

Patient Name : Mrs.PRAGATI DUBEY
Age/Gender : 35 Y 8 M 25 D/F
UHID/MR No : SCHE.0000088904
Visit ID : SCHEOPV107180
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S35569

Collected : 22/Oct/2024 08:56AM
Received : 22/Oct/2024 11:02AM
Reported : 22/Oct/2024 01:19PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240240533



Patient Name : Mrs.PRAGATI DUBEY
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.4	g/dL	12-15	Spectrophotometer
PCV	38.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.62	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	84	fL	83-101	Calculated
MCH	27	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	15.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,800	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64	%	40-80	Electrical Impedence
LYMPHOCYTES	30	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4352	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2040	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	136	Cells/cu.mm	20-500	Calculated
MONOCYTES	272	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.13		0.78- 3.53	Calculated
PLATELET COUNT	240000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC WBC WITHIN NORMAL LIMITS PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN				

Page 2 of 16



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240240532



Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:


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DEPARTMENT OF HAEMATOLOGY

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


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:BED240240532



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Collected : 22/Oct/2024 08:56AM
Received : 23/Oct/2024 04:03PM
Reported : 24/Oct/2024 12:15PM
Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	NEGATIVE			Forward & Reverse Grouping with Slide/Tube Agglutination
Confirmed by Du testing				

M. Muttavarapu Viswanath

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

SIN No:HA07884223

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	70-100	GOD - POD

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. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:PLF02210219



Patient Name : Mrs.PRAGATI DUBEY
Age/Gender : 35 Y 8 M 29 D/F
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Visit ID : SCHEOPV107180
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Collected : 26/Oct/2024 11:49AM
Received : 26/Oct/2024 01:47PM
Reported : 26/Oct/2024 02:05PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	89	mg/dL	70-140	GOD - POD

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. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:PLP1487529



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UHID/MR No : SCHE.0000088904	Reported : 22/Oct/2024 03:53PM
Visit ID : SCHEOPV107180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S35569	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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)



Dr.Sandip Kumar Banerjee
M.B.B.S,M.D(PATHOLOGY),D.P.B
Consultant Pathologist



SIN No:EDT240093197

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	157	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	74	mg/dL	<150	
HDL CHOLESTEROL	49	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	108	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.20		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



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04837958



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	94.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		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, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

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

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


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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.66	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	20.97	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.00	mg/dL	3.0-5.5	URICASE
CALCIUM	8.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04837958



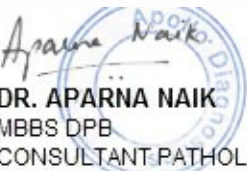
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.12	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.31	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.558	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 Treatment.
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

Page 13 of 16



Dr. Akanksha Kanad Vitkar
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: SPL24144385



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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Dr. Akanksha Kanad Vitkar
 M.B.B.S., M.D (Pathology)
 Consultant Pathologist

SIN No: SPL24144385



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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.015		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	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2417361



Patient Name	: Mrs.PRAGATI DUBEY	Collected	: 26/Oct/2024 12:08PM
Age/Gender	: 35 Y 8 M 29 D/F	Received	: 27/Oct/2024 07:32PM
UHID/MR No	: SCHE.0000088904	Reported	: 29/Oct/2024 12:32PM
Visit ID	: SCHEOPV107180	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S35569		

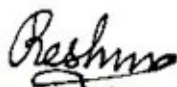
DEPARTMENT OF CYTOLOGY

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	23815/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial 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	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 ***



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

Page 16 of 16
CAP
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SIN No:CS085654

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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

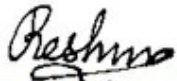
Ujagar Compound, Opp. Deonar Bus Depot Main Gate,
Deonar, Chembur, Mumbai, Maharashtra
Ph: 022 4334 4600

Patient Name : Mrs.PRAGATI DUBEY
Age/Gender : 35 Y 8 M 29 D/F
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TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



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



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Ph: 022 4334 4600

TOUCHING LIVES

Patient Name : Mrs.PRAGATI DUBEY
Age/Gender : 35 Y 8 M 29 D/F
UHID/MR No : SCHE.0000088904
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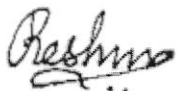
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*** End Of Report ***



Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
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Page 1 of 1
CAP
ACCREDITED ✓
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- Results may vary from lab to lab and from time to time for the same parameter for the same patient. Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.
- This report is not valid for medico legal purposes.

OUR LAB NETWORK

ANDHRA PRADESH

Guntur : Ground Floor 4-15-91/1, Bharat Peta Road, Guntur - 522007 T: 9642101777 / 0863 223 2213

Rajahmundry : 22-9-15/2, Korukonda Road, Opp. Bijili Ice Factory, Jayakrishna Puram, Rajahmundry - 533105 T: 9100910996

Tirupathi : D No:23-9-99/3, Amaravathi Nagar. M R Pala Main Road, Tirupathi - 517501 T: 9515965968 / 8772243415 / 8227743414

Vijayawada : Parmeshwara Complex, Venkateshwara Puram. Vijayawada - 520010:08662497878 / 9100105801

Visakhapatnam : Plot NO- MIG-76, Sector-3. D No-1-83-18/1/1, Double Road, MVP Colony, Vizag - 530017 T: 9100910952

BIHAR

Chhapra : Ward No 23, Circle No 17, Hoarding No 479. Dahiyanwan Tola, Chhapra, Saran, Bihar - 841301 T: 8336978921

Muzaffarpur : House No - Al, Moti Mandir, Professor Colony, Kalambagh Road, Near Aghoria Bazar, Muzaffarpur, Bihar 842002.T: 0612 3344242

Patna: Suhavana Complex, 105p, Saguna More, Danapur, Patna-801503:8336978922

ASSAM

Dibrugarh : South Amolapatty, A T Road, Dibrugarh, Assam - 786001 T: 8820444418

Guwahati : Royal Orchard, Beltola Basistha Road, Wireless, Dispur, Guwahati - 781036 T: 8820144414

Silchar : Monti Mansion, Opposite Surana Motors, Hailakandi Road T: 03842 241147 / 9957644441

KARNATAKA

Hubli : Marvel Signet Shop no.13 Shirur Park, Marvel Properties, Hubli, Karnataka - 580030 T: 9100910983

Bangalore 1: 35/1, Old No. 472/5A. AVS Compound, Near Sony Centre, 80 Ft. Road, Koramangala, Bangalore - 560047 T: 9100105814

Bangalore 2 : No:209, Kasturinagar Main Road, Kasturi Nagar, Bangalore- 560043 T: 9100910985

Mandya : #1135, Makam Towers, Vivekananda Road, Ashoka Nagar, Mandya - 571401 T:08232 225566

Mangalore : Shop No 002, Groundfloor, Janavi Plaza, Near Bunts Hostel Circle, Mangalore - 575003 T:9100910984

Mysore : Plot No.#465/1, Ramanuia Road, Opp JSS Hospital, Agrahara. Mysore - 570004 T:9100910975

MADHYA PRADESH

Gwalior : Shop No.1, M.K.Plaza, Hospital Road, Opposite Mahadev Dispensary, JA Group of Hospitals, Gwalior - 474001

T: 0751-2453068 MAHARASHTRA

Aurangabad : Shreeji Tower, Shop No 10,11, Kamgar Chowk, N4-Cidco, Aurangabad - 431001 T: 0240 2487444

Nashik : Shop No - 4A, Archit Royale Apartment, Opp. Eassar Petrol Pump Mahatma Nagar, Nashik 422007 T: 0253 6603130,9100910997

Pune : 1011,1st Floor, Farena Corporate Park, Near Season's Mall, Magarapatta Road, Hadapsar, Pune - 411028 T: 9100105826

Solapur : Plot No B-3, B-4 Vishwakiran Park, Jule Solapur - 413008 T: 0217 3344242

ODISHA

Bhubaneswar : Plot No. 306/1815, Surya Vihar, Patia Bhubaneswar, Odisha - 751024 T: 8230944413

Sambalpur : Aithapally Main Road, Sambalpur, Odisha - 768004 T: 8231944411

TAMILNADU

Chennai : Plot No-B143(Part),9' Avenue, Ashok Nagar, Chennai - 600083 T: 044 42167277

Madurai : 9/B, V P Rathanaswamy Nadar Street, Bibikulam, Madurai - 625002 T: 9100910974

Pondicherry : 59, VVP Nagar, Kamaraj Salai, Thattanchavady, Pondichery - 605 009 T: 0413 4201 244

Tirunelveli : Tirunelveli High Ground, Main Road, D8/11, Everest Building, Tirunelveli - 627011 T: 0462 - 2580940

Trichy : G6 and F6, Bharath Shopping Mall, 2/50, E.V.R Road, (Opp G.H), Puthur, Trichy, Tamil Nadu - 620017 T: 9100910982

TELANGANA

Hyderabad 1 : Survey Nos. 140/A, 140/B, 140/C, 141/A, 141/B and 141/C, Thokatta Village, Bowenpally, Secunderabad - 500011 T: 9100911393

Hyderabad 2 : Plot No: 187, Category-LIG of the Nailagandla Residential Complex, Serilingampally Mandal, Ranga Reddy - 500019 T: 9121234059

Warangal : 2-5-850, 2-5-227, Circuit House Road, Nakkallagulta, HanamKonda, Telangana - 506002 T:9100910976

TRIPURA

Agartala : H. No.233873, HoldingNo 70 A. Ward No.23, A A Road, Near Joyguru Stand Area, Dhaleswar, Agartala - 799007 T: 8336978924

WEST BENGAL

Kolkata: 336, Canal Street, VIP Road, Lake Town, Kolkata - 700048, Near Lake Town Clock Tower, West Bengal 700048; T- 03340623245

Cooch Behar: B.S.Road, Near Central Bank, Cooch Behar, West Bengal, 736101; T- 9832400083

Siliguri: 3A,3B Creascent Court Building, Jhankar More, Burdwan Road, Darjeeling, Pin 734005 ; T- 8231944412

Berhampore: 13/3/A. A. C ROAD, INDTAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029

Patient Name : Mrs. Pragati Dubey

Age/Gender : 35 Y/F

UHID/MR No. : SCHE.0000088904

OP Visit No : SCHEOPV107180

Sample Collected on :

Reported on : 26-10-2024 13:09

LRN# : RAD2427921

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22S35569

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.

Gall Bladder: Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.

Pancreas : Normal in size and echopattern.

Spleen : Normal in size, echopattern

Kidneys: Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK: 8.9 X 4.2 cm.

LK: 10 X 4.6 cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

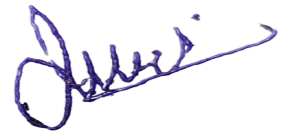
Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.

Uterus: Normal in size and echopattern, measuring 7.5 X 5.0 X 4.8 cms.

Myometrium is uniform. Endometrium thickness - 6 mm.

Ovaries: Both the ovaries are normal in size and echopattern

IMPRESSION: ESSENTIALLY NORMAL WHOLE ABDOMEN.



Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



Patient Name : Mrs. Pragati Dubey Age : 35 Y F
UHID : SCHE.0000088904 OP Visit No : SCHEOPV107180
Reported on : 26-10-2024 13:09 Printed on : 26-10-2024 14:56
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

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IMPRESSION: ESSENTIALLY NORMAL WHOLE ABDOMEN.

Printed on:26-10-2024 13:09

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology

Customer Pending Tests
blood group report pending ,
gyna, diet, lbc, dental, post glucose, ent , opthal, usg test pending will come on 26th oct

Name : Mrs. Pragati Dubey

Age: 35 Y

UHID:SCHE.0000088904

Sex: F



Address : Wadala Mumbai

OP Number:SCHEOPV107180

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SCHE-OCR-25276

Date : 22.10.2024 08:44

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 2D ECHO	
<input checked="" type="checkbox"/>	3 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	4 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	5 HEMOGRAM + PERIPHERAL SMEAR	
<input type="checkbox"/>	6 GYNAECOLOGY CONSULTATION - 26th	
<input type="checkbox"/>	7 DIET CONSULTATION - 26th	
<input checked="" type="checkbox"/>	8 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	9 URINE GLUCOSE(POST PRANDIAL)	
<input type="checkbox"/>	10 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	11 ECG	
<input type="checkbox"/>	12 LBC PAP TEST- PAPSURE - 26th	
<input checked="" type="checkbox"/>	13 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input type="checkbox"/>	14 DENTAL CONSULTATION	
<input type="checkbox"/>	15 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 26th	
<input checked="" type="checkbox"/>	16 URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	17 HbA1c, GLYCATED HEMOGLOBIN	
<input type="checkbox"/>	18 X-RAY CHEST PA	
<input type="checkbox"/>	19 ENT CONSULTATION - 26th.	
<input type="checkbox"/>	20 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	21 BLOOD GROUP ABO AND RH FACTOR	
<input type="checkbox"/>	22 LIPID PROFILE	
<input checked="" type="checkbox"/>	23 BODY MASS INDEX (BMI)	
<input type="checkbox"/>	24 OPHTHAL BY GENERAL PHYSICIAN - 26th	
<input type="checkbox"/>	25 ULTRASOUND - WHOLE ABDOMEN - 26th	
<input checked="" type="checkbox"/>	26 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	


Patient Name : Mrs.PRAGATI DUBEY
Age/Gender : 35 Y 8 M 25 D/F
UHID/MR No : SCHE.0000088904
Visit ID : SCHEOPV107180
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S35569

Collected : 22/Oct/2024 08:56AM
Received : 22/Oct/2024 11:02AM
Reported : 22/Oct/2024 01:19PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:BED240240533



Patient Name : Mrs.PRAGATI DUBEY
 Age/Gender : 35 Y 8 M 25 D/F
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DEPARTMENT OF HAEMATOLOGY

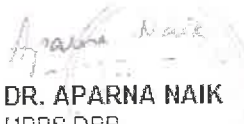
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.4	g/dL	12-15	Spectrophotometer
PCV	38.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.62	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	84	fL	83-101	Calculated
MCH	27	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	15.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,800	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64	%	40-80	Electrical Impedence
LYMPHOCYTES	30	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4352	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2040	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	136	Cells/cu.mm	20-500	Calculated
MONOCYTES	272	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.13		0.78- 3.53	Calculated
PLATELET COUNT	240000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
 WBC WITHIN NORMAL LIMITS
 PLATELETS ARE ADEQUATE ON SMEAR
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DR. APARNA NAIK
 MBBS DFB
 CONSULTANT PATHOLOGIST
 SIN No:BED240240532




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Emp/Auth/TPA ID : 22S35569

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Received : 22/Oct/2024 11:02AM
Reported : 22/Oct/2024 01:18PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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




DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:BED240240532

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 Reported : 22/Oct/2024 01:19PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	70-100	GOD - POD

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.

Aparna Naik
DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:PLF02210219



Patient Name : Mrs.PRAGATI DUBEY
 Age/Gender : 35 Y 8 M 25 D/F
 UHID/MR No : SCHE.0000088904
 Visit ID : SCHEOPV107180
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22S35569

Collected : 22/Oct/2024 08:56AM
 Received : 22/Oct/2024 02:05PM
 Reported : 22/Oct/2024 03:53PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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.

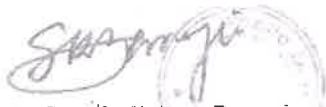
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

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)



Dr.Sandip Kumar Banerjee
 M.B.B.S,M.D(PATHOLOGY),D.P.B
 Consultant Pathologist

SIN No:EDT240093197



Patient Name : Mrs.PRAGATI DUBEY
Age/Gender : 35 Y 8 M 25 D/F
UHID/MR No : SCHE.0000088904
Visit ID : SCHEOPV107180
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S35569

Collected : 22/Oct/2024 08:56AM
Received : 22/Oct/2024 11:02AM
Reported : 22/Oct/2024 01:18PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

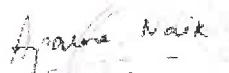
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	157	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	74	mg/dL	<150	
HDL CHOLESTEROL	49	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	108	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.20		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


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:SE04837958



Patient Name : Mrs.PRAGATI DUBEY
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	94.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:


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

2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

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

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DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04837958




Patient Name : Mrs.PRAGATI DUBEY
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DEPARTMENT OF BIOCHEMISTRY

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



DR. APARNA NAIK
MBBS DPM
CONSULTANT PATHOLOGIST
SIN No:SE04837958



Patient Name : Mrs.PRAGATI DUBEY
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.66	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	20.97	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.00	mg/dL	3.0-5.5	URICASE
CALCIUM	8.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated

Aparna Naik
DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:SE04837958



Patient Name : Mrs.PRAGATI DUBEY
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	16-73	Glycylglycine Kinetic method



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
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Patient Name : Mrs.PRAGATI DUBEY
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Collected : 22/Oct/2024 08:56AM
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 Reported : 22/Oct/2024 03:18PM
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.12	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.31	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.558	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 Treatment.
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. Akanksha Kanad Vitkar
 M.B.B.S, M.D(Pathology)
 Consultant Pathologist

SIN No: SPL24144385



Patient Name : Mrs.PRAGATI DUBEY
 Age/Gender : 35 Y 8 M 25 D/F
 UHID/MR No : SCHE.0000088904
 Visit ID : SCHEOPV107180
 Ref Doctor : Dr.SELF
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DEPARTMENT OF IMMUNOLOGY

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



Dr. Akanksha Kanad Vitkar
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist

SIN No: SPL24144385



Patient Name : Mrs.PRAGATI DUBEY
Age/Gender : 35 Y 8 M 25 D/F
UHID/MR No : SCHE.0000088904
Visit ID : SCHEOPV107180
Ref Doctor : Dr.SELF
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Collected : 22/Oct/2024 08:56AM
Received : 22/Oct/2024 01:48PM
Reported : 22/Oct/2024 01:56PM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

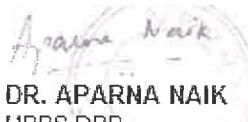
Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

Page 13 of 14


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:UR2417361

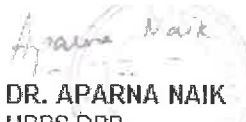


Patient Name	: Mrs.PRAGATI DUBEY	Collected	: 22/Oct/2024 08:56AM
Age/Gender	: 35 Y 8 M 25 D/F	Received	: 22/Oct/2024 01:48PM
UHID/MR No	: SCHE.0000088904	Reported	: 22/Oct/2024 01:56PM
Visit ID	: SCHEOPV107180	Status	: Final Report
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Emp/Auth/TPA ID	: 22S35569		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Result/s to Follow:
BLOOD GROUP ABO AND RH FACTOR



DR. APARNA NAIK
MBBS DPM
CONSULTANT PATHOLOGIST
SIN No:UR2417361



35Years

DUBEY, MRS. PRAGATI
Female

10/22/2024 09:48

APOLLO SPECIALTY HOSPITALS (088>

Rate: 71 . SINUS RHYTHM
 RR 844 . Border-Line T ABNORMALITIES, DIFFUSE LEADS
 PR 140 . BASELINE WANDER IN LEAD(S) V1 V2 V3 V4 V5
 QRSD 95
 QT 405
 QTcB 441

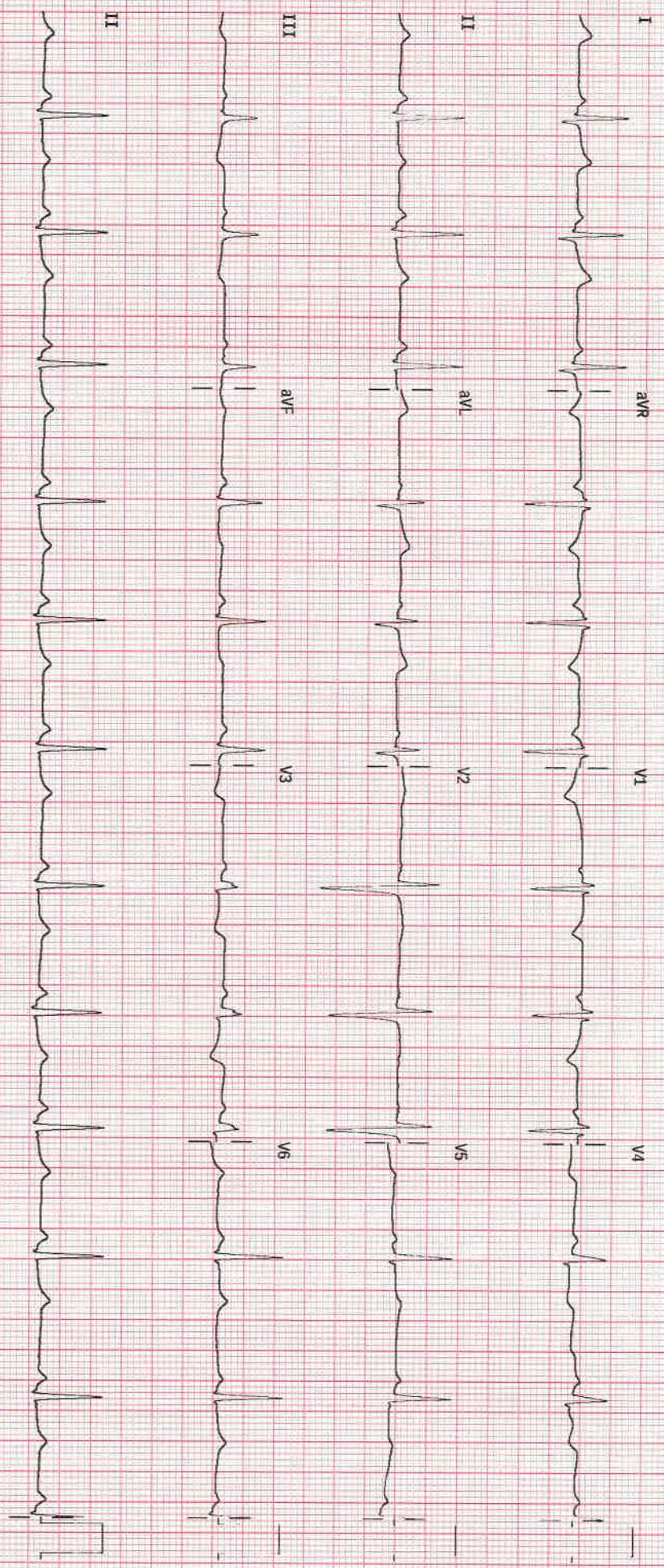
--AXIS--
 P 43
 QRS 60
 T -3

12 Leads; Standard Placement

- BORDERLINE ECG -



*Informal
 Semma
 H*



Device: Speed: 25mm/sec Limb: 10.0mm/mv Chest: 10.00mm/mv
 F 50-0.50-40 HZ W 110C CL p2

303

PHILIPS

REORDER # M2483A



Patient Name : Mrs. Pragati Dubey
Age / Sex : 35yrs / Female.
Ref Doctor : Health Check

Bill No : SCHE –OCR-25276
UHID NO : SCHE.0000088904
Report Date : 22/10/ 2024

2 – D & COLOUR DOPPLER ECHOCARDIOGRAPHY.

Interpretation Summary :

1. NORMAL LV SYSTOLIC FUNCTION (EF : 60%). NO E/O DIASTOLIC DYSFUNCTION. NO E/O ANY REGIONAL WALL MOTION ABNORMALITY.
2. NO E/O TR. NO E/O SIGNIFICANT PULMONARY HYPERTENSION.
3. NO CLOT / THROMBUS / VEGTATIONS IN LA/LV.
4. NO MR, NO AR. NORMAL AV, MV, TV AND PV.
5. NO E/O PERICARDIAL EFFUSION.

Left Ventricle.

The Left Ventricle is grossly normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left Ventricular systolic function is normal.

Right Ventricle.

The Right Ventricle is grossly normal in size. There is normal right ventricular wall thickness. The right ventricular systolic function is normal.

Atria.

The Left Atrium is normal in size. Right Atrial size is normal. The interatrial septum is intact with no evidence of an Atrial Septal Defect.

Mitral Valve.

The Mitral Valve is grossly normal. There is no evidence of Mitral Valve Prolapse. There is no mitral valve stenosis. There is no mitral regurgitation noted.

Aortic Valve.

The Aortic Valve is trileaflet. There is no aortic valvular vegetation. No hemodynamically significant valvular aortic stenosis.



Pulmonic Valve.

The Pulmonic Valve is seen, is grossly normal. There is no Pulmonic valvular stenosis. There is no Pulmonic valvular regurgitation.

Great Vessels.

The Aortic root is normal in size. No obvious dissection could be visualized. The Pulmonary artery is normal in size.

Pericardium/Pleural.

There is no Pericardial effusion.

M MODE/2D MEASUREMENTS & CALCULATIONS.

AO (mm): 28
IVSd (mm): 8
IVSs (mm): 14
LVPWd (mm): 8
EF(Teich)(mm) : 60%

LA (mm) : 29
LVIDd (mm) : 46
LVIDs (mm) : 28
LVPWs (mm) : 15

Dr. AMIT SHOBHAVAT
M.B.B.S
DNB (INTERNAL MEDICINE)



Patient Name	: Mrs. Pragati Dubey	Age	: 35 Y F
UHID	: SCHE.0000088904	OP Visit No	: SCHEOPV107180
Reported on	: 22-10-2024 13:02	Printed on	: 22-10-2024 13:12
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:22-10-2024 13:02

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



OUT-PATIENT RECORD

Date : 22/10/24
MRNO : _____
Name :- Pragati Dubey
Age / Gender : _____
Mobile No:- _____

Department : **M.B.D.N.B.(General Medicine)**
Consultant **Dr. Amit Shobhavat**
Reg. No : 2001/09/3124
Qualification : F.C.C.M, Dip. Diabetology

Pulse : <u>78</u>	B.P : <u>110/60</u>	Resp : <u>16</u>	Temp : <u>97.4</u>
Weight : <u>79.2</u>	Height : <u>170</u>	BMI : <u>27.4</u>	Waist Circum : <u>94/109</u>

chest :- 98/100

General Examination / Allergies History

Clinical Diagnosis & Management Plan

no comorbid disease

HCU - Appendix / Spine

Weak

Rx

Med -

Physically fit

Follow up date:

Doctor Signature



★ Prageetha

- Gyna
- Diet
- LBC
- Dental
- Post glucose
- ENT
- Opthal
- usg

Saturday 26/10/24

Abhishek
22/10/24

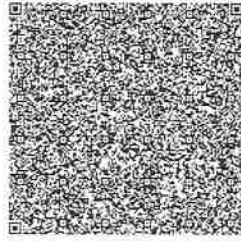


भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2189/57276/01628

To
प्रगति दुबे
Pragati Dubey
D/O: S.M Dubey,
15/11-2nd Floor,
VTC: Malviya Nagar,
PO: Malviya Nagar,
Sub District: Hauz Khas,
District: South Delhi,
State: Delhi,
PIN Code: 110017,
Mobile: 8882407323



आपका आधार क्रमांक / Your Aadhaar No. :

6172 6046 4002

VID : 9129 2773 6406 1763

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Aadhaar no. issued: 11/10/2016



प्रगति दुबे
Pragati Dubey
जन्म तिथि/DOB: 28/01/1989
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

6172 6046 4002

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

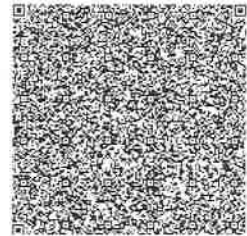


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 01/08/2016

पता:
आम्भजा: एस.एम दुबे, 15/11-दूसरा फ्लोर, मालवीय नगर,
मालवीय नगर, दक्षिण दिल्ली,
दिल्ली - 110017
Address:
D/O: S.M Dubey, 15/11-2nd Floor, Malviya
Nagar, PO: Malviya Nagar, DIST: South
Delhi,
Delhi - 110017



6172 6046 4002

VID : 9129 2773 6406 1763

1947 | help@uidai.gov.in | www.uidai.gov.in



Outlook

Health Check up Booking Confirmed Request(22S35569),Package Code-, Beneficiary Code-321687

From Mediwheel <wellness@mediwheel.in>

Date Wed 10/16/2024 6:13 PM

To Abhishek Shukla <abhishek.shukla4@bankofbaroda.com>

Cc customercare@mediwheel.in <customercare@mediwheel.in>

ध्यान: यह मेल बैंक डोमेन के बाहर से आया है। अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक न करें।
CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON THE LINKS.

011-41195959Dear **MR. SHUKLA ABHISHEK,**

We are pleased to confirm your health checkup booking request with the following details.

Name of Diagnostic/Hospital : Apollo Spectra - Chembur

Address of Diagnostic/Hospital- Sunder Baug, Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Off Sion Trombay Road, Deonar, Chembur - 400008

City : Mumbai

State : Maharashtra

Pincode : 400008

Appointment Date : 22-10-2024

Confirmation Status : Booking Confirmed

Preferred Time : 08:00 AM - 08:30 AM

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
PRAGATI DUBEY	35 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

Customer Care

From: noreply@apolloclinics.info
Sent: 16 October 2024 12:02
To: abhishek.shukla4@bankofbaroda.com
Cc: cc.cbr@apollospectra.com; syamsunder.m@apollohl.com;
foincharge.cbr@apollospectra.com
Subject: Your appointment is confirmed



Dear PRAGATI DUBEY,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA CHEMBUR clinic** on **2024-10-17** at **08:15-08:30**.

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

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

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

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

Patient Name : Mrs. Pragati Dubey

Age/Gender : 35 Y/F

UHID/MR No. : SCHE.0000088904

OP Visit No : SCHEOPV107180

Sample Collected on :

Reported on : 22-10-2024 13:02

LRN# : RAD2427921

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22S35569

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology