

**APOLLO CLINIC
CONSENT FORM**

Patient name Swati Srinivasan Age 35 1/2

UHID Number U438 Company Name Ajcofemi

Company want to inform u that I am not interested in getting OPthal & AU

Consent And I claim the above statement in my full Consciousness.

Patient signature [Signature] Date 28/02/24

Name : Mrs. SWATI SRIVASTAVA

Age: 35 Y

Sex: F

UHID: CWAN.0000011438



OP Number: CSAROPV329612

Bill No : CSAR-OCR-44443

Date : 23.02.2024 08:13

Address : 904, SUNSHREE GOLD, NIBM ROAD

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE (FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2D ECHO - 18 by 10:30	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA - 9	
7	GLUCOSE, FASTING - 8	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION - 3	
10	FITNESS BY GENERAL PHYSICIAN	
11	Gynaecology CONSULTATION	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE (POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI) - 10	
20	LBC PAP TEST - PAPSURE - 6	
21	OPHTHAL BY GENERAL PHYSICIAN - Eye Identifi 3 days	Slip
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN - 12 by 9:15	2 litres water
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION - 15	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 8	

wt - 60.7 kg

Ht - 150 cm

Bp - 124/80

P - 94

BMI - 26.9

2D, TISSUE AND COLOR DOPPLER ECHOCARDIOGRAPHY REPORT



Apollo Clinic
Expertise. Closer to you.

NAME	MRS.SWATI SRIVASTAVA		DATE:23.02.2024
AGE	35 YEARS	GENDER	FEMALE
REF BY	DR. BHARATH	ID	11438

MEASUREMENTS

Vital Signs and Body Measurements											
HR	bpm	B.P	mmHg	Height	mm	Weight	kg	BSA	m ²		
M – Mode (Parasternal view)						Conventional and Tissue Doppler					
AO	24	mm	LVID - d	44	mm	Mitral Valve	E : 0.9	A : 0.7	m/sec		
LA	32	mm	LVID – s	26	mm	Aortic Valve	0.8	-	m/sec		
			IVS - d	08	mm	Pulmonary Valve	0.8	-	m/sec		
			PW - d	08	mm	E' Septal (TDI)	0.2	-	mm/sec		
			EF-	60	%	E' Lateral (TDI)	0.14	-	mm/sec		

DESCRIPTIVE FINDINGS: Technically Adequate Study. Normal sinus rhythm During Study

RIGHT ATRIUM	Normal in Size
LEFT ATRIUM	Normal in Size
RIGHT VENTRICLE	Normal in Size ,RVSP-20mm
LEFT VENTRICLE	Normal in Size
WALL MOTION ANALYSIS	No RWMA
TRICUSPID VALVE	Normal, PASP=12mmHg
MITRAL VALVE	Normal
PULMONIC VALVE	Normal
AORTIC VALVE	Normal
IAS & IVS	Intact
AORTA	Normal in Size
SYSTEMIC & PULMONARY VEINS	Normally Draining
IVC	Normal
PERICARDIUM	Normal
OTHERS	No Intra Cardiac Thrombus, Tumour or Vegetation

IMPRESSION:

Tachycardia During Study
 Cardiac Chambers & valves are normal
 Normal PAP
 No RWMA
 Normal Left Ventricular Systolic Function (LVEF-60 %)
 No clot/ vegetation/pericardial effusion

Dr. BHARATH NANDHAN REDDY ,MBBS , MD, DM -Cardiology
CONSULTANT CARDIOLOGIST

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

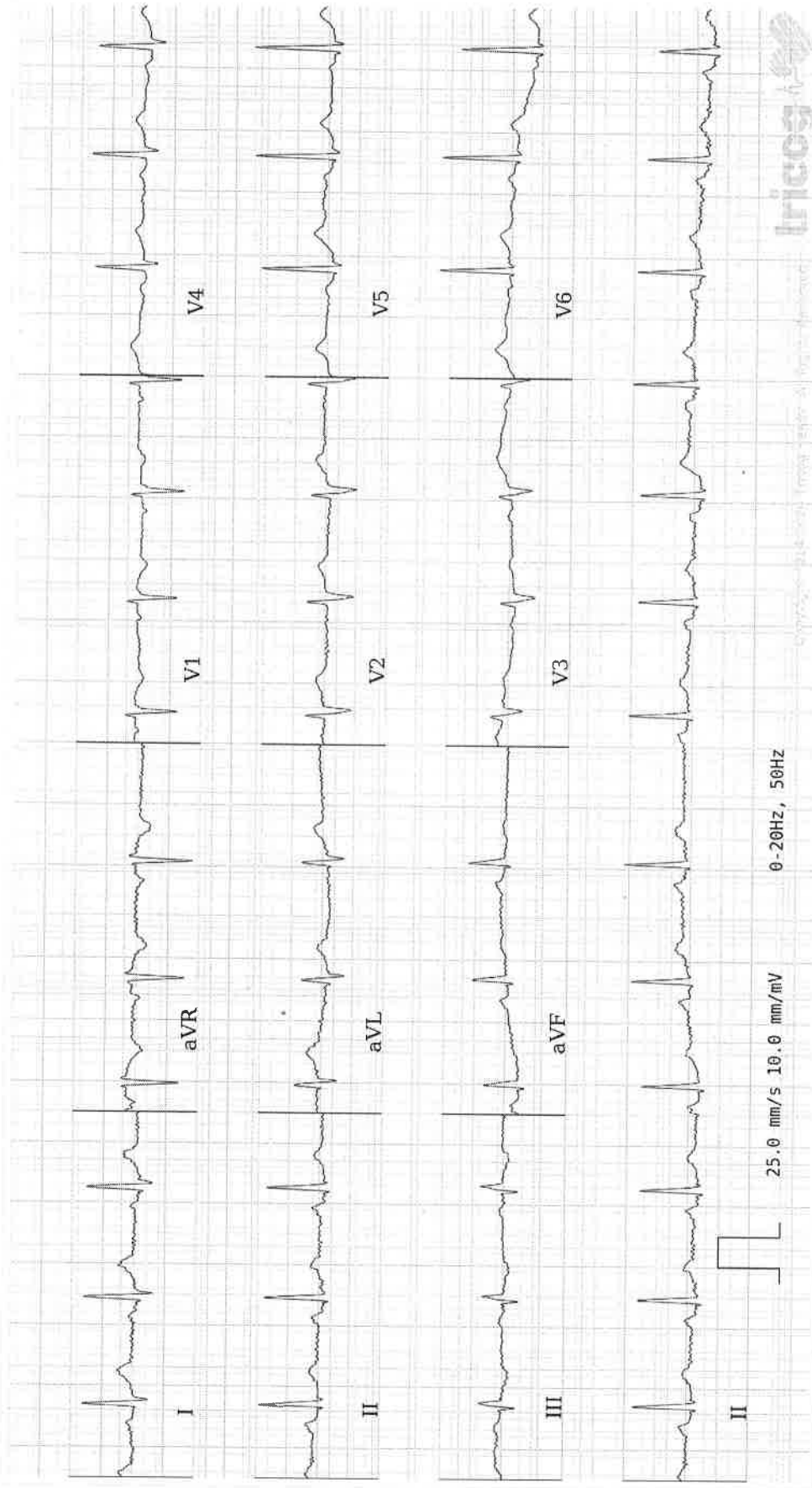
1860 500 7788



Apollo Clinic, Kaikondrahalli

Age / Gender: 35/Female
Patient ID: SWATI

Date and Time: 23rd Feb 24 8:42 AM



AR: 81bpm VR: 81bpm QRSD: 78ms QT: 342ms QTcB: 397ms PRI: 146ms P-R-T: 51° 40° -3°

ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen. Please correlate clinically.

REPORTED BY



Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

भारत सरकार
Government of India

स्वती श्रीवास्तव
Swati Srivastava
जन्म: तारीख / DOB: 20/02/1989
महिला / Female

मेरा आधार, मेरी पहचान

8469 0828 2967

Issue Date: 01/07/2015



Fwd: Reminder your health checkup booking is tomorrow

Swati Srivastava <swati.srivastava89@gmail.com>

Fri 23-02-2024 08:11

To: Sarjapur Apolloclinic <sarjapur@apolloclinic.com>

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Fri, 23 Feb, 2024, 00:55

Subject: Reminder your health checkup booking is tomorrow

To: <swati.srivastava89@gmail.com>Cc: <customercare@mediwheel.in>Dear **MRS. SRIVASTAVA SWATI**,

This is a gentle reminder that your health checkup is scheduled for tomorrow as per the below particular. Please visit the center at any time.

Please follow the following instructions. Please call us at 011-41195959 if you face any issues.

Booking Date : 20/02/2024**Health Check up Name** : Mediwheel Full Body Health Annual Plus Check**Health Check Code** : PKG10000377**Name of Diagnostic/Hospital** : Apollo Clinic - Sarjapur Road Bangalore**Address of Diagnostic/Hospital-** : Apollo Clinic, #769, GYR Chambers, Opp South Indian Bank, Kaikondanahalli, Sarjapur Road -560034**Appointment Date** : 23/02/2024**Preferred Time** : 8:00am**Package Name** : Mediwheel Full Body Health Annual Plus Check**Tests included in this Package** :

- Bmi Check
- Pap Smear
- Ent Consultation
- Dietician Consultation
- Gynae Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen

Patient Name : Mrs. SWATI SRIVASTAVA

Age/Gender : 35 Y/F

UHID/MR No. : CWAN.0000011438

OP Visit No : CSAROPV329612

Sample Collected on :

Reported on : 24-02-2024 17:41

LRN# : RAD2244929

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE10360

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

IMPRESSION : No obvious gross abnormality noted in the x-ray.

DR. RAMESH G
CONSULTANT RADIOLOGIST

ADVICE : Higher imaging techniques to be done, if clinically needed, depending on the clinical condition of the patient for further evaluation.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name	: Mrs. SWATI SRIVASTAVA	Age/Gender	: 35 Y/F
UHID/MR No.	: CWAN.0000011438	OP Visit No	: CSAROPV329612
Sample Collected on	:	Reported on	: 23-02-2024 17:25
LRN#	: RAD2244929	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE10360		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size & echotexture normal. No focal lesion. No intra hepatic biliary duct dilatation. Portal & hepatic veins appear normal. PV: Normal. CBD: Normal.

GALL BLADDER : Minimally distended. No intraluminal calculi seen. Wall thickness is normal.

PANCREAS : Obscured by bowel gas. However the visualized parts of the pancreas appear grossly normal. Para-Aortic areas could not be seen.

SPLEEN : Normal in size & echotexture normal. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY : 9.3 x 1.2 cms, LEFT KIDNEY : 9.6 x 1.3 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture. No calculi.

No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Normal in wall thickness and lumen are normal. Contents clear. No calculus seen.

UTERUS : Anteverted. Normal in size and echotexture. Endometrial and myometrium appears normal. Endometrial thickness: 6.1 mm. POD – clear.

OVARIES : Both ovaries are normal in size & echopattern. No obvious mass noted.

Right Ovary : 2.7 x 1.8

Left Ovary : 2.6 x 1.8

IMPRESSION : No sonologically detectable abnormality seen in the present study.

DR. B M SESHADRI MDRD
CONSULTANT RADIOLOGIST

(The sonography findings should always be considered in correlation with the clinical and other investigation findings where applicable).It is only a professional opinion. Not valid for medico-legal purpose) Higher imaging techniques to be done, depending on the condition of the patient, if clinically needed.

Dr. SESHADRI B M
MD-RADIOLOGY
Radiology

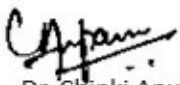
Patient Name : Mrs.SWATI SRIVASTAVA	Collected : 23/Feb/2024 08:19AM
Age/Gender : 35 Y 1 M 16 D/F	Received : 23/Feb/2024 11:29AM
UHID/MR No : CWAN.0000011438	Reported : 23/Feb/2024 12:54PM
Visit ID : CSAROPV329612	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10360	

DEPARTMENT OF HAEMATOLOGY

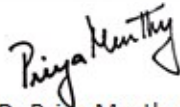
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.8	g/dL	12-15	Spectrophotometer
PCV	38.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.69	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81.4	fL	83-101	Calculated
MCH	27.2	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,410	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.4	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	4.5	%	1-6	Electrical Impedance
MONOCYTES	5.2	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2531.34	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1411.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	198.45	Cells/cu.mm	20-500	Calculated
MONOCYTES	229.32	Cells/cu.mm	200-1000	Calculated
BASOPHILS	39.69	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.79		0.78- 3.53	Calculated
PLATELET COUNT	248000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	22	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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



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



SIN No:BED240046350

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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APOLLO CLINICS NETWORK

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

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.SWATI SRIVASTAVA
Age/Gender : 35 Y 1 M 16 D/F
UHID/MR No : CWAN.0000011438
Visit ID : CSAROPV329612
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : bobE10360

Collected : 23/Feb/2024 08:19AM
Received : 23/Feb/2024 11:29AM
Reported : 23/Feb/2024 12:54PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

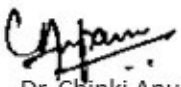
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

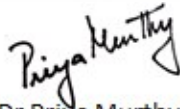
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
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SIN No:BED240046350

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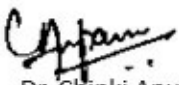
 **1860 500 7788**
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Patient Name : Mrs.SWATI SRIVASTAVA	Collected : 23/Feb/2024 08:19AM
Age/Gender : 35 Y 1 M 16 D/F	Received : 23/Feb/2024 11:29AM
UHID/MR No : CWAN.0000011438	Reported : 23/Feb/2024 02:10PM
Visit ID : CSAROPV329612	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10360	

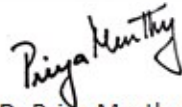
DEPARTMENT OF HAEMATOLOGY

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

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



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



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SIN No:BED240046350

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Patient Name : Mrs.SWATI SRIVASTAVA	Collected : 23/Feb/2024 08:19AM
Age/Gender : 35 Y 1 M 16 D/F	Received : 23/Feb/2024 11:52AM
UHID/MR No : CWAN.0000011438	Reported : 23/Feb/2024 02:21PM
Visit ID : CSAROPV329612	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10360	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	83	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	141	mg/dL	70-140	HEXOKINASE

Comment:

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC



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

SIN No:EDT240020540

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Age/Gender : 35 Y 1 M 16 D/F	Received : 23/Feb/2024 11:52AM
UHID/MR No : CWAN.0000011438	Reported : 23/Feb/2024 02:21PM
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DEPARTMENT OF BIOCHEMISTRY

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

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

SIN No:EDT240020540

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Patient Name : Mrs.SWATI SRIVASTAVA	Collected : 23/Feb/2024 08:19AM
Age/Gender : 35 Y 1 M 16 D/F	Received : 23/Feb/2024 04:09PM
UHID/MR No : CWAN.0000011438	Reported : 23/Feb/2024 07:55PM
Visit ID : CSAROPV329612	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10360	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	213	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	162	mg/dL	<130	Calculated
LDL CHOLESTEROL	142.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.17		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.




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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	81.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.32	g/dL	6.6-8.3	Biuret
ALBUMIN	4.35	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.97	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In 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.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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Emp/Auth/TPA ID : bobE10360	

DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.54	mg/dL	0.51-0.95	Jaffe's, Method
UREA	22.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.11	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.18	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)



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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.00	U/L	<38	IFCC



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Visit ID : CSAROPV329612	Status : Final Report
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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. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.89	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.22	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.170	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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Patient Name	: Mrs.SWATI SRIVASTAVA	Collected	: 23/Feb/2024 08:19AM
Age/Gender	: 35 Y 1 M 16 D/F	Received	: 23/Feb/2024 04:10PM
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DEPARTMENT OF IMMUNOLOGY

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



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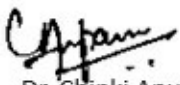


Patient Name : Mrs.SWATI SRIVASTAVA	Collected : 23/Feb/2024 08:18AM
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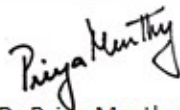
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
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



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



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



SIN No:UR2288787

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DEPARTMENT OF CLINICAL PATHOLOGY

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

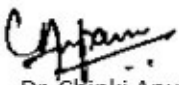
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

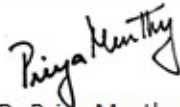
*** End Of Report ***

Result/s to Follow:

PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)



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SIN No:UF010667

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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