



: Mrs.SARITA

Age/Gender

: 34 Y 8 M 0 D/F

UHID/MR No Visit ID

: SCHI.0000024969 : SCHIOPV38446

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 2254566 Collected

: 26/Oct/2024 09:37AM

Received Reported : 26/Oct/2024 10:42AM : 26/Oct/2024 01:25PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

Dr. SHWETA GUPTA MBBS,MD (Pathology) Consultant Pathology

SIN No:BED240241848





: Mrs.SARITA

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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	12.9	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	37.70	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.12	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	91.6	fL	83-101	Calculated
MCH	31.4	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	15.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,750	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT	(DLC)			
NEUTROPHILS	62.6	%	40-80	Electrical Impedance
LYMPHOCYTES	21.4	%	20-40	Electrical Impedance
EOSINOPHILS	7.5	%	1-6	Electrical Impedance
MONOCYTES	7.8	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5477.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1872.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	656.25	Cells/cu.mm	20-500	Calculated
MONOCYTES	682.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	61.25	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.93		0.78- 3.53	Calculated
PLATELET COUNT	299000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	55	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC

WBC - MILD EOSINOPHILIA

PLATELETS ARE ADEQUATE ON SMEAR

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Dr. SHWETA GUPTA MBBS,MD (Pathology) Consultant Pathology SIN No:BED240241848





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DEPARTMENT OF HAEMATOLOGY

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

Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240241848





Patient Name : Mrs.SARITA
Age/Gender : 34 Y 8 M 0 D/F
UHID/MR No : SCHI.0000024

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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 FACTO	R, WHOLE BLOOD EDTA			<u>'</u>
BLOOD GROUP TYPE	0			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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: 26/Oct/2024 10:41AM

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: 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.

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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
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

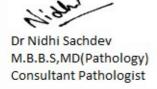
Control by American Diabetes Association guidelines 2023.

- 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)

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SIN No:EDT240093468





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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	139	mg/dL	<200	CHE/CHO/POD			
TRIGLYCERIDES	92	mg/dL	<150	Enzymatic			
HDL CHOLESTEROL	50	mg/dL	>40	CHE/CHO/POD			
NON-HDL CHOLESTEROL	89	mg/dL	<130	Calculated			
LDL CHOLESTEROL	70.6	mg/dL	<100	Calculated			
VLDL CHOLESTEROL	18.4	mg/dL	<30	Calculated			
CHOL / HDL RATIO	2.78		0-4.97	Calculated			
ATHEROGENIC INDEX (AIP)	0.10		<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

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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	0.70	mg/dL	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	49.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.00	g/dL	6.3-8.2	Biuret
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.16		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.
- 2. Cholestatic Pattern:*ALP Disproportionate increase in ALP compared with AST, ALT. 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. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04839318





: Mrs.SARITA

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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	0.50	mg/dL	0.5-1.04	Creatinine amidohydrolase			
UREA	8.30	mg/dL	15-36	Urease			
BLOOD UREA NITROGEN	3.9	mg/dL	8.0 - 23.0	Calculated			
URIC ACID	3.80	mg/dL	2.5-6.2	Uricase			
CALCIUM	9.00	mg/dL	8.4 - 10.2	Arsenazo-III			
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	PMA Phenol			
SODIUM	137	mmol/L	135-145	Direct ISE			
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE			
CHLORIDE	100	mmol/L	98 - 107	Direct ISE			
PROTEIN, TOTAL	8.00	g/dL	6.3-8.2	Biuret			
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green			
GLOBULIN	3.70	g/dL	2.0-3.5	Calculated			
A/G RATIO	1.16		0.9-2.0	Calculated			

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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	11.00	U/L	12-43	Glyclyclycine Nitoranalide

Dr. SHWETA GUPTA MBBS,MD (Pathology) Consultant Pathology

SIN No:SE04839318









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: 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, TS)	H), SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.02	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.9	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.900	μIU/mL	0.38-5.33	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	clinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment.	
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism	
Low	High	High	High	imary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy	
Low	N	N	N	ubclinical 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	

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Dr Nidhi Sachdev M.B.B.S, MD(Pathology) Consultant Pathologist

SIN No:SPL24144897







: Mrs.SARITA

Age/Gender

: 34 Y 8 M 0 D/F

UHID/MR No

: SCHI.0000024969

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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 Nidhi Sachdev M.B.B.S,MD(Pathology) Consultant Pathologist

SIN No:SPL24144897



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: Mrs.SARITA

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: Dr.SELF

Collected

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: 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		<u>'</u>	<u>'</u>
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measuremen
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.030		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 M	OUNT AND MICROSCOP	Y		
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		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.

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Dr. SHWETA GUPTA MBBS, MD (Pathology) Consultant Pathology SIN No:UR2417919





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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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

*** End Of Report ***

Page 14 of 14









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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 understandreporting 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 parrticulars 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. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF012139





Name : Mrs. SARITA

Plan

Age: 34 Y

Sex: F

Address: SECTOR 4 PUSHP VIHAR SAKET

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:SCHI.0000024969

2

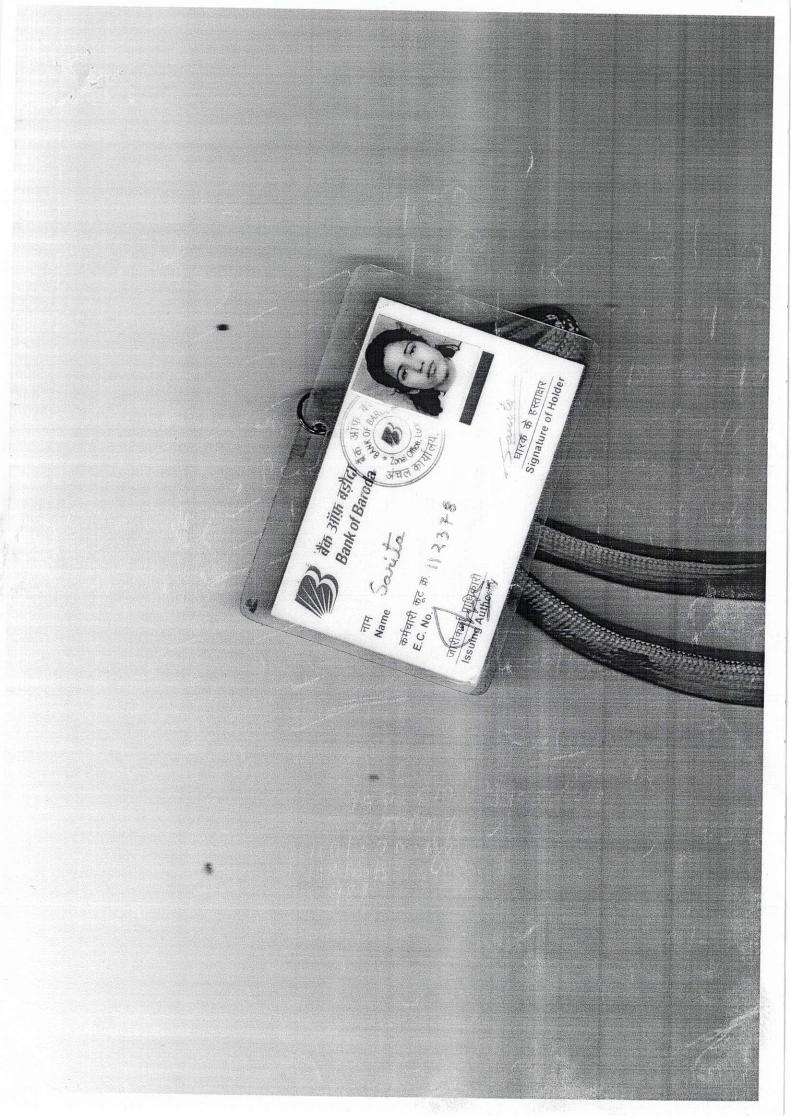
OP Number: SCHIOPV38446

Bill No : SCHI-OCR-12790

Date : 26.10.2024 09:31

no	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D	ECHO - PAN INDIA - FY2324
	I GAMMA GLUTAMYL TRANFERASE (GGT)	
	2 D ECHO	
	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)	
1	0 PERIPHERAL SMEAR	
1	I ECG \	
1	2 LBC PAP TEST- PAPSURE	
1	3 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
1	4 DENTAL CONSULTATION	
1	5 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) —	977
1	6 URINE GLUCOSE(FASTING)	
1	7 HbA1c, GLYCATED HEMOGLOBIN	
1	8 X-RAY CHEST PA	
1	9 ENT CONSULTATION	
. 2	0 FITNESS BY GENERAL PHYSICIAN	
2	1 BLOOD GROUP ABO AND RH FACTOR	
2	2 LIPID PROFILE	
2	3 BODY MASS INDEX (BMI)	
2	4 OPTHAL BY GENERAL PHYSICIAN	
2	5 ULTRASOUND - WHOLE ABDOMEN	
2	6 THYROID PROFILE (TOTAL T3, TOTAL T4, T8H)	

Height: 152 CM Weight: 49. 7 K9 B.P: 100 60 mm H9 Pulse: 98 m H3. SP02: 98.



MRS. SARITA K

Email

Agreement Name

ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP sarita.saksł AGREEMENT

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK. Package Name

FEMALE - 2D ECHO - PAN INDIA - FY2324

CERTIFICATE OF MEDICAL FITNESS

	e/she is
@-	Medically Fit
0	Fit with restrictions/recommendations
	Though following restrictions have been revealed, in my opinion, these are not impediments to the job.
	1
	2
	3
	However the employee should follow the advice/medication that has been communicated to him/her.
	Review after
1	Currently Unfit. Review after

Dr. Medical Officer
The Apollo Chine,

This certificate is not meant for medico-legal purp

PREVENTIVE HEALTH CARE SUMMARY

NAME :- C N	
AGE/GENDER:	UHID No: 24
PANEL: A 344F	RECEIPT No:-
Agrofemil	EXAMINED ON : -
Chief Complaints:	sce dong
Past History:	
DM Hypertension CAD Personal History:	CVA : Nil Cancer : Nil Other : Nil
Alcohol : Nil Sinoking : Nil	Activity : Active Allergies : Nil
Family History:	
General Physical Examination:	
Height 52 : cms Weight : Kgs Rest of examination was within normal lin	Pulse 98 my bpm mmHg nits.
Systemic Examination:	
CVS Respiratory system: Normal Abdominal system: Normal CNS: Normal Others: Normal	

PREVENTIVE HEALTH CARE SUMMARY

NAME :- CALLO	
AGE :-	UHID No:
PANEL:	RECEIPT No:-
ENTER THE PROPERTY OF THE PROP	EXAMINED ON : -

Investigations:

• All the reports of tests and investigations are attached herewith

Recommendation:

Cryane feered

Copyright feered

Women 100 & 3 monds

My whe D to konce a week

2 monds

Dr. Navneetkaur

Consultan Physician





Apollo Clinic

CONSENT FORM

Patient Name: Santage Age:	
UHID Number: Company Name:	
I Mr/Mrs/Ms Employee of	i
(Company) Want to inform you that I am not interested in getting LBC Ayme Company Tasts done which is a part of my routine health sheek package.	10
Tests done which is a part of my routine health check package.	
And I claim the above statement in my full consciousness.	

9910995018

Date: 26/10/24

Patient Signature:





DIGITAL X-RAY REPORT

NAME: SARITA	DATE: 26.10.2024		
UHID NO: 24969	AGE: 34YRS/ SEX: FEMALE		

X-RAY CHEST PA VIEW

Multiple small calcified nodules are seen in right lung and left upper zone.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

Please correlate clinically and with lab investigations

DR. DEEPIKA AGARWAL Consultant Radiologist

Dr. DEEPIKA AGARWAL
Consultant Radiologist
DMC No. 56777
Apollo Speciality Hospitals (P) Ltd.
A-2, Chirag Enclave, Greater Kailash-1
New Delhi-110048



Name:	SARITA	Age/Sex	34	Yrs/ F
UHID:	24969			1
Ref By:	APOLLO SPECTRA	Date:-	26.10	.2024

ULTRASOUND WHOLE ABDOMEN

Liver: Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

Gall Bladder: normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

Pancreas and Spleen: Appears normal in size and echotexture.

Both Kidneys: are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

Urinary Bladder: is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

Uterus is antiverted and normal in size. It measures 7.6 cm. Outline is smooth. There is a calcified myoma of size 24 mm in the anterior and left lateral wall of the body of uterus. Myometrium is showing multiple seedling fibroids. Endometrial echoes are normal and measures 11 mm

Both ovaries are normal in size, shape and echotexture.

Right ovary: 3.0X1.9 cm **Left ovary:** 3.0X1.8 cm

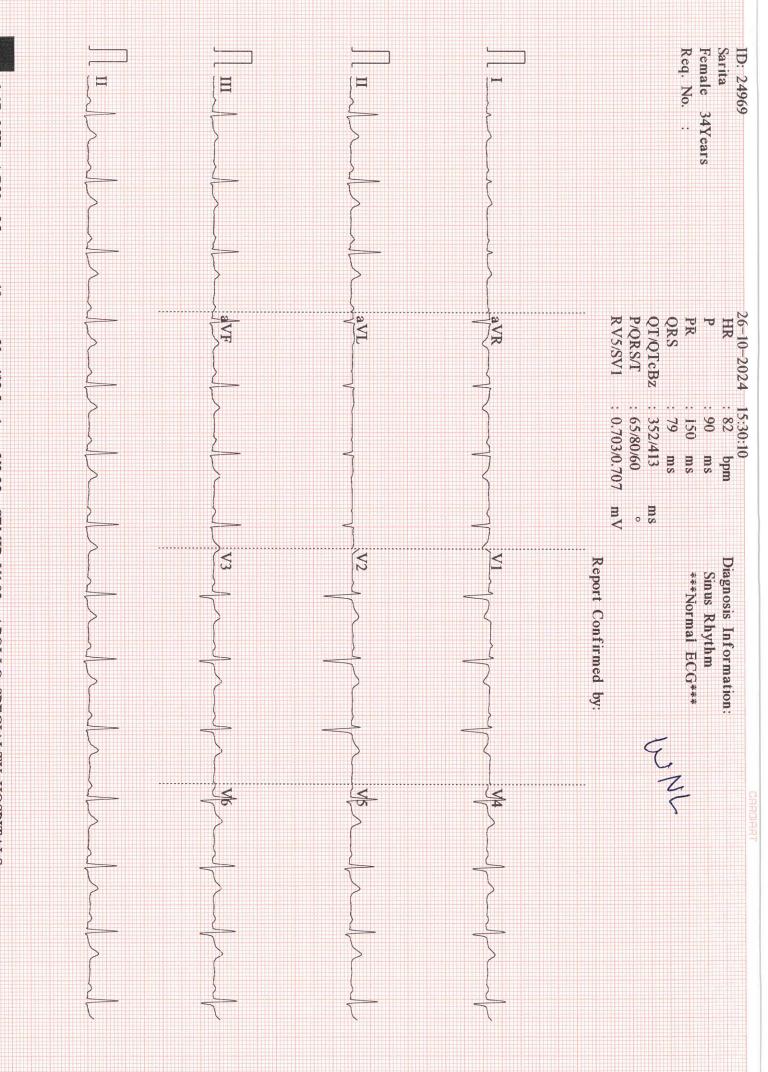
No obvious adenexal mass is seen. No free fluid seen. No nodes seen.

IMPRESSION: FIBROID IN UTERUS.

Please correlate clinically and with lab. Investigations.

DR. PRADEEP DÚTTA CONSULTANT RADIOLOGIST

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048 Ph: 011-40465555, 9910995018 | www.apollospectra.com







: Mrs.SARITA

Age/Gender

: 34 Y 8 M 0 D/F

UHID/MR No Visit ID

: SCHI.0000024969 : SCHIOPV38446

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 2254566 Collected

: 26/Oct/2024 09:37AM

Received Reported : 26/Oct/2024 10:42AM : 26/Oct/2024 01:25PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

Dr. SHWETA GUPTA MBBS,MD (Pathology) Consultant Pathology

SIN No:BED240241848





: Mrs.SARITA

Age/Gender

: 34 Y 8 M 0 D/F

UHID/MR No

: SCHI.0000024969

Visit ID Ref Doctor : SCHIOPV38446

Emp/Auth/TPA ID

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: ARCOFEMI HEALTHCARE LIMITED

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	12.9	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	37.70	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.12	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	91.6	fL	83-101	Calculated
MCH	31.4	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	15.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,750	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT	(DLC)			
NEUTROPHILS	62.6	%	40-80	Electrical Impedance
LYMPHOCYTES	21.4	%	20-40	Electrical Impedance
EOSINOPHILS	7.5	%	1-6	Electrical Impedance
MONOCYTES	7.8	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5477.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1872.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	656.25	Cells/cu.mm	20-500	Calculated
MONOCYTES	682.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	61.25	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.93		0.78- 3.53	Calculated
PLATELET COUNT	299000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	55	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC

WBC - MILD EOSINOPHILIA

PLATELETS ARE ADEQUATE ON SMEAR

Page 2 of 14



Dr. SHWETA GUPTA MBBS,MD (Pathology) Consultant Pathology SIN No:BED240241848





: Mrs.SARITA

Age/Gender

: 34 Y 8 M 0 D/F

UHID/MR No Visit ID : SCHI.0000024969 : SCHIOPV38446

Ref Doctor

Emp/Auth/TPA ID

: Dr.SELF

: Dr.SELF : 2254566 Collected

: 26/Oct/2024 09:37AM

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Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240241848





Patient Name : Mrs.SARITA
Age/Gender : 34 Y 8 M 0 D/F
UHID/MR No : SCHI.0000024

UHID/MR No : SCHI.0000024969 Visit ID : SCHIOPV38446

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 2254566 Collected : 26/Oct/2024 09:37AM
Received : 26/Oct/2024 10:42AM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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 FACTO	R, WHOLE BLOOD EDTA			<u>'</u>
BLOOD GROUP TYPE	0			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Page 4 of 14







: Mrs.SARITA

Age/Gender

: 34 Y 8 M 0 D/F

UHID/MR No Visit ID : SCHI.0000024969 : SCHIOPV38446

Ref Doctor

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Emp/Auth/TPA ID : 2254566

Collected

: 26/Oct/2024 09:37AM

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: 26/Oct/2024 10:41AM

Reported

: 26/Oct/2024 01:05PM

Status

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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.

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: Mrs.SARITA

Age/Gender

: 34 Y 8 M 0 D/F

UHID/MR No

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Visit ID Ref Doctor : SCHIOPV38446

Emp/Auth/TPA ID

: Dr.SELF : 2254566 Collected

: 26/Oct/2024 09:37AM

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: 26/Oct/2024 12:15PM

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: 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

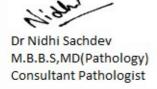
Control by American Diabetes Association guidelines 2023.

- 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)

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SIN No:EDT240093468





: Mrs.SARITA

Age/Gender

: 34 Y 8 M 0 D/F

UHID/MR No

: SCHI.0000024969

Visit ID Ref Doctor : SCHIOPV38446

Emp/Auth/TPA ID

: Dr.SELF : 2254566 Collected

: 26/Oct/2024 09:37AM

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: 26/Oct/2024 11:16AM

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Status

: 26/Oct/2024 03:41PM

: 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	139	mg/dL	<200	CHE/CHO/POD			
TRIGLYCERIDES	92	mg/dL	<150	Enzymatic			
HDL CHOLESTEROL	50	mg/dL	>40	CHE/CHO/POD			
NON-HDL CHOLESTEROL	89	mg/dL	<130	Calculated			
LDL CHOLESTEROL	70.6	mg/dL	<100	Calculated			
VLDL CHOLESTEROL	18.4	mg/dL	<30	Calculated			
CHOL / HDL RATIO	2.78		0-4.97	Calculated			
ATHEROGENIC INDEX (AIP)	0.10		<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

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: Mrs.SARITA

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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	0.70	mg/dL	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	49.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.00	g/dL	6.3-8.2	Biuret
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.16		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.
- 2. Cholestatic Pattern:*ALP Disproportionate increase in ALP compared with AST, ALT. 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.

Page 8 of 14



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04839318





: Mrs.SARITA

Age/Gender

: 34 Y 8 M 0 D/F

UHID/MR No

: SCHI.0000024969

Visit ID

: SCHIOPV38446

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 2254566 Collected

: 26/Oct/2024 09:37AM

Received

: 26/Oct/2024 11:16AM

Reported Status

: 26/Oct/2024 03:41PM

: 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			
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM							
CREATININE	0.50	mg/dL	0.5-1.04	Creatinine amidohydrolase			
UREA	8.30	mg/dL	15-36	Urease			
BLOOD UREA NITROGEN	3.9	mg/dL	8.0 - 23.0	Calculated			
URIC ACID	3.80	mg/dL	2.5-6.2	Uricase			
CALCIUM	9.00	mg/dL	8.4 - 10.2	Arsenazo-III			
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	PMA Phenol			
SODIUM	137	mmol/L	135-145	Direct ISE			
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE			
CHLORIDE	100	mmol/L	98 - 107	Direct ISE			
PROTEIN, TOTAL	8.00	g/dL	6.3-8.2	Biuret			
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green			
GLOBULIN	3.70	g/dL	2.0-3.5	Calculated			
A/G RATIO	1.16		0.9-2.0	Calculated			

Page 9 of 14









: Mrs.SARITA

Age/Gender

: 34 Y 8 M 0 D/F

UHID/MR No

: SCHI.0000024969

Visit ID Ref Doctor : SCHIOPV38446

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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	11.00	U/L	12-43	Glyclyclycine Nitoranalide

Dr. SHWETA GUPTA MBBS,MD (Pathology) Consultant Pathology

SIN No:SE04839318









: Mrs.SARITA

Age/Gender

: 34 Y 8 M 0 D/F

UHID/MR No

: SCHI.0000024969

Visit ID Ref Doctor : SCHIOPV38446

Emp/Auth/TPA ID

: Dr.SELF : 2254566 Collected

: 26/Oct/2024 09:37AM

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: 26/Oct/2024 04:02PM

Reported Status

: 26/Oct/2024 05:37PM

Sponsor Name

: Final Report

: 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, TS)	H), SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.02	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.9	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.900	μIU/mL	0.38-5.33	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 11 of 14



Dr Nidhi Sachdev M.B.B.S, MD(Pathology) Consultant Pathologist

SIN No:SPL24144897







: Mrs.SARITA

Age/Gender

: 34 Y 8 M 0 D/F

UHID/MR No

: SCHI.0000024969

Visit ID

: SCHIOPV38446

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

: 2254566

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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 Nidhi Sachdev M.B.B.S,MD(Pathology) Consultant Pathologist

SIN No:SPL24144897



Page 12 of 14





: Mrs.SARITA

Age/Gender

: 34 Y 8 M 0 D/F

UHID/MR No Visit ID

: SCHI.0000024969

Ref Doctor

: SCHIOPV38446

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Collected

: 26/Oct/2024 09:37AM

Received

: 26/Oct/2024 02:18PM

Reported

Status

: 26/Oct/2024 04:22PM

Sponsor Name

: Final Report

: 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	'	<u>'</u>	<u>'</u>
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measuremen
рН	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.030		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 M	OUNT AND MICROSCOP	Υ		
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		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.

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Dr. SHWETA GUPTA MBBS, MD (Pathology) Consultant Pathology SIN No:UR2417919





: Mrs.SARITA

Age/Gender

: 34 Y 8 M 0 D/F

UHID/MR No

: SCHI.0000024969

Visit ID Ref Doctor : SCHIOPV38446

Emp/Auth/TPA ID

: Dr.SELF : 2254566 Collected

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Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

*** End Of Report ***

Page 14 of 14









Patient Name : Mrs.SARITA
Age/Gender : 34 Y 8 M 0 D/F
UHID/MR No : SCHI.0000024969

Visit ID : SCHIOPV38446

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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 understandreporting 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 parrticulars 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. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF012139

