Apollo Spectra® HOSPITALS
Specialists in Surgery

Name : Mrs. AISHA SIDDIQUI	**Age:** 51 Y **Sex:** F	**UHID:**SCHI.0000017917	
Address : DELHI		**OP Number:**SCHIOPV25856	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		**Bill No :**SCHI-OCR-9337	
		Date : 09.02.2024 10:31	

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM + PERIPHERAL SMEAR	
5	GYNAECOLOGY CONSULTATION	
6	DIET CONSULTATION Bfto repeat.	
7	COMPLETE URINE EXAMINATION	
8	PERIPHERAL SMEAR	
9	ECG	
10	LBC PAP TEST- PAPSURE refused	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	
13	HbA1c, GLYCATED HEMOGLOBIN	
14	ENT CONSULTATION Dr. L M Prasad	
15	FITNESS BY GENERAL PHYSICIAN	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
18	BODY MASS INDEX (BMI)	
19	OPTHAL BY GENERAL PHYSICIAN	
20	ULTRASOUND - WHOLE ABDOMEN	
21	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

TSH 8.29

Height: 155 cm
Weight: 80.2 kg
B.P: 110/70 mm hg
Pulse: 80/mt

SPO2 - 99%

Booking ID	EMP-NAME	AGE	GENDER
UBOIES3456	ABID KARIM	51 year	Male
UBOIES3456	aisha	50 year	Female

भारत सरकार

आधार

भारत सरकार

Unique Identification Authority of India

Government of India

नामांकन क्रम / Enrollment No 1047/10102/07944

To,
आएशा सिद्दिकी
Aisha Siddiqui
W/O Abid Karim
41-S
SECTOR-8
JASOLA VIHAR
New Friends Colony S.O
New Friends Colony South Delhi
Delhi 110025

14/01/2012

Ref: 113 / 09B / 208684 / 209108 / P

UE033561309IN

आपका आधार क्रमांक / Your Aadhaar No. :

6876 1675 5191

आधार – आम आदमी का अधिकार

भारत सरकार
GOVERNMENT OF INDIA

आएशा सिद्दिकी
Aisha Siddiqui
जन्म वर्ष / Year of Birth : 1973
महिला / Female

6876 1675 5191

आधार – आम आदमी का अधिकार

Apollo Spectra® HOSPITALS
Specialists in Surgery

NAME :	AISHA SIDDIQUI	AGE/SEX	51	YRS/ F
UHID :	17917			
REF BY :	APOLLO SPECTRA	DATE:-	09.02.2024	

ULTRASOUND WHOLE ABDOMEN

Liver: Appears normal in size and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

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

Pancreas and Spleen: Appears normal in size and echotexture.

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

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

Uterus is antiverted and normal in size. It measures 6.8 x 2.7 cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 5 mm

Both ovaries are normal in size ,shape and echotexture. 21mm follicle seen in right ovary.
Right ovary: 2.7 x 2 cm
Left ovary: 2.5 x 1.6 cm
No obvious adenexal mass is seen. No free fluid seen.

Umbilical hernia with a defect of 25.8mm is seen.

IMPRESSION: FATTY CHANGES IN LIVER GRADE II

Please correlate clinically and with lab. Investigations.

DR. MONICA CHHABRA
CONSULTANT RADIOLOGIST

Dr. MONICA CHHABRA
Consultant Radiologist
DMC No. 18744
Apollo Spectra Hospitals
New Delhi-110019

ID: 17917
AISHA SIDDIQUI
Female 51Years
Req. No. :

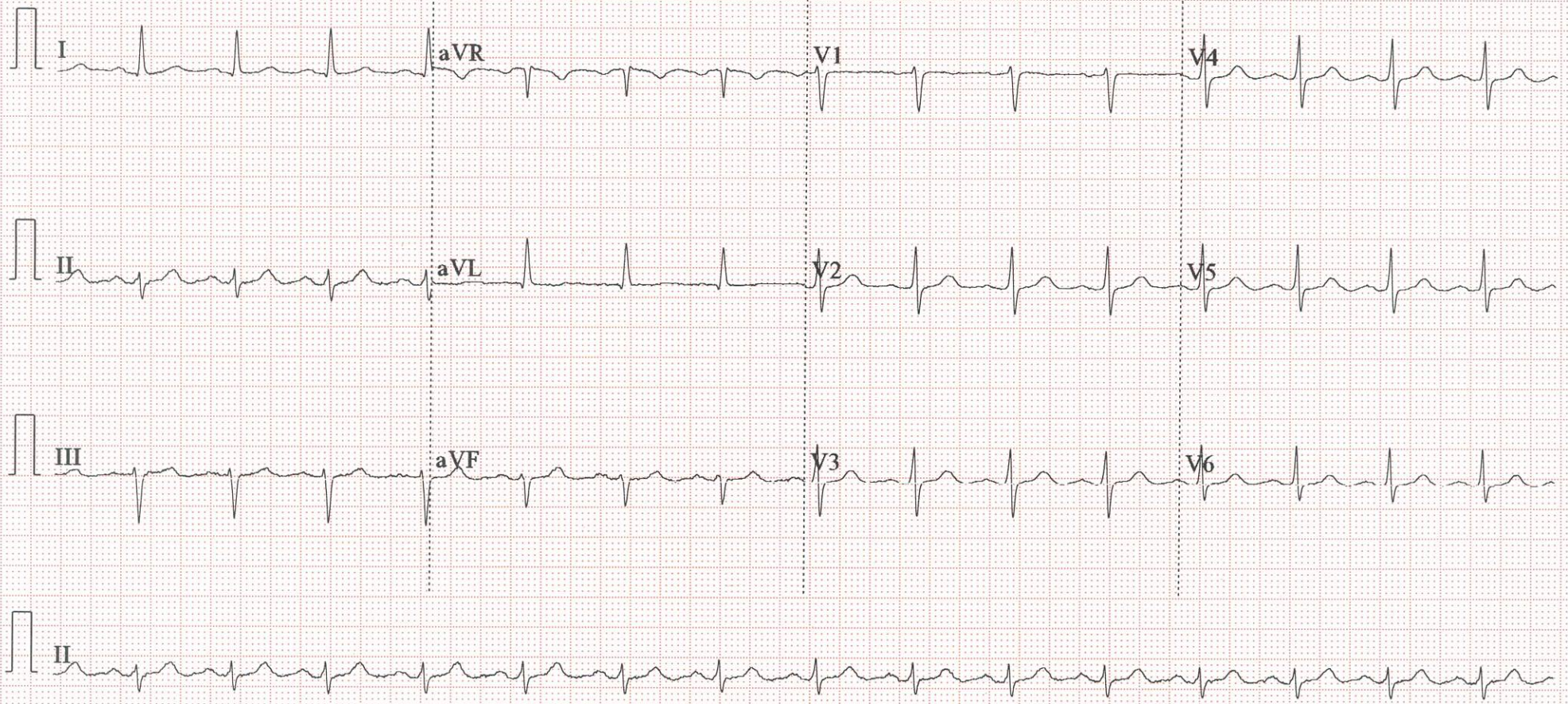
09-02-2024 13:47:15

HR	: 94	bpm	
P	: 104	ms	
PR	: 159	ms	
QRS	: 86	ms	
QT/QTcBz	: 359/449	ms	
P/QRS/T	: 55/-27/64	°	
RV5/SV1	: 0.794/0.619	mV	

Diagnosis Information:
Sinus Rhythm
Normal ECG

WNL

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 4*2.5s+1r V2.22 SEMIP V1.92 APOLLO SPECIALTY HOSPITALS

Dr. Lalit Mohan Parashar
MS (ENT)
Ear, Nose, Throat Specialist and
Head & Neck Surgeon
MCI: 4774/85

For Appointmnt: +91 1140465555
Mob.: +91 9910995018

Apollo Spectra® HOSPITALS
Specialists in Surgery

ASNA SIDDIQUI

51/F

ENT CHECK UP

NO HEARING COMPLAINTS

O/E

NOSE – SEPTUM MIDLINE

TURBINATE – NAD

EARS – BL TM (N)

A/P ⇒ ENT NORMAL

9/12/2024

Apollo
TOUCHING LIVES

Apollo Clinic
Expertise. Closer to you.

Apollo Clinic

CONSENT FORM

Patient Name: Aishu Age: 51

UHID Number: SCHI.0000017917 Company Name: Arcofemi

I Mr/Mrs/Ms Aishi Employee of Arcofemi

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

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

And I claim the above statement in my full consciousness.

Patient Signature: Date: 9/2/24

Patient Name	: Mrs.AISHA SIDDIQUI	Collected	: 09/Feb/2024 10:51AM
Age/Gender	: 51 Y 0 M 7 D/F	Received	: 09/Feb/2024 11:13AM
UHID/MR No	: SCHI.0000017917	Reported	: 09/Feb/2024 02:39PM
Visit ID	: SCHIOPV25856	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SDETGYZSDRHY		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

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

SIN No:BED240032182

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

Patient Name	: Mrs.AISHA SIDDIQUI	Collected	: 09/Feb/2024 10:51AM
Age/Gender	: 51 Y 0 M 7 D/F	Received	: 09/Feb/2024 11:13AM
UHID/MR No	: SCHI.0000017917	Reported	: 09/Feb/2024 02:39PM
Visit ID	: SCHIOPV25856	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SDETGYZSDRHY		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	12.7	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	**39.00**	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.46	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87.4	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,280	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66.6	%	40-80	Electrical Impedance
LYMPHOCYTES	23.5	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	7.7	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4182.48	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1475.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	106.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	483.56	Cells/cu.mm	200-1000	Calculated
BASOPHILS	31.4	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	176000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN

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

SIN No:BED240032182

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

Patient Name	: Mrs.AISHA SIDDIQUI	Collected	: 09/Feb/2024 10:51AM
Age/Gender	: 51 Y 0 M 7 D/F	Received	: 09/Feb/2024 11:13AM
UHID/MR No	: SCHI.0000017917	Reported	: 09/Feb/2024 02:39PM
Visit ID	: SCHIOPV25856	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SDETGYZSDRHY		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

SIN No:BED240032182

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

Patient Name	: Mrs.AISHA SIDDIQUI	Collected	: 09/Feb/2024 10:51AM
Age/Gender	: 51 Y 0 M 7 D/F	Received	: 09/Feb/2024 11:13AM
UHID/MR No	: SCHI.0000017917	Reported	: 09/Feb/2024 01:24PM
Visit ID	: SCHIOPV25856	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SDETGYZSDRHY		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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

SIN No:BED240032182

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

Patient Name	: Mrs.AISHA SIDDIQUI	Collected	: 09/Feb/2024 10:51AM
Age/Gender	: 51 Y 0 M 7 D/F	Received	: 09/Feb/2024 11:13AM
UHID/MR No	: SCHI.0000017917	Reported	: 09/Feb/2024 01:21PM
Visit ID	: SCHIOPV25856	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SDETGYZSDRHY		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

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

SIN No:PLF02102732

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

Patient Name	: Mrs.AISHA SIDDIQUI	Collected	: 09/Feb/2024 10:51AM
Age/Gender	: 51 Y 0 M 7 D/F	Received	: 09/Feb/2024 12:13PM
UHID/MR No	: SCHI.0000017917	Reported	: 09/Feb/2024 12:56PM
Visit ID	: SCHIOPV25856	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SDETGYZSDRHY		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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 Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:EDT240014073

Patient Name	: Mrs.AISHA SIDDIQUI	Collected	: 09/Feb/2024 10:51AM
Age/Gender	: 51 Y 0 M 7 D/F	Received	: 09/Feb/2024 11:13AM
UHID/MR No	: SCHI.0000017917	Reported	: 09/Feb/2024 01:20PM
Visit ID	: SCHIOPV25856	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SDETGYZSDRHY		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	73	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	74	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.54		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

1. Measurements in the same patient on different days can show physiological and analytical variations.

2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

4. 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.

5. 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.

6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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

SIN No:SE04623738

Patient Name	: Mrs.AISHA SIDDIQUI	Collected	: 09/Feb/2024 10:51AM
Age/Gender	: 51 Y 0 M 7 D/F	Received	: 09/Feb/2024 11:13AM
UHID/MR No	: SCHI.0000017917	Reported	: 09/Feb/2024 01:20PM
Visit ID	: SCHIOPV25856	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SDETGYZSDRHY		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	**42**	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	117.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.80	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		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, Wilsons'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.

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

SIN No:SE04623738

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

Patient Name	: Mrs.AISHA SIDDIQUI	Collected	: 09/Feb/2024 10:51AM
Age/Gender	: 51 Y 0 M 7 D/F	Received	: 09/Feb/2024 11:13AM
UHID/MR No	: SCHI.0000017917	Reported	: 09/Feb/2024 01:20PM
Visit ID	: SCHIOPV25856	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SDETGYZSDRHY		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.60	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	20.50	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.00	mg/dL	2.5-6.2	Uricase
CALCIUM	9.80	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.30	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE

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

SIN No:SE04623738

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

Patient Name	: Mrs.AISHA SIDDIQUI	Collected	: 09/Feb/2024 10:51AM
Age/Gender	: 51 Y 0 M 7 D/F	Received	: 09/Feb/2024 11:13AM
UHID/MR No	: SCHI.0000017917	Reported	: 09/Feb/2024 11:57AM
Visit ID	: SCHIOPV25856	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SDETGYZSDRHY		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	19.00	U/L	12-43	Glyclyclycine Nitoranalide

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

SIN No:SE04623738

Patient Name	: Mrs.AISHA SIDDIQUI	Collected	: 09/Feb/2024 10:51AM
Age/Gender	: 51 Y 0 M 7 D/F	Received	: 09/Feb/2024 11:13AM
UHID/MR No	: SCHI.0000017917	Reported	: 09/Feb/2024 01:20PM
Visit ID	: SCHIOPV25856	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SDETGYZSDRHY		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.28	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.00	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	**8.290**	µIU/mL	0.25-5.0	ELFA

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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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

SIN No:SPL24021131

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

Patient Name	: Mrs.AISHA SIDDIQUI	Collected	: 09/Feb/2024 10:51AM
Age/Gender	: 51 Y 0 M 7 D/F	Received	: 09/Feb/2024 02:27PM
UHID/MR No	: SCHI.0000017917	Reported	: 09/Feb/2024 07:21PM
Visit ID	: SCHIOPV25856	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SDETGYZSDRHY		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	1.030		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	0-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSNET		ABSENT	MICROSCOPY

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

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

SIN No:UR2278417

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com