**

Patient Name : Mrs. UMA. N

Age/Gender : 59 Y/F

**DR. MANJIMA MOHAN
RADIOLOGIST.**



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

Name: Mrs. UMA. N
Age/Gender: 59 Y/F
Address: 3B, AISHWARYA FLATS, 10/31, II MAIN ROAD, CIT NAGAR,
NANDHANAM
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. NARASSA NARAYANI

MR No: SALW.0000070854
Visit ID: CTNAOPV191080
Visit Date: 13-01-2024 08:26
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. UMA. N
Age/Gender: 59 Y/F
Address: 3B, AISHWARYA FLATS, 10/31, II MAIN ROAD, CIT NAGAR,
NANDHANAM
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. T DEVI SHANMUGA PRIYA

MR No: SALW.0000070854
Visit ID: CTNAOPV191080
Visit Date: 13-01-2024 08:26
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. UMA. N
Age/Gender: 59 Y/F
Address: 3B, AISHWARYA FLATS, 10/31, II MAIN ROAD, CIT NAGAR,
NANDHANAM
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. REKHA SANJAY

MR No: SALW.0000070854
Visit ID: CTNAOPV191080
Visit Date: 13-01-2024 08:26
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. UMA. N
Age/Gender: 59 Y/F
Address: 3B, AISHWARYA FLATS, 10/31, II MAIN ROAD, CIT NAGAR,
NANDHANAM
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VASANTHI SACHIDHANAND

MR No: SALW.0000070854
Visit ID: CTNAOPV191080
Visit Date: 13-01-2024 08:26
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. UMA. N
Age/Gender: 59 Y/F
Address: 3B, AISHWARYA FLATS, 10/31, II MAIN ROAD, CIT NAGAR,
NANDHANAM
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. HARI K

MR No: SALW.0000070854
Visit ID: CTNAOPV191080
Visit Date: 13-01-2024 08:26
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

Established Patient: Yes

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
13-01-2024 12:54	Beats/min	130/80 mmHg	Rate/min	F	147 cms	69.4 Kgs	%	%	Years	32.12	cms	cms	cms		AHLL03212

Established Patient: Yes

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: Yes

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
13-01-2024 12:54	Beats/min	130/80 mmHg	Rate/min	F	147 cms	69.4 Kgs	%	%	Years	32.12	cms	cms	cms		AHLL03212

Established Patient: Yes

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
13-01-2024 12:54	Beats/min	130/80 mmHg	Rate/min	F	147 cms	69.4 Kgs	%	%	Years	32.12	cms	cms	cms		AHLL03212

Established Patient: Yes

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
13-01-2024 12:54	Beats/min	130/80 mmHg	Rate/min	F	147 cms	69.4 Kgs	%	%	Years	32.12	cms	cms	cms		AHLL03212



बैंक ऑफ़ बड़ौदा
Bank of Baroda



नाम
Name

N. UMA

कर्मचारी कूट क्र
E.C.No.

62171

जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature Of Holder



बैंक ऑफ़ बड़ौदा
Bank of Baroda



नाम
Name

N. UMA

कर्मचारी कूट क्र
E.C.No.

62171

जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature Of Holder

59 Years

MALE

13/01/2024 08:26:32 AM

APOLLO CLINIC T NAGAR

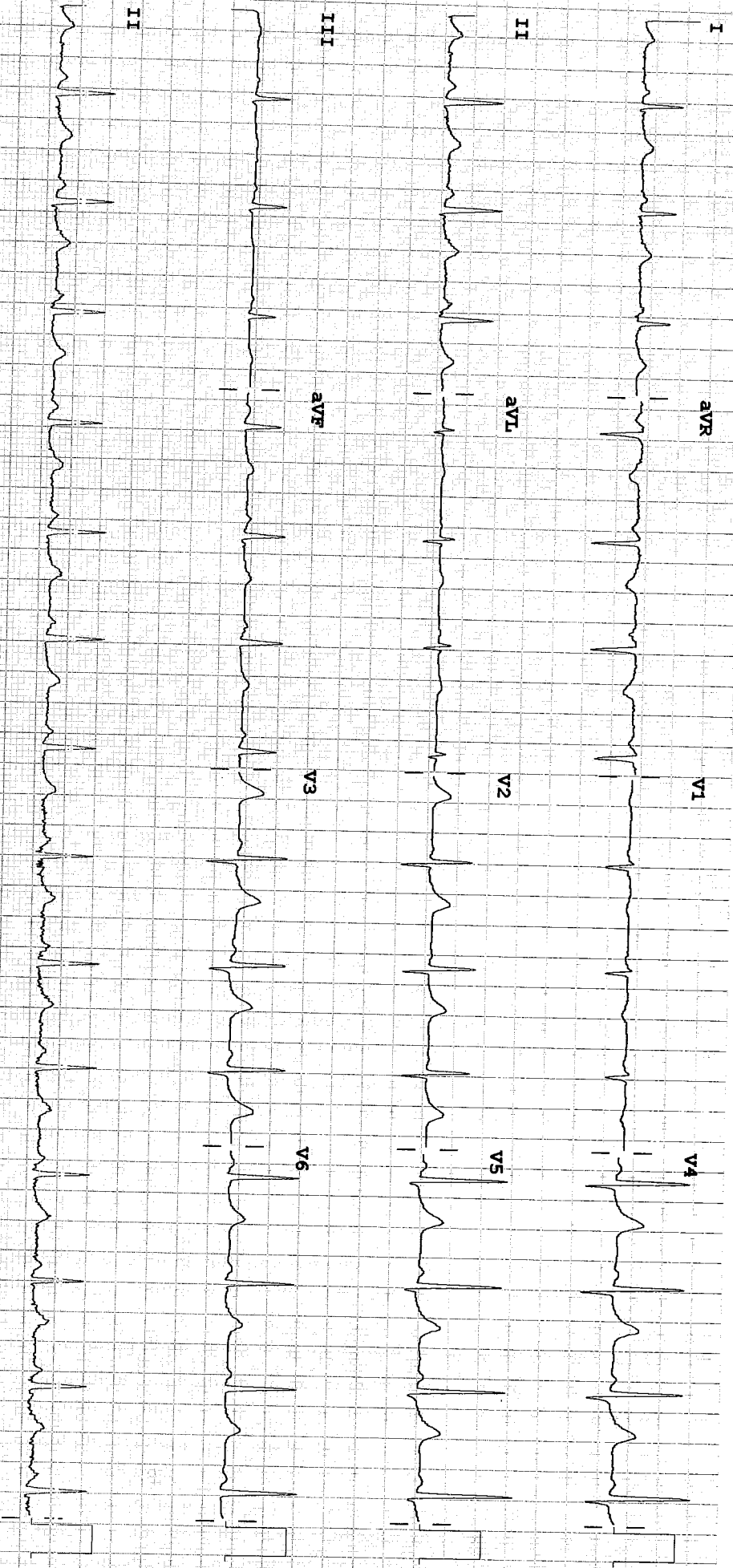
Rate 85 Sinus rhythm.....normal P axis, V-rate 50-99
 PR 125 Abnormal R-wave progression, early transition.....QRS area>0 in V2
 QRSU 63
 QT 384
 QTc 457

--AXIS--
 P 52
 QRS 55
 T 39

12 Lead; Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

PHILIPS

F 50~ 0.50-100 Hz W

PH100B CL

P?

REORDER M3708A

Patient Name	: Mrs. UMA. N	Age	: 59 Y/F
UHID	: SALW.0000070854	OP Visit No	: CTNAOPV191080
Reported By:	: Dr. HARI K	Conducted Date	: 13-01-2024 11:57
Referred By	: SELF		

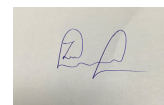
ECG REPORT

Impression:

NORMAL SINUS RHYTHM

NORMAL ECG.

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



Dr. HARI K

Patient Name	: Mrs. UMA. N	Age	: 59 Y/F
UHID	: SALW.0000070854	OP Visit No	: CTNAOPV191080
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 13-01-2024 12:39
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.7 CM
LA (es)	2.9 CM
LVID (ed)	4.5 CM
LVID (es)	2.8 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	66.00%
%FD	35.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. UMA. N	Age	: 59 Y/F
UHID	: SALW.0000070854	OP Visit No	: CTNAOPV191080
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 13-01-2024 12:39
Referred By	: SELF		

DOPPLER STUDIES

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.8m/sec A: 0.7m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO 0.6m/sec

VELOCITY ACROSS THE AV UPTO 1.0m/sec

IMPRESSION:

NO REGIONAL WALL MOTION ABNORMALITIES

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

NORMAL LEFT VENTRICULAR IN SIZE

NO : PE/PAH

DONE BY
NIRMALA

Patient Name : Mrs. UMA. N Age : 59 Y/F
UHID : SALW.0000070854 OP Visit No : CTNAOPV191080
Conducted By: : Dr. ASHA MAHILMARAN Conducted Date : 13-01-2024 12:39
Referred By : SELF



Dr.ASHA
MAHILMARAN.

Patient Name	: Mrs. UMA. N	Age	: 59 Y/F
UHID	: SALW.0000070854	OP Visit No	: CTNAOPV191080
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 13-01-2024 12:39
Referred By	: SELF		

Patient Name	: Mrs. UMA. N	Age	: 59 Y/F
UHID	: SALW.0000070854	OP Visit No	: CTNAOPV191080
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 13-01-2024 12:39
Referred By	: SELF		

Patient Name	: Mrs. UMA. N	Age	: 59 Y/F
UHID	: SALW.0000070854	OP Visit No	: CTNAOPV191080
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 13-01-2024 12:39
Referred By	: SELF		



Certificate No: MC-2435

Patient Name	: Mrs.UMA. N	Collected	: 13/Jan/2024 08:30AM
Age/Gender	: 59 Y 8 M 23 D/F	Received	: 13/Jan/2024 11:43AM
UHID/MR No	: SALW.0000070854	Reported	: 13/Jan/2024 03:00PM
Visit ID	: CTNAOPV191080	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: EMP ID 62171		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.

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



SIN No:BED240008975

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



Certificate No: MC-2435

Patient Name	: Mrs.UMA. N	Collected	: 13/Jan/2024 08:30AM
Age/Gender	: 59 Y 8 M 23 D/F	Received	: 13/Jan/2024 11:43AM
UHID/MR No	: SALW.0000070854	Reported	: 13/Jan/2024 03:00PM
Visit ID	: CTNAOPV191080	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: EMP ID 62171		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.2	g/dL	12-15	Spectrophotometer
PCV	38.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.77	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	81	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,500	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.0	%	40-80	Electrical Impedence
LYMPHOCYTES	40.2	%	20-40	Electrical Impedence
EOSINOPHILS	4.0	%	1-6	Electrical Impedence
MONOCYTES	5.4	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4250	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3417	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	340	Cells/cu.mm	20-500	Calculated
MONOCYTES	459	Cells/cu.mm	200-1000	Calculated
BASOPHILS	34	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	431000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 17

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



SIN No:BED240008975

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



Certificate No. MC-2435

Patient Name	: Mrs.UMA. N	Collected	: 13/Jan/2024 08:30AM
Age/Gender	: 59 Y 8 M 23 D/F	Received	: 13/Jan/2024 11:43AM
UHID/MR No	: SALW.0000070854	Reported	: 13/Jan/2024 03:00PM
Visit ID	: CTNAOPV191080	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: EMP ID 62171		

DEPARTMENT OF HAEMATOLOGY

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

WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.

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

Page 3 of 17



SIN No:BED240008975

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



Certificate No: MC-2435

Patient Name	: Mrs.UMA. N	Collected	: 13/Jan/2024 08:30AM
Age/Gender	: 59 Y 8 M 23 D/F	Received	: 13/Jan/2024 11:43AM
UHID/MR No	: SALW.0000070854	Reported	: 13/Jan/2024 05:40PM
Visit ID	: CTNAOPV191080	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: EMP ID 62171		

DEPARTMENT OF HAEMATOLOGY

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

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

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

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



Patient Name : Mrs.UMA. N	Collected : 13/Jan/2024 11:32AM
Age/Gender : 59 Y 8 M 23 D/F	Received : 13/Jan/2024 06:37PM
UHID/MR No : SALW.0000070854	Reported : 13/Jan/2024 07:27PM
Visit ID : CTNAOPV191080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 62171	

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	184	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. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	274	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)





Certificate No: MC-2433

Patient Name	: Mrs.UMA. N	Collected	: 13/Jan/2024 08:30AM
Age/Gender	: 59 Y 8 M 23 D/F	Received	: 13/Jan/2024 11:42AM
UHID/MR No	: SALW.0000070854	Reported	: 13/Jan/2024 12:26PM
Visit ID	: CTNAOPV191080	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: EMP ID 62171		

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	203	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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

Patient Name : Mrs.UMA. N	Collected : 13/Jan/2024 08:30AM
Age/Gender : 59 Y 8 M 23 D/F	Received : 13/Jan/2024 12:02PM
UHID/MR No : SALW.0000070854	Reported : 13/Jan/2024 01:21PM
Visit ID : CTNAOPV191080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 62171	

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	226	mg/dL	<200	CHO-POD
TRIGLYCERIDES	165	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	181	mg/dL	<130	Calculated
LDL CHOLESTEROL	148	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.02		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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



SIN No:SE04599548

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Age/Gender : 59 Y 8 M 23 D/F	Received : 13/Jan/2024 12:02PM
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DEPARTMENT OF BIOCHEMISTRY

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



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



Patient Name : Mrs.UMA. N	Collected : 13/Jan/2024 08:30AM
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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.62	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	111.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	3.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.



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Age/Gender : 59 Y 8 M 23 D/F
UHID/MR No : SALW.0000070854
Visit ID : CTNAOPV191080
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : EMP ID 62171

Collected : 13/Jan/2024 08:30AM
Received : 13/Jan/2024 12:02PM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

- Correlation with PT (Prothrombin Time) helps.



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UHID/MR No : SALW.0000070854	Reported : 13/Jan/2024 01:21PM
Visit ID : CTNAOPV191080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 62171	

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.68	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.20	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)



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M.D.(Biochemistry)



SIN No:SE04599548

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Patient Name : Mrs.UMA. N	Collected : 13/Jan/2024 08:30AM
Age/Gender : 59 Y 8 M 23 D/F	Received : 13/Jan/2024 12:02PM
UHID/MR No : SALW.0000070854	Reported : 13/Jan/2024 12:38PM
Visit ID : CTNAOPV191080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 62171	

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	<38	IFCC



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





Certificate No: MC-2435

Patient Name : Mrs.UMA. N	Collected : 13/Jan/2024 08:30AM
Age/Gender : 59 Y 8 M 23 D/F	Received : 13/Jan/2024 12:04PM
UHID/MR No : SALW.0000070854	Reported : 13/Jan/2024 12:58PM
Visit ID : CTNAOPV191080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 62171	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.88	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.61	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.940	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
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)

SIN No:SPL24005967

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



Certificate No MC-2435

Patient Name	: Mrs.UMA. N	Collected	: 13/Jan/2024 08:30AM
Age/Gender	: 59 Y 8 M 23 D/F	Received	: 13/Jan/2024 12:04PM
UHID/MR No	: SALW.0000070854	Reported	: 13/Jan/2024 12:58PM
Visit ID	: CTNAOPV191080	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: EMP ID 62171		

DEPARTMENT OF IMMUNOLOGY

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

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





Certificate No: MC-2435

Patient Name	: Mrs.UMA. N	Collected	: 13/Jan/2024 08:30AM
Age/Gender	: 59 Y 8 M 23 D/F	Received	: 13/Jan/2024 05:07PM
UHID/MR No	: SALW.0000070854	Reported	: 13/Jan/2024 06:13PM
Visit ID	: CTNAOPV191080	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: EMP ID 62171		

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE ++++		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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



SIN No:UR2261725

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

Patient Name : Mrs.UMA. N	Collected : 13/Jan/2024 08:30AM
Age/Gender : 59 Y 8 M 23 D/F	Received : 13/Jan/2024 04:08PM
UHID/MR No : SALW.0000070854	Reported : 13/Jan/2024 05:05PM
Visit ID : CTNAOPV191080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 62171	

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
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (+++)		NEGATIVE	Dipstick

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



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



SIN No:UF010155

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



MC-2438

Patient Name : Mrs.UMA. N	Collected : 13/Jan/2024 01:56PM
Age/Gender : 59 Y 8 M 23 D/F	Received : 14/Jan/2024 12:12PM
UHID/MR No : SALW.0000070854	Reported : 16/Jan/2024 01:02PM
Visit ID : CTNAOPV191080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID 62171	

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	762/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	VAULT SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	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 ***

Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

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SIN No:CS073073

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