

Patient Name : Ms.VINITA YELLAMELLI	Collected : 26/Oct/2024 09:10AM
Age/Gender : 38 Y 8 M 15 D/F	Received : 26/Oct/2024 01:49PM
UHID/MR No : CVIM.0000229089	Reported : 26/Oct/2024 02:19PM
Visit ID : CVIMOPV636819	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34293	

## DEPARTMENT OF HAEMATOLOGY

### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's Anisocytosis+, Microcytes+,  
WBC's are normal in number and morphology  
Platelets are Adequate  
No hemoparasite seen.**



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:VIR241003168

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



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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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.9	g/dL	12-15	Spectrophotometer
PCV	38.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>5.07</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>76.6</b>	fL	83-101	Calculated
MCH	<b>25.5</b>	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.4</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>10,450</b>	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	64.4	%	40-80	Electrical Impedance
LYMPHOCYTES	29.8	%	20-40	Electrical Impedance
EOSINOPHILS	<b>0.8</b>	%	1-6	Electrical Impedance
MONOCYTES	4.9	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6729.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3114.1</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	83.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	512.05	Cells/cu.mm	200-1000	Calculated
BASOPHILS	10.45	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.16		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	376000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	6	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC's Anisocytosis+, Microcytes+,**  
**WBC's are normal in number and morphology**  
**Platelets are Adequate**  
**No hemoparasite seen.**

Page 2 of 13



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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**DEPARTMENT OF HAEMATOLOGY**

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



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UHID/MR No : CVIM.0000229089	Reported : 26/Oct/2024 03:03PM
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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

*Sneha Shah*  
  
**Dr Sneha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No: VIR241003168

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Patient Name : Ms.VINITA YELLAMELLI	Collected : 26/Oct/2024 11:39AM
Age/Gender : 38 Y 8 M 15 D/F	Received : 26/Oct/2024 03:28PM
UHID/MR No : CVIM.0000229089	Reported : 26/Oct/2024 05:11PM
Visit ID : CVIMOPV636819	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
<b>GLUCOSE, FASTING , NAF PLASMA</b>	80	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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	88	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.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:VIR241003292

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Patient Name : Ms.VINITA YELLAMELLI	Collected : 26/Oct/2024 09:10AM
Age/Gender : 38 Y 8 M 15 D/F	Received : 26/Oct/2024 01:50PM
UHID/MR No : CVIM.0000229089	Reported : 26/Oct/2024 04:49PM
Visit ID : CVIMOPV636819	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34293	

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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

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

5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



DR.Sanjay Ingle  
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Patient Name : Ms.VINITA YELLAMELLI	Collected : 26/Oct/2024 09:10AM
Age/Gender : 38 Y 8 M 15 D/F	Received : 26/Oct/2024 01:55PM
UHID/MR No : CVIM.0000229089	Reported : 26/Oct/2024 03:18PM
Visit ID : CVIMOPV636819	Status : Final Report
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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>226</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	108	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>36</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>190</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>168.39</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.63	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>6.32</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.12</b>		<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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.47	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.5	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	78.80	U/L	30-120	IFCC
PROTEIN, TOTAL	<b>6.52</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	3.58	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.22		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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**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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.74	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	18.89	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.30	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.29	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.63	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.6	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.46	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	<b>6.52</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	3.58	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.22		0.9-2.0	Calculated



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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	25.48	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.48	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>15.89</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>7.704</b>	µIU/mL	0.34-5.60	CLIA

Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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



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SIN No:VIR241003174

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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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Age/Gender	: 38 Y 8 M 15 D/F	Received	: 26/Oct/2024 03:11PM
UHID/MR No	: CVIM.0000229089	Reported	: 26/Oct/2024 03:47PM
Visit ID	: CVIMOPV636819	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34293		

**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:

COMPLETE URINE EXAMINATION (CUE)

Page 13 of 13

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No: VIR241003173

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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

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



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Patient Name	: Ms. VINITA YELLAMELLI	Age	: 38Yrs 8Mths 16Days
UHID	: CVIM.0000229089	OP Visit No.	: CVIMOPV636819
Printed On	: 26-10-2024 05:54 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34293		

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND ABDOMEN AND PELVIS

**Liver** appears normal in size and bright in echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

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

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

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No hydronephrosis seen on either side. Calcular concretions noted in both kidneys mid poles.

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

**Uterus** appears normal in size. It shows posterior wall intra-mural fibroid measuring 2.1 x 1.5 cm. Endometrial echo-complex appears normal and measures 6.1 mm.

**Both ovaries** appear normal in size, shape and echotexture. No evidence of any adnexal pathology noted.

---

---

**Bowel loops and Retroperitoneum** appear normal. Aorta and IVC appear normal.  
No abnormal lymphadenopathy noted.

**IMPRESSION:-**

**Grade I fatty liver.**

**Calcular concretions noted in both kidneys mid poles.**

**Uterus shows posterior wall intra-mural fibroid.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.)

---End Of The Report---



Dr. PREETI P KATHE  
DMRE, MD, DNB  
2003/04/1886  
Radiology



Patient Name	: Ms. VINITA YELLAMELLI	Age	: 38Yrs 8Mths 16Days
UHID	: CVIM.0000229089	OP Visit No.	: CVIMOPV636819
Printed On	: 26-10-2024 05:35 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34293		

---

**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

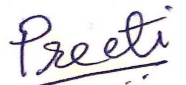
Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

**Impression:** Essentially Normal Study.

---End Of The Report---



Dr. PREETI P KATHE  
DMRE, MD, DNB  
2003/04/1886  
Radiology

1-14

Name : Ms. VINITA YELLAMELLI Age : 38Y 8M 15D  
Address : Yerwada Pune Maharashtra INDIA 411006 sex : Female  
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC  
CREDIT PAN INDIA OP AGREEMENT

UHID : CVIM.0000229089



CVIM.0000229089

OP No: CVIMOPV636819  
Bill No: CVIM-OCR-68284  
Date: Oct 26th, 2024, 8:48 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324		
1	ULTRASOUND - WHOLE ABDOMEN -10	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	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 -11	Cardiology	<input type="checkbox"/>
12	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
13	X-RAY CHEST PA -06	X Ray Radiology	<input type="checkbox"/>
14	URINE GLUCOSE(FASTING)	Clinical Pathology	<input type="checkbox"/>
15	LBC PAP TEST- PAPSURE Not willing	Histopathology	<input type="checkbox"/>
16	FITNESS BY GENERAL PHYSICIAN -01	Consultation	<input type="checkbox"/>
17	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) -2 hrs.	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 -08	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"/>

Mirani

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)  
Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor | Ameerpet, Hyderabad 500038, Telangana. |  
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) | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal | Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi) | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road Mysore (V V Mohalla) Tamil Nadu: Chennai ( Annanagar | Kotturpuram | T Nagar | Velasaravakkam | Velachery ) Maharashtra: Pune (Aundh) | Nigdi Pradhikaran | Viman Nagar | Wanowrie | Kharadi Uttar Pradesh: Ghaziabad (Indrapuram)

GSTIN: 27AADCA0733E1Z7

Address:  
Shop No 1, Ground,  
Nyati Millennium Premises, Survey no 209,  
Hissa 2, Virman Nagar, Maharashtra

1860 500 7788

# CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Vinita Yellamelli on 26/10/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"><li>• Medically Fit</li></ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"><li>• Fit with restrictions/recommendations</li></ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Ulc - ut fulroid</u></p> <p>2. <u>Anti bacterial hypercholesteria</u></p> <p>3. <u>Thyroid dysfunction</u></p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Currently Unfit.</li></ul> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Unfit</li></ul>	<input type="checkbox"/>

**Dr.** \_\_\_\_\_  
**Medical Officer**  
**The Apollo Clinic, (Location)**

*This certificate is not meant for medico-legal purposes*

Date : 10/26/2024 Department : General Practice  
 Patient Name : Ms. VINITA YELLAMELLI Doctor : Dr. ALIA FATHIMA  
 UHID : CVIM.0000229089 Registration No. : 9050  
 Age / Gender : 38Yrs 8Mths 15Days / Female Qualification : MBBS  
 Consultation Timing : 8:51 AM

Height : 153	Weight : 71	BMI : 30	Waist Circum : 92
Temp : 97	Pulse : 78	Resp : 18	B.P : 114/70

**General Examination / Allergies History**

**Clinical Diagnosis & Management Plan**

O/E: conscious oriented

RS  
 CVS  
 R/C  
 CNS NAD

AHC

No c/o at present.

Past h/o: hypothyroid + Tab.

Sx h/o: nil

Fam h/o: Father: DM  
 (poststroke) S. HTN

Mother: S. HTN  
 no addictions Thyroid.

ally @ T. AZE

Diet: egg protein

adv: H/Pu vacation  
 = Post report  
 consultation

**Dr. Alia Fathima**  
 M.B.B.S.  
 Registration No. 2023/11/9050

Follow up date:


Doctor Signature



Mrs. Vinita Mellamelli Aug 30/10

UC AR - B/c EAC d/der

- Karanoni. Actre car d/p 3.3. > (6)

J. Fidas  (5)  
At night.

Miss. Vinita Yellamelli  
Unmarried, 38 y  
not sexually active.

M/H LMP - 4/10/24

Adh

4-5/28-30 Reg

AMH

P/S not done

B/L Breast - NAG

**DR. DEEPAI AMOL GALGE**  
M.B.B.S., D.G.O., D.N.B.  
OBSTETRICIAN & GYNAECOLOGIST  
Reg.No.: 2003093495

**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 MAHARASHTRA**

Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

EYE EXAMINATION

DATE:- 26/10/20

NAME:- Nitha Yellamati

AGE:- 38

CORPORATE:- Arcopen

	Right Eye	Left Eye.
Distant vision	<u>6/6</u>	<u>6/6</u>
Near vision	<u>N/6</u>	<u>N/6</u>
Color vision	<u>Normal</u>	<u>Normal</u>
Fundus examination	<u>Normal</u>	<u>Normal</u>
Intraocular pressure	<u>Normal</u>	<u>Normal</u>
Slit lamp exam.	<u>Normal</u>	<u>Normal</u>

Dr. Lakshmi Das 20/10/20 Ret + Near

Impression - Normal Eye Check-Up.

(Ophthalmology)



225003  
38 Years

Female

20-OCT-24 10:23:19 AM

Rate 71 Sinus rhythm.....normal P axis; V-rate 50- 99  
PR 148 Low voltage, precordial leads.....precordial leads <1.0mV

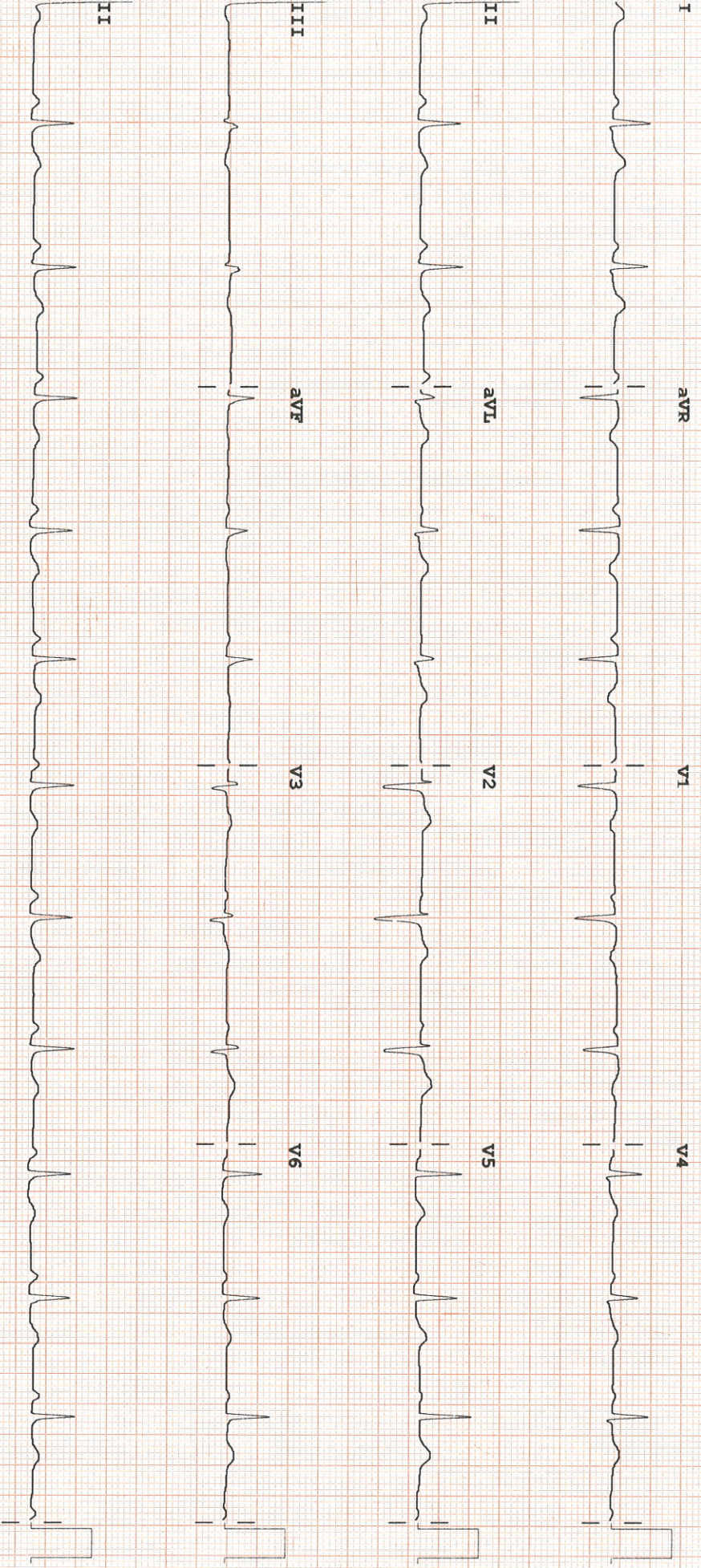
QRSD 81  
QT 382  
QTc 416

--AXIS--  
P 46  
QRS 42  
T 6

- OTHERWISE NORMAL ECG -  
*[Handwritten signature]*

Unconfirmed Diagnosis

12 Lead; Standard Placement



Device:

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

PHILIPS

REORDER M3708A

F 50 ~ 0.50 ~ 40 Hz W

PH100B CL P?



---

Patient Name	: Ms. VINITA YELLAMELLI	Age	: 38Yrs 8Mths 16Days
UHID	: CVIM.0000229089	OP Visit No.	: CVIMOPV636819
Printed On	: 26-10-2024 05:54 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E34293		

---

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND ABDOMEN AND PELVIS

**Liver** appears normal in size and bright in echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

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

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

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No hydronephrosis seen on either side. Calcular concretions noted in both kidneys mid poles.

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

**Uterus** appears normal in size. It shows posterior wall intra-mural fibroid measuring 2.1 x 1.5 cm. Endometrial echo-complex appears normal and measures 6.1 mm.

**Both ovaries** appear normal in size, shape and echotexture. No evidence of any adnexal pathology noted.

---



---

Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal.  
No abnormal lymphadenopathy noted.

**IMPRESSION:-**

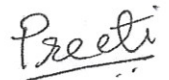
Grade I fatty liver.

Calcular concretions noted in both kidneys mid poles.

Uterus shows posterior wall intra-mural fibroid.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.)

---End Of The Report---



Dr. PREETI P KATHE  
DMRE, MD, DNB  
2003/04/1886  
Radiology

---

Patient Name	: Ms. VINITA YELLAMELLI	Age	: 38Yrs 8Mths 16Days
UHID	: CVIM.0000229089	OP Visit No.	: CVIMOPV636819
Printed On	: 26-10-2024 05:35 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34293		

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

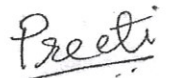
Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

**Impression:** Essentially Normal Study.

---End Of The Report---



Dr. PREETI P KATHE  
DMRE, MD, DNB  
2003/04/1886  
Radiology

---

# Apollo Clinic

## CONSENT FORM

Patient Name: Vinitha Yellamelli Age: 38

UHID Number: ..... Company Name: BOB

I Mr/Mrs/Ms ..... Employee of .....

(Company) Want to inform you that I am not interested in getting Papsmeas

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

+ Dental checkup

And I claim the above statement in my full consciousness.

Yellamelli

Patient Signature: .....

Date: 26/10/24



# Apollo Clinic

## CONSENT FORM

Patient Name: Nimila Yellamelli Age: 38

UHID Number: ..... Company Name: .....

I Mr/Mrs/Ms Nimila Employee of .....

(Company) Want to inform you that I am not interested in getting wine R/wine PP

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

And I claim the above statement in my full consciousness.

Patient Signature: Yellamelli

Date: 26/10/24





Certificate No: MC-5697

Patient Name	: Ms.VINITA YELLAMELLI	Collected	: 26/Oct/2024 09:10AM
Age/Gender	: 38 Y 8 M 15 D/F	Received	: 26/Oct/2024 01:49PM
UHID/MR No	: CVIM.0000229089	Reported	: 26/Oct/2024 02:19PM
Visit ID	: CVIMOPV636819	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34293		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC's Anisocytosis+, Microcytes+,  
WBC's are normal in number and morphology  
Platelets are Adequate  
No hemoparasite seen.**

DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:VIR241003168

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Ms.VINITA YELLAMELLI	Collected : 26/Oct/2024 09:10AM
Age/Gender : 38 Y 8 M 15 D/F	Received : 26/Oct/2024 01:49PM
UHID/MR No : CVIM.0000229089	Reported : 26/Oct/2024 02:19PM
Visit ID : CVIMOPV636819	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34293	

**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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.9	g/dL	12-15	Spectrophotometer
PCV	38.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>5.07</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>76.6</b>	fL	83-101	Calculated
MCH	<b>25.5</b>	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.4</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>10,450</b>	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	64.4	%	40-80	Electrical Impedance
LYMPHOCYTES	29.8	%	20-40	Electrical Impedance
EOSINOPHILS	<b>0.8</b>	%	1-6	Electrical Impedance
MONOCYTES	4.9	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6729.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3114.1</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	83.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	512.05	Cells/cu.mm	200-1000	Calculated
BASOPHILS	10.45	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.16		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	376000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	6	mm at the end of 1 hour	0-20	Modified Westergren

**PERIPHERAL SMEAR**

**RBC's Anisocytosis+, Microcytes+,  
WBC's are normal in number and morphology  
Platelets are Adequate  
No hemoparasite seen.**



DR.Sanjay Ingole  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:VIR241003168

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab







Certificate No: MC-5697

Patient Name	: Ms.VINITA YELLAMELLI	Collected	: 26/Oct/2024 09:10AM
Age/Gender	: 38 Y 8 M 15 D/F	Received	: 26/Oct/2024 01:49PM
UHID/MR No	: CVIM.0000229089	Reported	: 26/Oct/2024 02:19PM
Visit ID	: CVIMOPV636819	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34293		

**DEPARTMENT OF HAEMATOLOGY**

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

DR. Sanjay Ingle  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

SIN No: VIR241003168

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Certificate No: MC-5697

Patient Name : Ms.VINITA YELLAMELLI	Collected : 26/Oct/2024 09:10AM
Age/Gender : 38 Y 8 M 15 D/F	Received : 26/Oct/2024 01:49PM
UHID/MR No : CVIM.0000229089	Reported : 26/Oct/2024 03:03PM
Visit ID : CVIMOPV636819	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34293	

**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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

*Sneha Shah*  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No: VIR241003168

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Patient Name : Ms.VINITA YELLAMELLI	Collected : 26/Oct/2024 11:39AM
Age/Gender : 38 Y 8 M 15 D/F	Received : 26/Oct/2024 03:28PM
UHID/MR No : CVIM.0000229089	Reported : 26/Oct/2024 05:11PM
Visit ID : CVIMOPV636819	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34293	

**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	80	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)	88	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. Sanjay Ingle  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No: VIR241003292

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

legd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014





Certificate No: MC-5697

Patient Name : Ms.VINITA YELLAMELLI	Collected : 26/Oct/2024 09:10AM
Age/Gender : 38 Y 8 M 15 D/F	Received : 26/Oct/2024 01:50PM
UHID/MR No : CVIM.0000229089	Reported : 26/Oct/2024 04:49PM
Visit ID : CVIMOPV636819	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34293	

**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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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)

*Sanjay Ingle*

DR. Sanjay Ingle  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist



SIN No: VIR241003172

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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Certificate No: MC-5697

Patient Name : Ms.VINITA YELLAMELLI	Collected : 26/Oct/2024 09:10AM
Age/Gender : 38 Y 8 M 15 D/F	Received : 26/Oct/2024 01:55PM
UHID/MR No : CVIM.0000229089	Reported : 26/Oct/2024 03:18PM
Visit ID : CVIMOPV636819	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34293	

**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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	226	mg/dL	<200	CHO-POD
TRIGLYCERIDES	108	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic
NON-HDL CHOLESTEROL	190	mg/dL	<130	Immunoinhibition
LDL CHOLESTEROL	168.39	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.63	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.32		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.12		<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

*Sanjay Ingle*

DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.47	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.5	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	78.80	U/L	30-120	IFCC
PROTEIN, TOTAL	<b>6.52</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	3.58	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.22		0.9-2.0	Calculated

**Comment:**

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

1. Hepatocellular Injury:

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

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

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

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



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.74	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	18.89	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.30	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.29	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.63	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.6	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.46	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	<b>6.52</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	3.58	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.22		0.9-2.0	Calculated

*Dr. Sanjay Ingle*

DR. Sanjay Ingle  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

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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	25.48	U/L	<38	IFCC

DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

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Certificate No: MC-5697

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UHID/MR No : CVIM.0000229089	Reported : 26/Oct/2024 02:09PM
Visit ID : CVIMOPV636819	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34293	

**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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.48	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>15.89</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>7.704</b>	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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



DR. Sanjay Ingle  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No: VIR241003174

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Certificate No: MC-5697

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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.Sanjay Ingle  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:VIR241003174

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Patient Name : Ms.VINITA YELLAMELLI	Collected : 26/Oct/2024 09:10AM
Age/Gender : 38 Y 8 M 15 D/F	Received : 26/Oct/2024 03:11PM
UHID/MR No : CVIM.0000229089	Reported : 26/Oct/2024 03:47PM
Visit ID : CVIMOPV636819	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

Result/s to Follow:  
COMPLETE URINE EXAMINATION (CUE)

*Sneha Shah*  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No: VIR241003173

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name	: Ms.VINITA YELLAMELLI	Collected	: 26/Oct/2024 09:10AM
Age/Gender	: 38 Y 8 M 15 D/F	Received	: 26/Oct/2024 03:11PM
UHID/MR No	: CVIM.0000229089	Reported	: 26/Oct/2024 03:47PM
Visit ID	: CVIMOPV636819	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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## TERMS AND CONDITIONS GOVERNING THIS REPORT

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

  
Dr Sheha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No: VIR241003173

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## 2D ECHO/COLOUR DOPPLER

<b>NAME</b>	VINITA YELLAMELLI
<b>AGE &amp; SEX</b>	37 /FEMALE
<b>DATE</b>	26/10/2024
<b>REF:</b>	

AO-24mm; LA-28 mm; IVS- 10mm; LVIDd-39 mm; PW-10mm; LVIDS: 25mm; LVEF-60%.

**MITRAL VALVE:** Normal leaflets.No MR

**AORTIC VALVE:** Normal leaflets.

**TRICUSPID VALVE:** Normal tricuspid leaflets. No tricuspid regurgitation.

**PULMONARY VALVE:** Normal leaflets. Normal gradients. No Pulmonary Regurgitation.

**LEFT VENTRICLE:** : Normal LV size & normal wall thickness.Uniform contractility.Normal LV Systolic Function,LVEF-60%.

**PERICARDIUM:** Normal

**RA & RV:** Normal .

**IVS & IAS:** Intact IAS. No flow seen across it.

### IMPRESSION:

NORMAL LV SYSTOLICFUNCTION..LVEF-60%.

NO PAH

  
DR. PRAMOD NARKHEDE

CONSULTANT INTERVENTIONAL CARDIOLOGIST

MBBS, DNB (MEDICINE). DNB (CARDIOLOGY),F.S.C.A.I, F,I,S,H.

MMC NO 2004/ 09 / 3195

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