


Patient Name : Mrs.TITTY THOMAS	Collected : 26/Oct/2024 09:14AM
Age/Gender : 35 Y 3 M 0 D/F	Received : 26/Oct/2024 12:39PM
UHID/MR No : APJ1.0026313264	Reported : 26/Oct/2024 02:07PM
Visit ID : CELEOPV386314	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35719	

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	12.8	g/dL	12-15	Spectrophotometer
PCV	38.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.41	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.2	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,220	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.6	%	40-80	Electrical Impedance
LYMPHOCYTES	35.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.6	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4014.32	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2577.54	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	115.52	Cells/cu.mm	20-500	Calculated
MONOCYTES	483.74	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.88	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.56		0.78- 3.53	Calculated
PLATELET COUNT	214000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				


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 Consultant Pathologist


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 Consultant Pathologist



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Apollo Health and Lifestyle Limited (CIN - 063110132000PLC115017)
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RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



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Patient Name : Mrs.TITTY THOMAS	Collected : 26/Oct/2024 11:27AM
Age/Gender : 35 Y 3 M 0 D/F	Received : 26/Oct/2024 05:01PM
UHID/MR No : APJ1.0026313264	Reported : 26/Oct/2024 05:38PM
Visit ID : CELEOPV386314	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	93	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

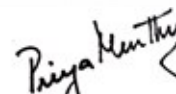
Note:

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	111	mg/dL	70-140	HEXOKINASE

Comment:

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


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Age/Gender : 35 Y 3 M 0 D/F	Received : 26/Oct/2024 02:07PM
UHID/MR No : APJ1.0026313264	Reported : 26/Oct/2024 03:03PM
Visit ID : CELEOPV386314	Status : Final Report
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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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

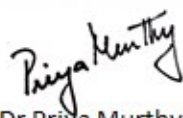
A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No: ELE241004934

Apollo Health and Lifestyle Limited

(CIN - U061107C2009PH6115849)

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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	175	mg/dL	<200	CHO-POD
TRIGLYCERIDES	158	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	105.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.62		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.26		<0.11	Calculated

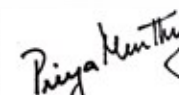
Comment:

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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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
SIN No: ELE241004930

Apollo Health and Lifestyle Limited

(CIN - U061107C2800PH6115819)
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
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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	0.77	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.66	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.5		<1.15	Calculated
ALKALINE PHOSPHATASE	89.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.37	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.98	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		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.

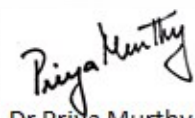
2. Cholestatic Patten:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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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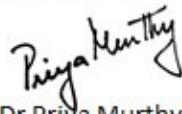
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.79	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	17.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.31	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.72	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	99	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.37	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.98	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated



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Karnataka - 560034

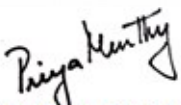
 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.TITTY THOMAS	Collected : 26/Oct/2024 09:14AM
Age/Gender : 35 Y 3 M 0 D/F	Received : 26/Oct/2024 12:24PM
UHID/MR No : APJ1.0026313264	Reported : 26/Oct/2024 01:38PM
Visit ID : CELEOPV386314	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35719	

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	16.00	U/L	<38	IFCC



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



Patient Name : Mrs.TITTY THOMAS	Collected : 26/Oct/2024 09:14AM
Age/Gender : 35 Y 3 M 0 D/F	Received : 26/Oct/2024 12:23PM
UHID/MR No : APJ1.0026313264	Reported : 26/Oct/2024 01:38PM
Visit ID : CELEOPV386314	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35719	

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)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.58	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.035	µIU/mL	0.34-5.60	CLIA

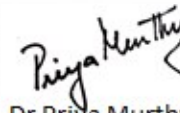
Comment:

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

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

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


Dr. Govinda Raju N L
 MSc, PhD (Biochemistry)
 Consultant Biochemistry


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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: ELE241004933

Apollo Health and Lifestyle Limited (CIN: U061107C2800PH6115849)
 This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
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 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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APOLLO CLINICS NETWORK
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Patient Name : Mrs.TITTY THOMAS	Collected : 26/Oct/2024 09:14AM
Age/Gender : 35 Y 3 M 0 D/F	Received : 26/Oct/2024 12:23PM
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Visit ID : CELEOPV386314	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35719	

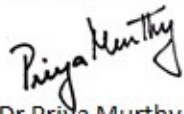
DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



Dr.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry



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



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Apollo Health and Lifestyle Limited

(CIN - U061107C2009PLG115819)
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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
32/100/125, Doddabangla Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

Patient Name : Mrs.TITTY THOMAS	Collected : 26/Oct/2024 09:14AM
Age/Gender : 35 Y 3 M 0 D/F	Received : 26/Oct/2024 12:31PM
UHID/MR No : APJ1.0026313264	Reported : 26/Oct/2024 12:58PM
Visit ID : CELEOPV386314	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35719	


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	8.0		5-7.5	Double Indicator
SP. GRAVITY	1.013		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	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

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. Rajalakshmi D
M.B.B.S,M.D
Consultant Pathologist


Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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Address:
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Karnataka - 560034


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Patient Name : Mrs.TITTY THOMAS	Collected : 26/Oct/2024 09:14AM
Age/Gender : 35 Y 3 M 0 D/F	Received : 26/Oct/2024 03:49PM
UHID/MR No : APJ1.0026313264	Reported : 26/Oct/2024 04:50PM
Visit ID : CELEOPV386314	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35719	

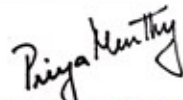
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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

AND LIFESTYLE LIMITED- RRL BANGALORE




Patient Name : Mrs.TITTY THOMAS	Collected : 26/Oct/2024 09:14AM
Age/Gender : 35 Y 3 M 0 D/F	Received : 26/Oct/2024 12:31PM
UHID/MR No : APJ1.0026313264	Reported : 26/Oct/2024 02:48PM
Visit ID : CELEOPV386314	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35719	

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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD


Dr. Rajalakshmi D
 M.B.B.S,M.D
 Consultant Pathologist


Dr. Vidya Aniket Gore
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist



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Patient Name : Mrs.TITTY THOMAS	Collected : 26/Oct/2024 04:35PM
Age/Gender : 35 Y 3 M 0 D/F	Received : 28/Oct/2024 11:24AM
UHID/MR No : APJ1.0026313264	Reported : 29/Oct/2024 03:12PM
Visit ID : CELEOPV386314	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35719	

DEPARTMENT OF CYTOLOGY

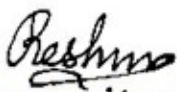
LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	23847/24
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. Negative for intraepithelial lesion/malignant cells.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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

Page 15 of 15
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



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Apollo Health and Lifestyle Limited, Global Reference Laboratory Hyderabad

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

Address: 329/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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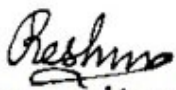
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Patient Name : Mrs.TITTY THOMAS
Age/Gender : 35 Y 3 M 0 D/F
UHID/MR No : APJ1.0026313264
Visit ID : CELEOPV386314
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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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SIN No: ELE241005140

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Address:
S29/100/123, Doddanahalli Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034



Patient Name	: Mrs. Titty Thomas	Age	: 35Yrs 3Mths 1Days
UHID	: APJ1.0026313264	OP Visit No.	: CELEOPV386314
Printed On	: 26-10-2024 02:12 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E35719		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

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

For clinical correlation.

---End Of The Report---

Dr.VIGNESH K
MBBS, MD Radio-Diagnosis
TMN 20170001180 KTK
Radiology

2 Bill
Addn
Completed

Name : Mrs. Titty Thomas

Age : 35Y 3M

UHID : APJ1.0026313264

Address : Electronics City Bangalore Karnataka INDIA 560100

sex : Female



APJ1.0026313264

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC
CREDIT PAN INDIA OP AGREEMENT

OP No: CELEOPV386314

Bill No: CELE-OCR-63093

Date: Oct 26th, 2024, 8:29 AM

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

DENTAL CONSULTATION - 15/20
 PHYSIO CONSULTATION - 14
 OPTHAL SCREENING - 05
 AUDIOLOGY SCREENING - 03

MEDICAL FITNESS CERTIFICATE

NAME: Mrs TITTY Thomas **AGE/SEX:** 38y/f **UHID:** 313264 **DATE:** 28/10/24

CHIEF COMPLAINTS:

- c/o cold, cough and sputum
- c/o Back pain

PAST/FAMILY HISTORY:-

HTN, dyslipidemia

ALLERGIES:-

Dust allergy

GENERAL EXAMINATION:-

PULSE: 97b/L	BP: 121/77mmHg	TEMP:	RR:
HT: 152cm	WT: 72.6kg	WAIST:	BMI: 31.4

SYSTEMIC EXAMINATION:-

NAD.

Chest:
CVS:
P/A:

NAD

IMPRESSION:-

FT

VIBR D&S
VND D&S

FINAL RECOMMENDATIONS:-

- T. Allegra-M 1-0-1 x 5 days.
(A-F)

FT

VISION SCREENING

<u>Vision</u>	<u>Rt</u>	<u>Lt</u>	<u>With Corrections</u>
<u>DISTANT</u>			
<u>NEAR</u>			
<u>COLOUR</u>			

c/s/B De Yae haeoi

O/E (R) (L)
EAC impacted cerumen

TMN
Nose
throat
NAD

DR. SOWAMOHAN
FPA No. KMC 110385
MG ELECTRONIC CITY

GENERAL PHYSICIAN

Δ: - B/L impacted cerumen

R SOLIAX wax ear drops
31-1-1-1-1
x. 30/11

Mrs. Tilly Thomas. 35 F.

26/10/24.

DR K RISHNA SHANKAR

Gynaec.

MCT + LAD

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

P/A - NR

Imp. 21/10/24
Cytology Reg
P/A NAD.

P/L - LSCS Type

P/LV /
P/LG / Gm - (NR)

B/L - Br. No lump.

Adh
R/w Rytis

R

- AMH -
Husband's semen
analysis
after 3 day gap

Follow up date:

Doctor Signature

NAME:	Mrs. Titty Thomas
AGE / SEX:	35 YRS/ FEMALE
DATE:	26.10.2024
REFERRED BY:	ARCOFEMI

ABDOMINAL ULTRASONOGRAPHY REPORT

LIVER: Appear normal in size with increased echogenicity. No focal lesion seen. The intra hepatic biliary and portal venous radicals are normal. Portal vein and CBD is normal.

GALL BLADDER: moderately distended and appears normal. No abnormal wall thickening / pericholecystic fluid seen.

Pancreas: normal to the extend visualized.

SPLEEN: Normal in size and echo texture. No focal lesion noted

KIDNEYS: Both kidneys are normal in position, size and echo texture. Normal cortico-medullary differentiation is maintained. No calculus/ hydronephrosis on both sides.

PELVIC ORGANS:

Urinary bladder well distended and appears normal in size, contour and wall thickness.

Uterus appear normal in size and echo texture . Myometrial echoes appear normal.
ET measures ~ 7 mm.

Bilateral ovaries are normal in size, shape and echo texture.

No free fluid in the abdomen and pelvis.

IMPRESSION:

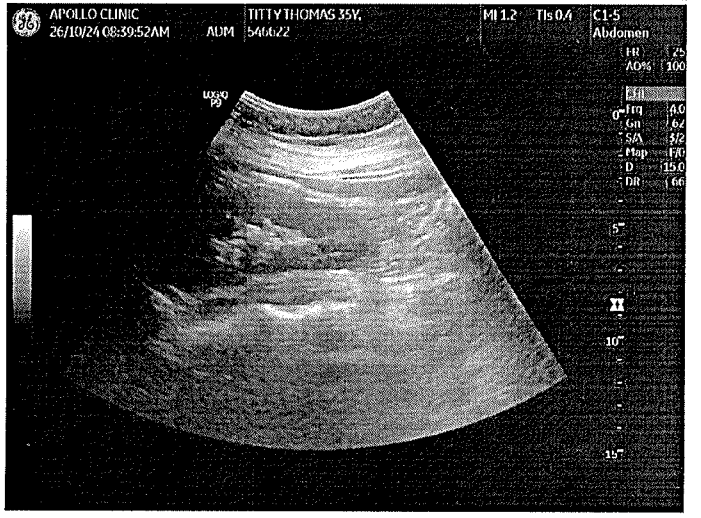
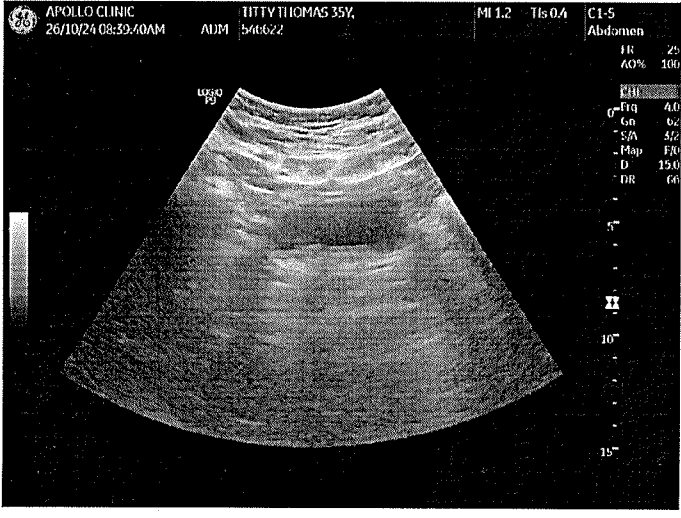
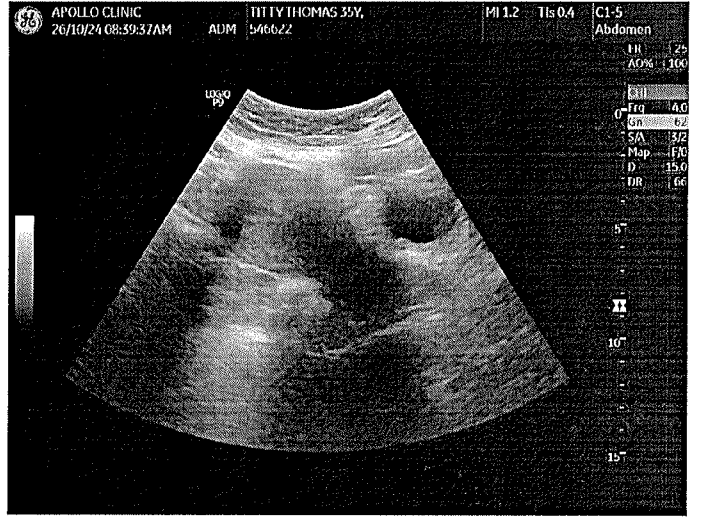
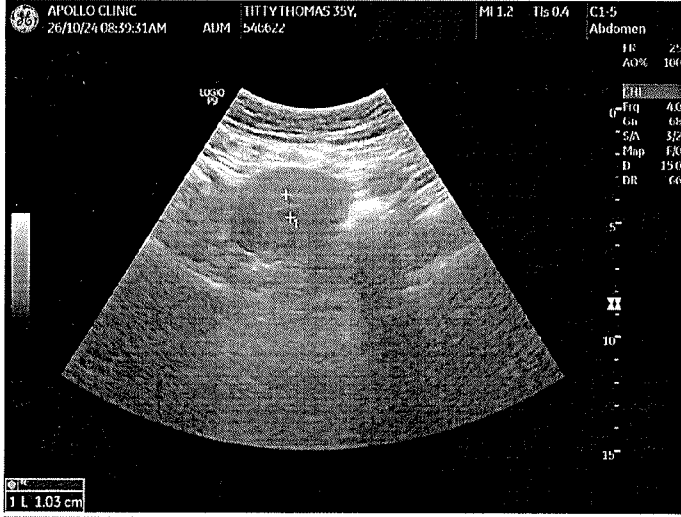
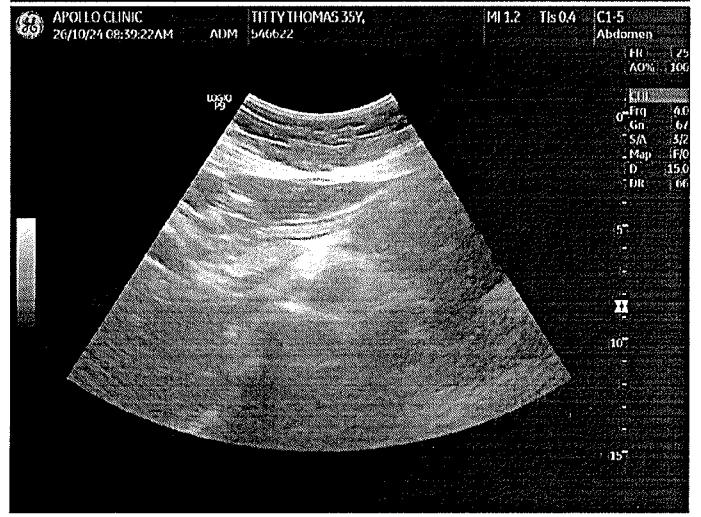
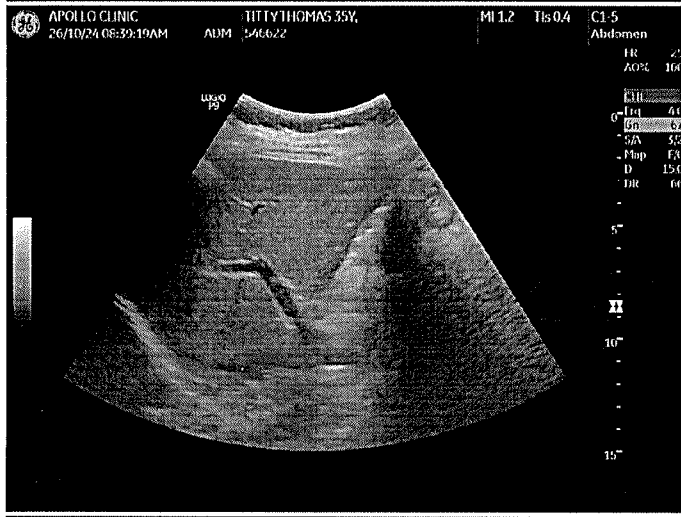
- **Grade I fatty liver .**

*To correlate clinically & with other investigations.
Not for medico-legal purpose*



DR. VIGNESH K

CONSULTANT RADIOLOGIST



NAME	MRS. TITTY THOMAS	AGE: 35Y/F	DATE: 26-10-2024
REF BY :	ARCOFEMI		

MEASUREMENTS									
M - Mode						Conventional and Tissue Doppler			
AO	2.91	cm	LVPW - d	0.99	cm	Mitral Valve Vmax	E: 0.84	A : 0.53	m/sec
LA	2.86	cm	LVPW - s	1.12	cm	Aortic Valve	V max	1.38	m/sec
IVS - d	1.10	cm	EF	64	%	Pulmonary Valve	V max	0.96	m/sec
IVS - s	1.14	cm	FS	34	%	Tricuspid valve	E: 0.6	A : 0.8	m/sec
LVID - d	4.21	cm	RA	2.6	cm	TR V max	V MAX	1.69	m/sec
LVID - s	2.95	cm	RV	2.8	cm	RVSP + RAP = PASP 25mmHg			
RIGHT ATRIUM					Normal in Size				
LEFT ATRIUM					Normal in Size				
RIGHT VENTRICLE					Normal in Size				
LEFT VENTRICLE					Normal in Size				
WALL MOTION ANALYSIS					No RWMA				
TRICUSPID VALVE					Normal				
MITRAL VALVE					Normal				
PULMONIC VALVE					Normal				
AORTIC VALVE					Normal				
IAS					INTACT				
IVS					INTACT				
AORTA					Normal in Size				
SYSTEMIC & PULMONARY					Normally Draining				
IVC					Collapsing (IVC SIZE - 1.4cm).				
PERICARDIUM					Normal				
OTHERS					No CLOT, VEGETATION, MASS.				

IMPRESSION

NO RWMA
 NORMAL LV SYSTOLIC FUNCTION EF-64%
 NORMAL LV DIASTOLIC FUNCTION
 NORMAL RV FUNCTION , TAPSE -17MM.
 TRIVIAL TR, NO PAH. PASP -25MMHG
 IVC-1.4cm, COLLAPSING


DR. PRANEETH S
 CONSULTANT CARDIOLOGIST
 APOLLO HOSPITAL, 9986974438

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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

APOLLO CLINICS NETWORK KARNATAKA

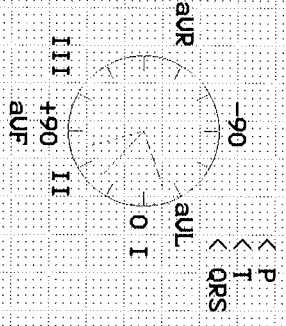
Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

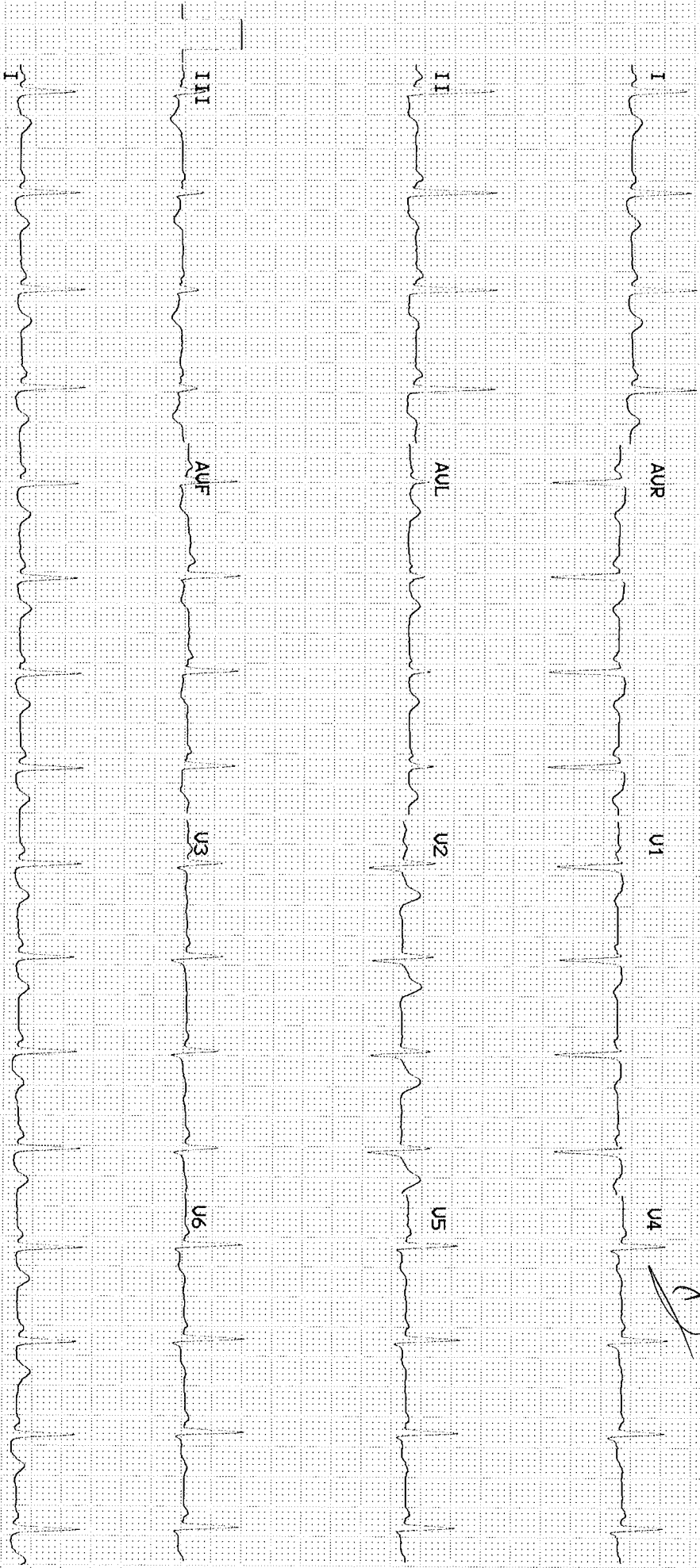
 **1860 500 7788**

AGE: 35
 Measurement Results:
 QRS : 86 ms
 QT/QTcB : 336 / 420 ms
 PR : 108 ms
 P : 102 ms
 RR/PP : 634 / 635 ms
 P/QRS/T : 73 / 43 / -20 degrees



Interpretation:

Sinus Rhythm
S-I delay is hyperbolic
Sig J-25 fixed clinical case like
Unconfirmed report.




Patient Name : Mrs.TITTY THOMAS
 Age/Gender : 35 Y 3 M 0 D/F
 UHID/MR No : APJ1.0026313264
 Visit ID : CELEOPV386314
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22E35719


Collected : 26/Oct/2024 09:14AM
 Received : 26/Oct/2024 12:39PM
 Reported : 26/Oct/2024 02:07PM
 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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.8	g/dL	12-15	Spectrophotometer
PCV	38.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.41	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	86.2	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,220	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.6	%	40-80	Electrical Impedance
LYMPHOCYTES	35.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.6	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4014.32	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2577.54	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	115.52	Cells/cu.mm	20-500	Calculated
MONOCYTES	483.74	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.88	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.56		0.78- 3.53	Calculated
PLATELET COUNT	214000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				


 Dr. Rajalakshmi D
 M.B.B.S.,M.D
 Consultant Pathologist


 Dr. Vidya Aniket Gore
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH

Apollo Health and Lifestyle Limited (CIN - 06511072000000110019)
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 www.apollohli.com | Email ID: enquiry@apollohli.com, Ph No: 040-4904 7777, Fax No: 4904 7744
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 323/100/123, Doddathangur Village, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560033

 **1860 500 7788**
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Patient Name : Mrs.TITTY THOMAS
 Age/Gender : 35 Y 3 M 0 D/F
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324


RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE


 Dr. Rajalakshmi D
 M.B.B.S, M.D
 Consultant Pathologist


 Dr. Vidya Aniket Gore
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist



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Apollo Health and Lifestyle Limited (CIN - 06511010200092110019)
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 APOLLO CLINICS NETWORK
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 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034

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


Patient Name : Mrs.TITTY THOMAS
 Age/Gender : 35 Y 3 M 0 D/F
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Collected : 26/Oct/2024 09:14AM
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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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination


 Dr. Rajalakshmi D
 M.B.B.S,M.D
 Consultant Pathologist


 Dr. Vidya Aniket Gore
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist



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 Karnataka - 560034


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Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 11:27AM
Age/Gender	: 35 Y 3 M 0 D/F	Received	: 26/Oct/2024 05:01PM
UHID/MR No	: APJ1.0026313264	Reported	: 26/Oct/2024 05:38PM
Visit ID	: CELEOPV386314	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35719		

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	93	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia


Note:

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	111	mg/dL	70-140	HEXOKINASE

Comment:

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


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



Patient Name : Mrs.TITTY THOMAS
 Age/Gender : 35 Y 3 M 0 D/F
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 Visit ID : CELEOPV386314
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Collected : 26/Oct/2024 09:14AM
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 Reported : 26/Oct/2024 03:03PM
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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated


Comment:

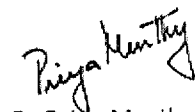
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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

Note: Dietary preparation or fasting is not required.

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


 Dr.Govinda Raju N L
 MSc,PhD(Biochemistry)
 Consultant Biochemistry


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



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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mlogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 3 M 0 D/F	Received	: 26/Oct/2024 12:24PM
UHID/MR No	: APJ1.0026313264	Reported	: 26/Oct/2024 01:57PM
Visit ID	: CELEOPV386314	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35719		

DEPARTMENT OF BIOCHEMISTRY


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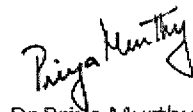
Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	175	mg/dL	<200	CHO-POD
TRIGLYCERIDES	158	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	105.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.62		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.26		<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. Govinda Raju N L
 MSc, PhD (Biochemistry)
 Consultant Biochemistry


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



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 Karnataka - 560034



Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 3 M 0 D/F	Received	: 26/Oct/2024 12:24PM
UHID/MR No	: APJ1.0026313264	Reported	: 26/Oct/2024 01:57PM
Visit ID	: CELEOPV386314	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35719		

DEPARTMENT OF BIOCHEMISTRY

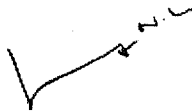
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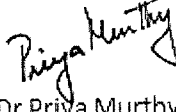
Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.77	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.66	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.5		<1.15	Calculated
ALKALINE PHOSPHATASE	89.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.37	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.98	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		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:

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


Dr.Govinda Raju N L
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Consultant Biochemistry


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M.B.B.S,M.D(Pathology)
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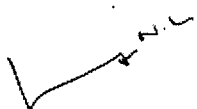


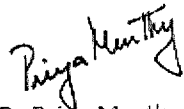
Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 3 M 0 D/F	Received	: 26/Oct/2024 12:24PM
UHID/MR No	: APJ1.0026313264	Reported	: 26/Oct/2024 01:57PM
Visit ID	: CELEOPV386314	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35719		

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	0.79	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	17.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.31	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.72	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	99	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.37	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.98	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated


Dr. Govinda Raju N L
 MSc, PhD (Biochemistry)
 Consultant Biochemistry


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



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 SIN No: ELE241004930

Apollo Health and Lifestyle Limited, RRL Bangalore Laboratory
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 Address: 512/100/123, Doddanahalli Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka - 560034

 **1860 500 7788**
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Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 3 M 0 D/F	Received	: 26/Oct/2024 12:24PM
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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	16.00	U/L	<38	IFCC



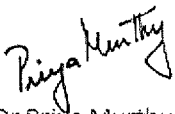
Priya Murthy

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

Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 3 M 0 D/F	Received	: 26/Oct/2024 12:36PM
UHID/MR No	: APJ1.0026313264	Reported	: 26/Oct/2024 01:18PM
Visit ID	: CELEOPV386315	Status	: Final Report
Ref Doctor	: Self	Centre Name	: ONEHUB ELECTRONIC CITY

TERMS AND CONDITIONS GOVERNING THIS REPORT

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



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APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE Laboratory

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034



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

Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	22.5	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

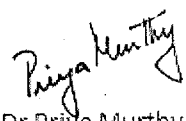
Decreased Levels:- Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

Increased levels:- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	187	pg/mL	190-900	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.



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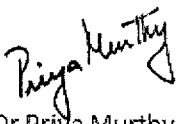


Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
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DEPARTMENT OF IMMUNOLOGY

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

*** End Of Report ***



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



Patient Name : Mrs.TITTY THOMAS
 Age/Gender : 35 Y 3 M 0 D/F
 UHID/MR No : APJ1.0026313264
 Visit ID : CELEOPV386314
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22E35719

Collected : 26/Oct/2024 09:14AM
 Received : 26/Oct/2024 12:23PM
 Reported : 26/Oct/2024 01:38PM
 Status : Final Report
 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)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.58	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.035	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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

Dr.Govinda Raju N L
 MSc,PhD(Biochemistry)
 Consultant Biochemistry

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



Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
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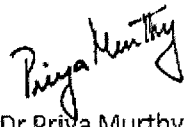
DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



Dr.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry



Dr Priya Murthy
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Consultant Pathologist



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SIN No: ELE241004933

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Address: 411/200/122, Dodda Marigudi Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka - 560034

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Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 3 M 0 D/F	Received	: 26/Oct/2024 12:31 PM
UHID/MR No	: APJ1.0026313264	Reported	: 26/Oct/2024 12:58 PM
Visit ID	: CELEOPV386314	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35719		


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	8.0		5-7.5	Double Indicator
SP. GRAVITY	1.013		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	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

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. Rajalakshmi D
M.B.B.S, M.D
Consultant Pathologist


Dr. Vidya Aniket Gore
M.B.B.S, M.D (Pathology)
Consultant Pathologist



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Apollo Health and Lifestyle Limited (CIN - U05110TG2000PL113019)
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APOLLO CLINICS NETWORK

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Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 3 M 0 D/F	Received	: 26/Oct/2024 03:49PM
UHID/MR No	: APJ1.0026313264	Reported	: 26/Oct/2024 04:50PM
Visit ID	: CELEOPV386314	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35719		

DEPARTMENT OF CLINICAL PATHOLOGY

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

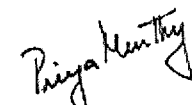
Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)

The Consultant Pathologist

AND LIFESTYLE LIMITED- RRL BANGALORE



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



Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 3 M 0 D/F	Received	: 26/Oct/2024 12:31PM
UHID/MR No	: APJ1.0026313264	Reported	: 26/Oct/2024 02:48PM
Visit ID	: CELEOPV386314	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35719		

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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

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

Result/s to Follow:
PERIPHERAL SMEAR, LBC PAP SMEAR




Dr. Rajalakshmi D
M.B.B.S.,M.D
Consultant Pathologist


Dr. Vidya Aniket Gore
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH

Patient Name : Mrs.TITTY THOMAS
 Age/Gender : 35 Y 3 M 0 D/F
 UHID/MR No : APJ1.0026313264
 Visit ID : CELEOPV386315
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 Status : Final Report
 Centre Name : ONEHUB ELECTRONIC CITY

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	22.5	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:- Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

Increased levels:- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	187	pg/mL	190-900	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.



Priya Murthy
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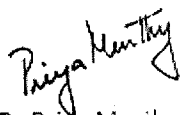
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DEPARTMENT OF IMMUNOLOGY

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

*** End Of Report ***



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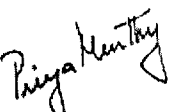


Patient Name : Mrs.TITTY THOMAS
Age/Gender : 35 Y 3 M 0 D/F
UHID/MR No : APJ1.0026313264
Visit ID : CELEOPV386315
Ref Doctor : Self

Collected : 26/Oct/2024 09:14AM
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Reported : 26/Oct/2024 01:18PM
Status : Final Report
Centre Name : ONEHUB ELECTRONIC CITY

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Consultant Pathologist



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APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE Laboratory
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Karnataka- 560034
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohi.com | Email ID: enquiry@apollohi.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

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


1860 500 7738
www.apolloclinic.com

Patient Name	: Mrs. Titty Thomas	Age	: 35Yrs 3Mths
UHID	: APJ1.0026313264	OP Visit No.	: CELEOPV386314
Printed On	: 26-10-2024 07:42 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E35719		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

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

For clinical correlation.

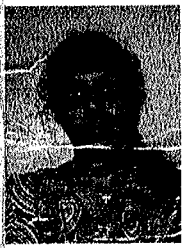

---End Of The Report---

Dr.VIGNESH K
MBBS, MD Radio-Diagnosis
TMN 20170001180 KTK
Radiology

നടിനടി തോമസ്
Titty Thomas

ജനന വർഷം/Year of Birth: 1989
സ്ത്രീ / Female

6396 2369 1576



ആധാർ - സാധാരണക്കാരന്റെ അവകാശം



बैंक ऑफ बड़ोदा Bank of Baroda



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. THOMAS TITTY
EC NO.	170692
DESIGNATION	FOREX BACK OFFICE
PLACE OF WORK	BANGALORE,VT,NATIONAL SHARED S
BIRTHDATE	26-07-1989
PROPOSED DATE OF HEALTH CHECKUP	26-10-2024
BOOKING REFERENCE NO.	24D170692100116888E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **14-10-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

मानव संसाधन प्रशासन विभाग, प्रधान कार्यालय, छठा तल, "बड़ोदा भवन", अलकापुरी, बड़ोदा-390007(भारत)
Human Resources Management Department, Head Office, 6th Floor, "Baroda Bhavan", Alkapuri, Baroda-390007 (India)

26/10/24.

Tithy Thomas, 35/F (26313264)



ole → stains ++, Calculus ++.

Adv → scaling

Dr. Geeshma.
(8075738702)

Alliance Dental Care Limited

GSTIN: 36AEECA118N1ZR

Corporate & Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp to: Ameerpet Metro Station, Ameerpet, Hyderabad 500038, Telangana.

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To book an appointment

