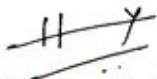


Patient Name : Mrs.SUCHITRA U	Collected : 10/Aug/2024 10:51AM
Age/Gender : 45 Y 6 M 18 D/F	Received : 10/Aug/2024 01:12PM
UHID/MR No : CKOR.0000257393	Reported : 10/Aug/2024 02:39PM
Visit ID : CKOROPV420769	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30608	

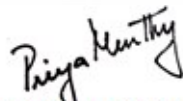
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.1	g/dL	12-15	Spectrophotometer
PCV	38.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.22	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90.9	fL	83-101	Calculated
MCH	31	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	14.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,220	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	60.4	%	40-80	Electrical Impedance
LYMPHOCYTES	29.1	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5568.88	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2683.02	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	267.38	Cells/cu.mm	20-500	Calculated
MONOCYTES	617.74	Cells/cu.mm	200-1000	Calculated
BASOPHILS	82.98	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.08		0.78- 3.53	Calculated
PLATELET COUNT	324000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	48	mm at the end of 1 hour	0-20	Modified Westgren method
<b>PERIPHERAL SMEAR</b>				



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SIN No: BED240208984

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Visit ID : CKOROPV420769	Status : Final Report
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### DEPARTMENT OF HAEMATOLOGY

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

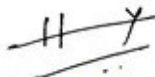
RBCs: are normocytic normochromic

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

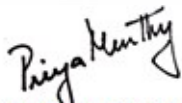
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



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SIN No: BED240208984

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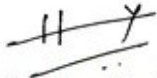
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Age/Gender : 45 Y 6 M 18 D/F	Received : 10/Aug/2024 01:12PM
UHID/MR No : CKOR.0000257393	Reported : 10/Aug/2024 03:09PM
Visit ID : CKOROPV420769	Status : Final Report
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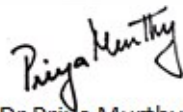
**DEPARTMENT OF HAEMATOLOGY**

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

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



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Consultant Pathologist



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



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Patient Name : Mrs.SUCHITRA U	Collected : 10/Aug/2024 10:51AM
Age/Gender : 45 Y 6 M 18 D/F	Received : 10/Aug/2024 01:57PM
UHID/MR No : CKOR.0000257393	Reported : 10/Aug/2024 02:26PM
Visit ID : CKOROPV420769	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30608	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	70-100	HEXOKINASE


Comment:

As per American Diabetes Guidelines, 2023

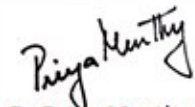
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

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.



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SIN No:PLF02200296

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Patient Name : Mrs.SUCHITRA U	Collected : 10/Aug/2024 10:51AM
Age/Gender : 45 Y 6 M 18 D/F	Received : 10/Aug/2024 01:44PM
UHID/MR No : CKOR.0000257393	Reported : 10/Aug/2024 02:57PM
Visit ID : CKOROPV420769	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.02	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.43	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.610	µIU/mL	0.35-4.94	CMIA


Comment:

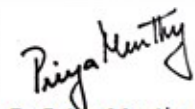
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- 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

Page 5 of 6

  
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Patient Name	: Mrs.SUCHITRA U	Collected	: 10/Aug/2024 10:51AM
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DEPARTMENT OF IMMUNOLOGY

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

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

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

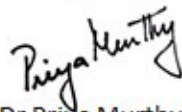
Result/s to Follow:

GAMMA GLUTAMYL TRANSFERASE (GGT), LIVER FUNCTION TEST (LFT), RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), PERIPHERAL SMEAR, COMPLETE URINE EXAMINATION (CUE), GLUCOSE (FASTING) - URINE, LIPID PROFILE, HBA1C (GLYCATED HEMOGLOBIN)

Page 6 of 6



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SIN No:SPL24130758

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Karnataka - 560034

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<b>Patient Name</b>	: Mrs. Suchitra U	<b>Age/Gender</b>	: 45 Y/F
<b>UHID/MR No.</b>	: CKOR.0000257393	<b>OP Visit No</b>	: CKOROPV420769
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-08-2024 15:11
<b>LRN#</b>	: RAD2400486	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22S30608		

**DEPARTMENT OF RADIOLOGY**

**SONO MAMMOGRAPHY - SCREENING**

Both breast shows normal parenchymal echotexture. There is no evidence of distortion of parenchymal architecture.

There is no evidence of focal solid, cystic lesions or calcifications seen.

The nipple and areolar region show no abnormality.

The bilateral axillary region shows no abnormality and there is no evidence of enlarge lymph nodes.

**IMPRESSION: NORMAL SONOMAMMOGRAPHY STUDY – BIRADS 1**

**DR. VINOD JOSEPH DNB., DMRD**  
**RADIOLOGIST**

**Dr. VINOD P JOSEPH**  
**MBBS, DNB, DMRD**  
Radiology

<b>Patient Name</b>	: Mrs. Suchitra U	<b>Age/Gender</b>	: 45 Y/F
<b>UHID/MR No.</b>	: CKOR.0000257393	<b>OP Visit No</b>	: CKOROPV420769
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<b>Ref Doctor</b>	: SELF		
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**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** is increased in size measuring 16.3cm and shows normal echo pattern. No biliary dilatation. No focal lesion.

**Portal vein** is normal in size, course and caliber. CBD is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid

**Pancreas** to the extent visualized, appears normal in size, contour and echogenicity

**Spleen** is normal in size, shape, contour and echopattern. No evidence of mass or focal lesion.

**Right kidney** is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Left kidney** is normal in size, position, shape and echopattern. corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Urinary Bladder** is well distended. wall thickness is normal. No internal echoes.

**Uterus:** is normal in size and there are multiple fibroids largest measuring 1.9x2.5cms in the posterior subserous location. Endometrial echoes are normal

Endometrium: measures 2mm.

Both ovaries normal in size and echopattern,

**Both adnexa:** Normal, no mass seen.

There is no ascites.

**IMPRESSION:**

**HEPATOMEGALY**

**MULTIPLE FIBROID UTERUS**

**DR. VINOD JOSEPH DNB., DMRD  
RADIOLOGIST**

**Dr. VINOD P JOSEPH**  
**MBBS, DNB, DMRD**  
Radiology



<b>Patient Name</b>	: Mrs. Suchitra U	<b>Age/Gender</b>	: 45 Y/F
<b>UHID/MR No.</b>	: CKOR.0000257393	<b>OP Visit No</b>	: CKOROPV420769
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-08-2024 14:49
<b>LRN#</b>	: RAD2400486	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22S30608		

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The mediastinal shadows appear normal.

Cardiomegaly.

Bones and soft tissues appear normal.

**IMPRESSION : Cardiomegaly.**

**Dr. VINOD P JOSEPH**  
**MBBS, DNB, DMRD**  
Radiology