


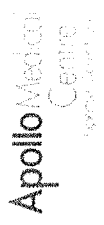
Name : Mrs. Anuradha Mahesh Address : blr Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 49 Y Sex : F	UHID :CBAS.0000091851  OP Number :CBASOPV100705 Bill No :CBAS-OCR-61143 Date : 02.03.2024 08:39
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO → RS	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION ✓	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE ✓	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	SONO MAMOGRAPHY - SCREENING ✓	
18	HbA1c, GLYCATED HEMOGLOBIN	
19	X-RAY CHEST PA → U	
20	ENT CONSULTATION	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	LIPID PROFILE	
24	BODY MASS INDEX (BMI)	
25	OPHTHAL BY GENERAL PHYSICIAN	
26	ULTRASOUND - WHOLE ABDOMEN	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

✓ Se Vit D.
 ✓ Se Vit B12

Ht - 156
 wt - 66.9
 BP - 117/67
 PR - 63
 wcd - 92
 H-P - 105

Report ID: AHLLP_01P3FGAT6T80XWA_V6T80XXT



Authorized by
Yogesh

Dr. Yogesh Kothari
MD, DNB, FESC, FEP
Reg No- KMC 44065

Date: IST: 2024-03-02 12:13:06

Personal Details
UHID: 01P3FGAT6T80XWA
PatientID: 91851
Name: ANURADHA MAHESH
Age: 49
Gender: Female
Mobile: 65615649959419

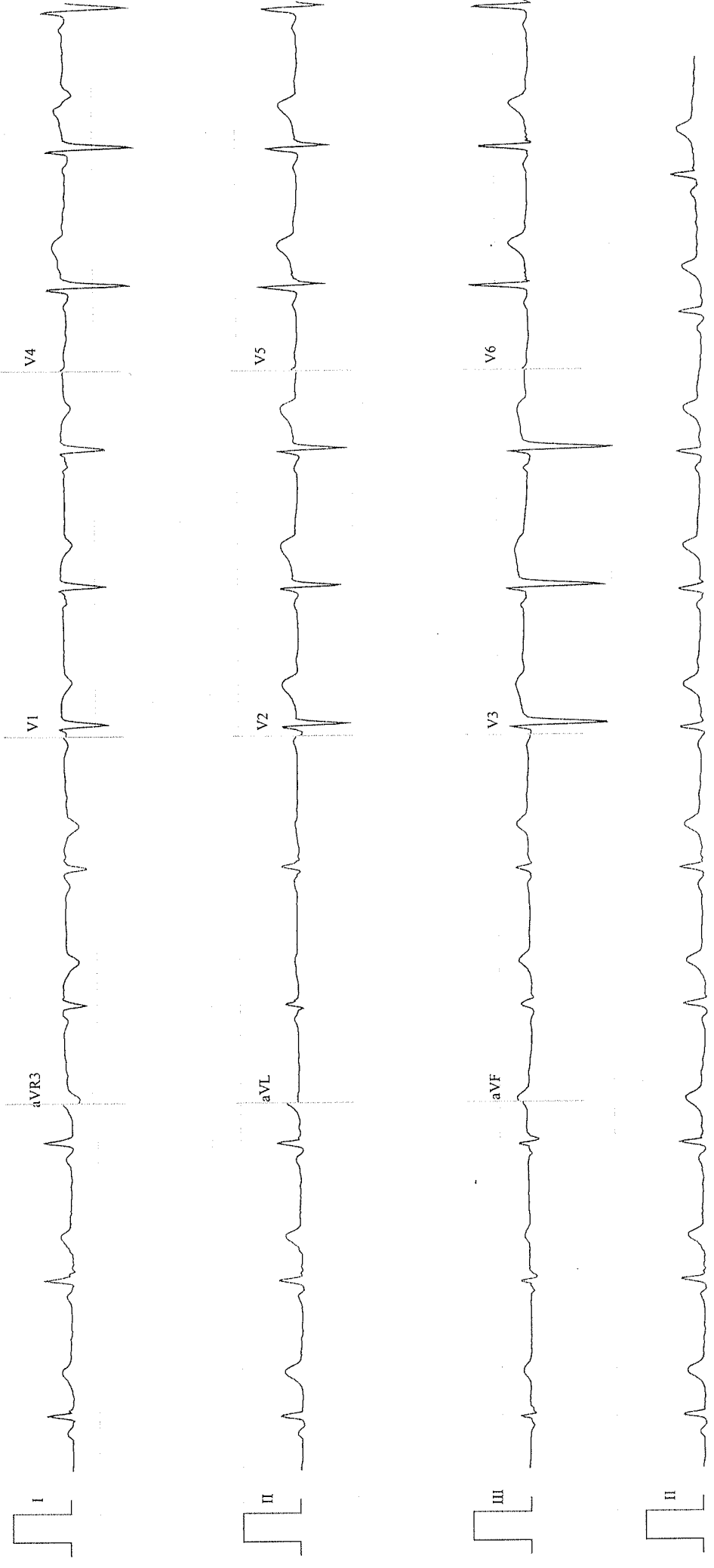
Vitals

Measurements
HR: 61 BPM
PR: 131 ms
PD: 102 ms
QRSD: 94 ms
QRS Axis: 29 deg
QT/QTc: 429/429 ms

Interpretation
Sinus Rhythm Regular
Normal Axis

**Pre-Existing Medical-
Conditions**

Symptoms



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV
Disclaimer: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests, and must be interpreted by a qualified physician.
Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data. Clinical correlation is important.

Apollo Clinic

CONSENT FORM

Patient Name: Anuradha Mahesh Age: 49y

UHID Number: Company Name:

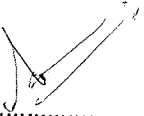
I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting 2D ECHO

Tests done which is a part of my routine health check package.

Skipped

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 2/3/2024

Mrs Anuradha Mahesh, 49yr,

2/2/2r

Hypertension (2013)

HT, 156-

HTN (2-3yr)

WT, 66.9kg

Diets, 160ml low salt high zinc.

IBW -> 55-60kg

117/67

Veg diet -> cereals, Toor, cannot millet. 60-80-100mls

↓
Diuretics, etc.

Diets millet / whole grain - good for -

FLAY (salt free) drinks.

egg - 1/4ly

milk & curries -> 300-350ml

highly salt

water - 2.5-3lit

sleep -> 6-8hrs

Dr. Mahesh

PAP SMEAR CONSENT FORM

PATIENT NAME: *Anwarahho* AGE: *49y* GENDER: *F* DATE: *2/3/24*

MENSTRUAL AND REPRODUCTIVE HISTORY

AGE OF MENARCHE : *13y*
AGE OF MENOPAUSAL IF APPLICABLE : *Hym 38y.*
MENSTRUAL REGULARITY : *REGULAR/IRREGULAR*
FIRST DAY OF LAST MENSTRUATION PERIOD: *11y back.*
AGE AT MARRIAGE : *22y*
YEAR'S OF MARRIED LIFE : *27y*
CONTRACEPTION : YES()NO()IF YES WHAT KIND?
HORMONAL TREATMENT : YES() NO() IF YES WHAT KIND?
GRAVIDA (NO OF TIME'S CONCEIVED) :
PARA(NO OF CHILDBIRTH) :
LIVE(NO OF LIVING CHILDREN) :
ABORTIONS :
MISCARRIAGES/ABORTION :
AGE OF FIRST CHILD :
AGE OF LAST CHILD :
PREVIOUS PAP SMEAR REPORT :

*H/o hysterectomy
for fibroid
P, L, I, A → 4m - twins
missed abortion
investigated for → 22%
infertility. ~~acc~~*

SPECULUM EXAMINATION FINDINGS

EXTERNAL GENITALIA
VAGINA
CERVIX
SMEAR THAKEN FROM - ENDOCERVIX
ECTOCERVIX
POSTERIOR VAGINA

Walt

HEREBY DECLARE THAT THE ABOVE INFORMINFORMATION TRUE I HAVE BEEN EXPLAINED THE PROCEDURE AND GIVEN MY CONSENT TO UNDERGO THE SAME.

SIGNATURE OF THE PATEINT

SIGNATURE OF THE DOCTOR
[Signature]

Mrs. Anuradha Mahesh

49/12 91857

EYE CHECK UP REPORT

2/3/24

Vision Acuity $\left\{ \begin{array}{l} 6/6 \\ \text{unaided} \end{array} \right.$

Near Vision $\left\{ \begin{array}{l} N10 \\ \text{unaided} \end{array} \right.$



Anuradha mahesh
49/F

2/3/24

pt. has come for General dental
Checkup.

on examination

Cat
GD ist $\frac{+}{8}$

Adv
oral prophylaxis
Extraction ist $\frac{+}{8}$

Needle

Dr. Deepika
9900018997
08026616555

RE: Health checkup Booking No. 11

Corporate Apollo Clinic <corporate@apolloclinic.com>

Fri 2/23/2024 4:09 PM

To: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>
Cc: Customer Care : Mediwheel : New Delhi <customercare@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak c <deepak.c@apollohl.com>; Nizampet Apolloclinic <nizampet@apolloclinic.com>; Dilip Baniya <Dilip.b@apolloclinic.com>; Pritam Padyal <pritam.padyal@apolloclinic.com>; Rahul Rai <rahul.rai@apolloclinic.com>; Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>; Indiranagar Apolloclinic <indiranagar@apolloclinic.com>

📎 1 attachments (15 KB)

Copy of 23022024 BOOKING.xlsx;

Namaste Team,

Greetings from Apollo Clinics,

Please find the attachment for appointments status.

Thanks & Regards,

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

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

Sent: 23 February 2024 10:54

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

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

Subject: Health checkup Booking No. 11

Dear Team

Please find the attached Health checkup booking file and confirm the same.



ಭಾರತ ಸರ್ಕಾರ
Government of India

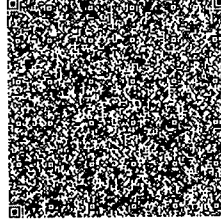
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0000/00690/87159

To
ಅನುರಾಧ ಮಹೇಶ್
Anuradha Mahesh
W/O Mahesh K,
Flat No F-0143 Brigade Panorama,
Mysore Main Road,
VTC: Kumbalagoodu,
PO: Kumbalagodu,
District: Bengaluru,
State: Karnataka,
PIN Code: 560060,
Mobile: 8088713759

Signature valid

Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 05
Date: 2024.05.15 11:00:31
GMT+05:30



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5716 3166 5473

VID : 9136 6880 4778 5260

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 271122013



ಅನುರಾಧ ಮಹೇಶ್
Anuradha Mahesh
ಜನ್ಮ ದಿನಾಂಕ/DOB: 15/09/1974
ಸ್ತ್ರೀ/FEMALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used only with verification (online authentication or scanning of QR code / offline XML)

5716 3166 5473

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

Customer Pending Tests
FITNESS BY GP,ENT PENDING

Patient Name : Mrs. Anuradha Mahesh

Age/Gender : 49 Y/F

UHID/MR No. : CBAS.0000091851

OP Visit No : CBASOPV100705

Sample Collected on :

Reported on : 02-03-2024 16:18

LRN# : RAD2253860

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 369393

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mrs. Anuradha Mahesh

Age/Gender : 49 Y/F

UHID/MR No. : CBAS.0000091851

OP Visit No : CBASOPV100705

Sample Collected on :

Reported on : 02-03-2024 15:14

LRN# : RAD2253860

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 369393

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears enlarged in size (16.0 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 10.2x1.8 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 11.0x1.2 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus Post hysterectomy status.

Both ovaries No adnexal mass/collection. No evidence of any adnexal pathology noted.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-

FATTY HEPATOMEGALY.

Suggested clinical correlation.

The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mrs. Anuradha Mahesh

Age/Gender : 49 Y/F

UHID/MR No. : CBAS.0000091851

OP Visit No : CBASOPV100705

Sample Collected on :

Reported on : 02-03-2024 16:40

LRN# : RAD2253860

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 369393

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Both breasts show normal echotexture and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

IMPRESSION

No significant abnormality is seen in this study.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mrs.ANURADHA MAHESH	Collected : 02/Mar/2024 09:01AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 02/Mar/2024 11:46AM
UHID/MR No : CBAS.0000091851	Reported : 02/Mar/2024 01:28PM
Visit ID : CBASOPV100705	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369393	

DEPARTMENT OF HAEMATOLOGY

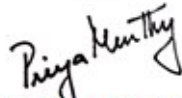
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.9	g/dL	12-15	Spectrophotometer
PCV	40.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.58	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	89.1	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,070	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.4	%	40-80	Electrical Impedence
LYMPHOCYTES	37.3	%	20-40	Electrical Impedence
EOSINOPHILS	4.9	%	1-6	Electrical Impedence
MONOCYTES	6.9	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3059.28	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2264.11	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	297.43	Cells/cu.mm	20-500	Calculated
MONOCYTES	418.83	Cells/cu.mm	200-1000	Calculated
BASOPHILS	30.35	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.35		0.78- 3.53	Calculated
PLATELET COUNT	300000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

Page 1 of 16



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



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



SIN No: BED240055267

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE 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

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)

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

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

Patient Name : Mrs.ANURADHA MAHESH	Collected : 02/Mar/2024 09:01AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 02/Mar/2024 11:46AM
UHID/MR No : CBAS.0000091851	Reported : 02/Mar/2024 01:28PM
Visit ID : CBASOPV100705	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369393	

DEPARTMENT OF HAEMATOLOGY

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

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

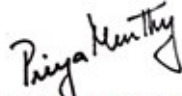
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr. Shobha Emmanuel
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Consultant Pathologist



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Consultant Pathologist



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Age/Gender : 49 Y 6 M 0 D/F	Received : 02/Mar/2024 11:46AM
UHID/MR No : CBAS.0000091851	Reported : 02/Mar/2024 05:05PM
Visit ID : CBASOPV100705	Status : Final Report
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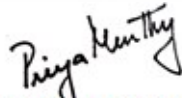
DEPARTMENT OF HAEMATOLOGY

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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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



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Consultant Pathologist



SIN No: BED240055267

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APOLLO CLINICS NETWORK

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Karnataka - 560034

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

Patient Name : Mrs.ANURADHA MAHESH	Collected : 02/Mar/2024 09:01AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 02/Mar/2024 12:26PM
UHID/MR No : CBAS.0000091851	Reported : 02/Mar/2024 02:39PM
Visit ID : CBASOPV100705	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369393	

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	114	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ 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)	82	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				



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

SIN No:EDT240024912

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Karnataka- 560034



1860 500 7788
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Patient Name : Mrs.ANURADHA MAHESH	Collected : 02/Mar/2024 09:01AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 02/Mar/2024 12:26PM
UHID/MR No : CBAS.0000091851	Reported : 02/Mar/2024 02:39PM
Visit ID : CBASOPV100705	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369393	

DEPARTMENT OF BIOCHEMISTRY

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

HBA1C, GLYCATED HEMOGLOBIN	6.4	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	137	mg/dL	Calculated

Comment:


Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)




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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	169	mg/dL	<200	CHO-POD
TRIGLYCERIDES	174	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	89.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.76		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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Patient Name	: Mrs.ANURADHA MAHESH	Collected	: 02/Mar/2024 09:01AM
Age/Gender	: 49 Y 6 M 0 D/F	Received	: 02/Mar/2024 03:50PM
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Visit ID	: CBASOPV100705	Status	: Final Report
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Emp/Auth/TPA ID	: 369393		

DEPARTMENT OF BIOCHEMISTRY

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



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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.89	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.77	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	59.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.93	g/dL	6.6-8.3	Biuret
ALBUMIN	4.04	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		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'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.
- 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	0.69	mg/dL	0.51-0.95	Jaffe's, Method
UREA	20.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.65	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.46	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.93	g/dL	6.6-8.3	Biuret
ALBUMIN	4.04	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	<38	IFCC



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Patient Name : Mrs.ANURADHA MAHESH	Collected : 02/Mar/2024 09:01AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 02/Mar/2024 02:56PM
UHID/MR No : CBAS.0000091851	Reported : 02/Mar/2024 03:54PM
Visit ID : CBASOPV100705	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369393	

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)	0.8	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.823	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




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

SIN No:SPL24036449

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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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)

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

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

Patient Name	: Mrs.ANURADHA MAHESH	Collected	: 02/Mar/2024 09:01AM
Age/Gender	: 49 Y 6 M 0 D/F	Received	: 02/Mar/2024 02:56PM
UHID/MR No	: CBAS.0000091851	Reported	: 02/Mar/2024 03:54PM
Visit ID	: CBASOPV100705	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 369393		

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24036449

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Karnataka- 560034



1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.ANURADHA MAHESH	Collected : 02/Mar/2024 09:01AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 02/Mar/2024 11:42AM
UHID/MR No : CBAS.0000091851	Reported : 02/Mar/2024 01:05PM
Visit ID : CBASOPV100705	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369393	

DEPARTMENT OF CLINICAL PATHOLOGY

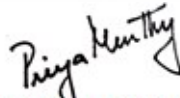
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		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	NEGATIVE		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	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 16



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



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



SIN No: UR2295460

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

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Karnataka - 560034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.ANURADHA MAHESH	Collected : 02/Mar/2024 12:19PM
Age/Gender : 49 Y 6 M 0 D/F	Received : 02/Mar/2024 04:32PM
UHID/MR No : CBAS.0000091851	Reported : 02/Mar/2024 06:57PM
Visit ID : CBASOPV100705	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369393	

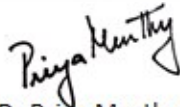
DEPARTMENT OF CLINICAL PATHOLOGY

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)	NEGATIVE		NEGATIVE	Dipstick



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



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



SIN No:UPP016839

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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APOLLO CLINICS NETWORK

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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

Patient Name : Mrs.ANURADHA MAHESH	Collected : 02/Mar/2024 09:01AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 02/Mar/2024 12:42PM
UHID/MR No : CBAS.0000091851	Reported : 02/Mar/2024 04:25PM
Visit ID : CBASOPV100705	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369393	

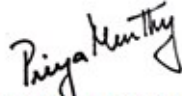
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



SIN No: UF010859

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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APOLLO CLINICS NETWORK

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Karnataka - 560034

 **1860 500 7788**
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Patient Name : Mrs.ANURADHA MAHESH	Collected : 02/Mar/2024 11:27AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 03/Mar/2024 07:22PM
UHID/MR No : CBAS.0000091851	Reported : 05/Mar/2024 07:03PM
Visit ID : CBASOPV100705	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369393	

DEPARTMENT OF CYTOLOGY

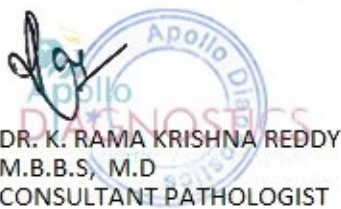
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	4705/24
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. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



DR. K. RAMA KRISHNA REDDY
M.B.B.S., M.D
CONSULTANT PATHOLOGIST

SIN No:CS075536

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

Page 16 of 16
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ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



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