

DE MAC1200 ST C RELATNY, 000244147,
48 Years (05.05.1975)

HR 72 bpm

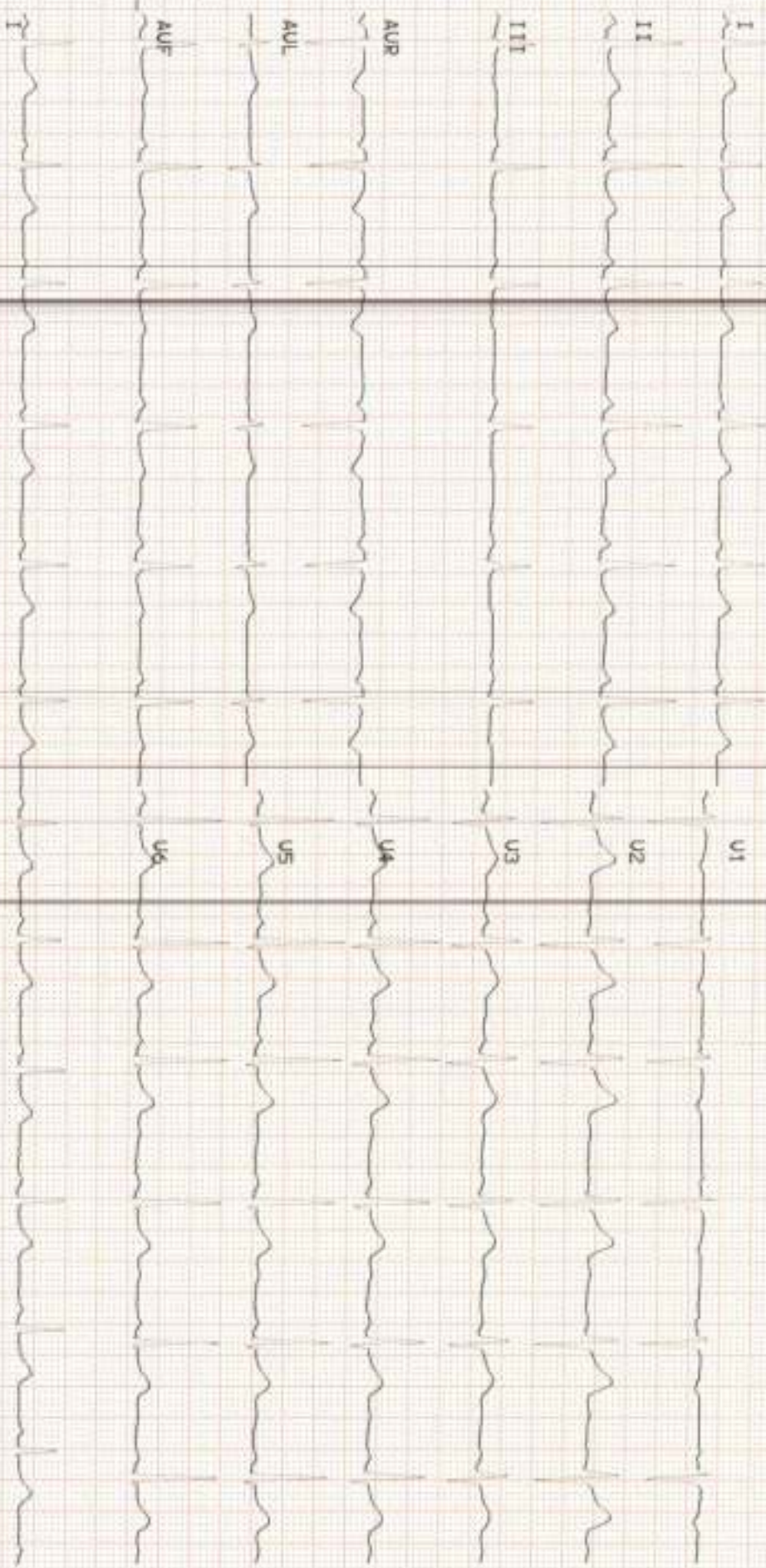
Measurement Results:
QRS 92 ms
QT/QTcB 412 / 453 ms
PR 148 ms
P 118 ms
PR/PP 828 / 790 ms
P/PPS/T 65 / 60 / 35 degrees
QTd/QTcBd: 68 / 75 ms
Sokolow NK 2.2 mV 10



Interpretation:
Normal ECG

[Handwritten signature]

Unconfirmed report



18-Jan-2024 08:42:42 AM 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 6 F1 Automatic U6.2 M121 (1)

Bh - Kodathi [Union Bank Of India]

From: Mediwheel <wellness@mediwheel.in>
Sent: Friday, January 5, 2024 11:19 AM
To: Bh - Kodathi [Union Bank Of India]
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Re Schedule Request(UBOI2632),Package Code-PKG10000376, Beneficiary Code-274918

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है, कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचें (केवल प्रेषक का नाम ही नहीं), प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोलें और पहचाने की दी गई सामग्री सुरक्षित है अथवा नहीं, संदिग्ध मेल के संबंध में, कृपया antiphishing@the.ratelunionbankofindia.com पर रिपोर्ट करें

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011-41195959

Dear C. REVATHY,

Due to unavoidable circumstances, we regret to state that your following request for Health Checkup appointment Re Schedule by provider

Health Package Code : PKG10000376
Hospital Package Name : Mediwheel Full Body Annual Plus Check Advanced - Female
Patient Package Name : MediWheel Full Body Health Checkup Female 40 To 50
Name of Diagnostic/Hospital : Apollo Clinic
Address of Diagnostic/Hospital- : Apollo Clinic, #74/1, Near Central mall, Bellandur ring road, Bellandur - 560103
Booking Id : UBOI2632
Appointment Date : 18-01-2024
Preferred Time : 8:30am-9:30am
Booking Status : Booking ReSchedule

Member Information

Booked Member Name	Age	Gender
--------------------	-----	--------

Health checkup at tie-up Ctr

HealthCheckup Authorisatn letter

Employee Request for Health Checkup at Tie-up Centre/Clinic

Employee Id 407417

Name REVATHY,C. Date of Birth 05/05/1975 Gender Female

Designation Manager (Branch Head) Grade SCALE 2 OFFICER

Department RO - BANGALORE EAST Location KODATHI

I wish to undergo Health Checkup at M/S Mediwheel
 under tie up arrangement with our bank for the FinancialYear 2023-2024

The health checkup charges payable to above Centre as per bank's agreement with them is Rs. 4500.00

Kindly make the payment to them towards their health checkup charges after deducting TDS and Service Tax as applicable.

**As bank is making payment to the above Centre/Clinic as per my request, I will undergo health checkup at above mentioned Centre only.

Submit

Date of Request 06/10/2023 Status of the application Sanctioned

Approve

Decline

Approved by: 688229

Date 09/10/2023

Remarks, if declined

Approved

Approver Name JALAJ GAUTAM,

Notify

Add

Update/Display

ಉಪ ಕಛೇರಿ ಮತ್ತು ಸಹಾಯಕ ಕಛೇರಿ For Union Bank of India

 ಸಹಾಯಕ ನಿರ್ದೇಶಕ / Branch Manager
 ಕೊಡಾಳಿ ಕಛೇರಿ, ಬೆಂಗಳೂರು - 560 035.
 Kodathi Branch, Bangalore - 560 035.



मेरा आधार, मेरी पहचान

8171 2522 8309


गणपती Q#
Revathy C
பிழந்த் தரத் / DOB : 05/05/1975
Gender / Female

आधार आधार ही नहीं है, पहचान का नहीं है।
Aadhaar is not proof of identity, not of citizenship.



Issue Date - 22/02/2015

(2)

Name : Mrs. C. REVATHY.	Age : 48 Y	UHID :CBEL.0000244147
Address : bellandur	Sex : F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :CBELOPV458940
		Bill No :CBEL-OCR-125781
		Date : 18.01.2024 08:15

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM + PERIPHERAL SMEAR	
5	GYNAECOLOGY CONSULTATION	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
✓10	ECG - (1)	
11	LBC PAP TEST- PAPSURE 05. Refused.	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓13	DENTAL CONSULTATION 09	
✓14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 9.	10.30PP
15	URINE GLUCOSE(FASTING)	
16	SONO MAMOGRAPHY - SCREENING - 12	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA - (12)	
19	ENT CONSULTATION	
✓20	CARDIAC STRESS TEST(TMT) - (6) -	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	LIPID PROFILE	
✓24	BODY MASS INDEX (BMI)	
25	OPHTH BY GENERAL PHYSICIAN -	
✓26	ULTRASOUND - WHOLE ABDOMEN - 12	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

23) Physio - 19

24) Ayurveda - 17

D - O - B - 05-05-1975
 B.P. - 130/86 mmHg
 P - 81 bpm
 Ht - 162 cm
 Wt - 72.2 kg
 Bmi - 27

GE MAC1200 ST C REUATHY, 000244147,
48 Years (05.05.1975)

HR 72 bpm

Measurement Results:

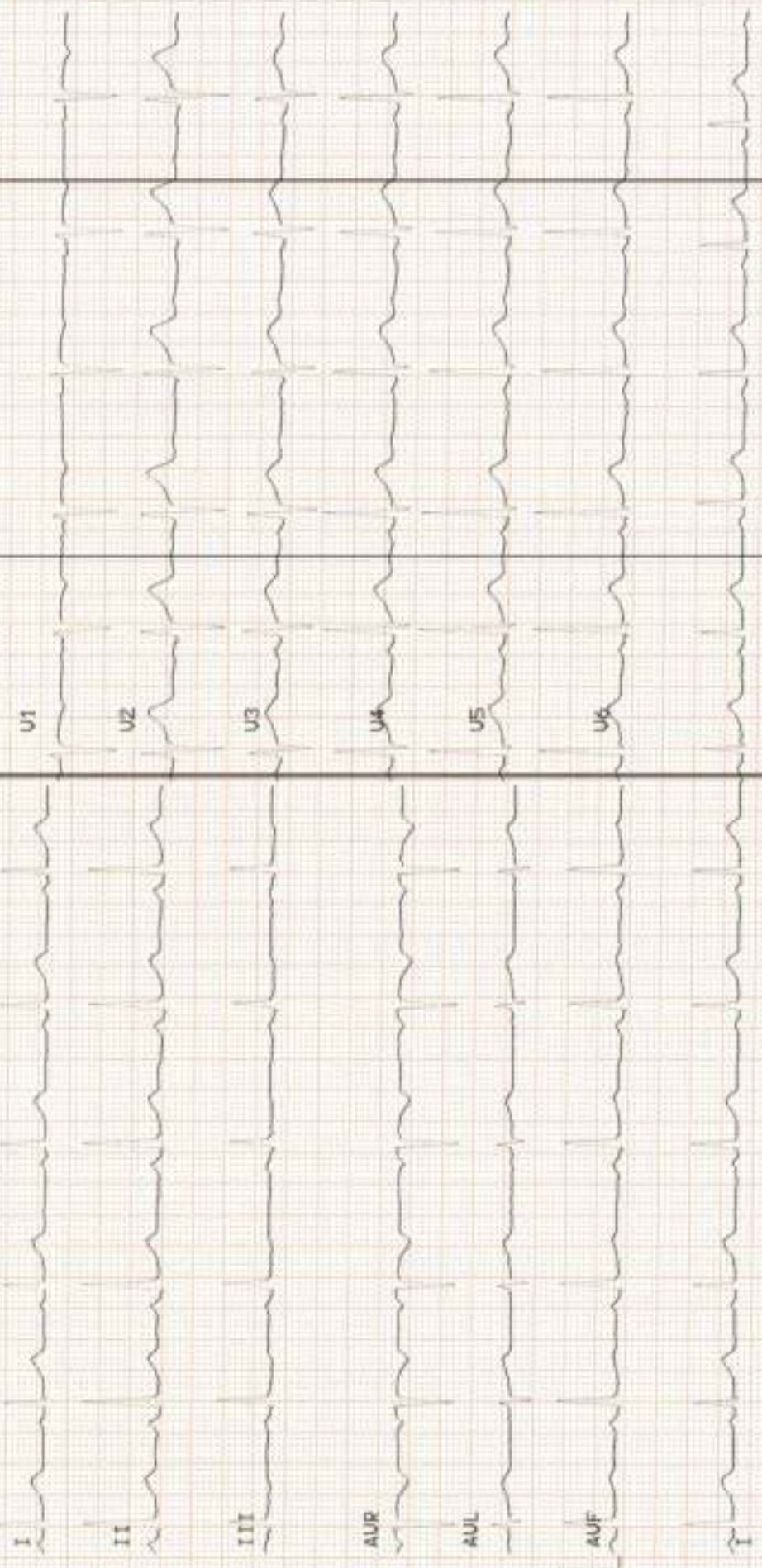
QRS : 92 ms
QT/QTcB : 412 / 453 ms
PR : 148 ms
P : 118 ms
RR/PP : 828 / 790 ms
P/QRS/T : 65 / 60 / 35 degrees
QTd/QTcBD : 68 / 75 ms
Sokolow : 2.2 mV
NK : 10

Interpretation:

normal ECG



Unconfirmed report.



NAME : MRS. REVATHY

AGE : 48 YRS

SEX : FEMALE

DATE : 18.01.2024

Chest Radiograph PA View

- 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 seen in the X- ray



DR. RAMESH . G
CONSULTANT RADIOLOGIST

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

Dental

Mrs. C. Ravathy
48y IF

18.01.24

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

General Examination / Allergies
History

C/C
R.H.O

Clinical Diagnosis & Management Plan

OIE:

Ca⁺⁺ St⁺
De $\frac{4}{7}$

Cingival recession & spacing
but teeth presents.

Impacted $\rightarrow 8$

MH:

B.P ↓ medication

T.P

Sealing (2000+)
filling (1800+ per tooth)

DH:

At not milky for t/d as grow.

Follow up date:

Dr. Anil Kumar

Doctor Signature



Apollo Clinic

Consent Form

Patient Name: Mrs Revathy C Age: 48y
UHID Number: 244147 Company Name: _____

I ~~Mr~~ Mrs Revathy C Employee of _____

(Company) want to inform you that I am not interested in getting Opthal Test/ and
Test done which is a part of routine health check package. LBC Pap Smear.

And I claim the above statement in my full consciousness.

all
2013/01/24



Patient Name	Mrs C. REVATHY	Collected	18/Jan/2024 08:20AM
Age/Gender	48 Y 8 M 13 D/F	Received	18/Jan/2024 11:35AM
UHID/MR No	CBEL.0000244147	Reported	18/Jan/2024 12:51PM
Visit ID	CBELOPV45694D	Status	Final Report
Ref Doctor	Dr SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	54946		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.7	g/dL	12-15	Spectrophotometer
PCV	34.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.26	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81.5	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7.790	cells/cu.mm	4000-10000	Electrical impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.5	%	40-80	Electrical Impedance
LYMPHOCYTES	31.8	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	5.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4712.95	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2477.22	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	179.17	Cells/cu.mm	20-500	Calculated
MONOCYTES	412.87	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.79	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	287000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-20	Modified Westegren method

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
 WBC WITHIN NORMAL LIMITS
 PLATELETS ARE ADEQUATE ON SMEAR


 Dr Shobna Emmanuel
 M.B.B.S.,M.D.(Pathology)
 Consultant Pathologist





Patient Name	Mrs. C. REVATHY	Collected	18/Jan/2024 08:20AM
Age/Gender	48 Y 8 M 13 D/F	Received	18/Jan/2024 11:35AM
UHID/MR No	CBEL0000244147	Reported	18/Jan/2024 12:51PM
Visit ID	CBELOPV458940	Status	Final Report
Ref Doctor	Dr. SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	54946		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA


Dr. Shobha Emmanuel
M.B.B.S.M.D(Pathology)
Consultant Pathologist





Patient Name	: Mrs.C. REVATHY	Collected	: 18/Jan/2024 08:20AM
Age/Gender	: 48 Y 8 M 13 D/F	Received	: 18/Jan/2024 11:35AM
UHID/MR No	: CBEL.0000244147	Reported	: 18/Jan/2024 04:03PM
Visit ID	: CBELOPV458940	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/AUTH/TPA ID	: 54946		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

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

Dr. Shobha Eshwaraji
M.B.B.S,M.D(Pathology)
Consultant Pathologist





Patient Name	Mrs.C. REVATHY	Collected	18/Jan/2024 08:20AM
Age/Gender	48 Y 8 M 13 D/F	Received	18/Jan/2024 11:28AM
UHID/MR No	CBEL 0000244147	Reported	18/Jan/2024 12:41PM
Visit ID	CBELDPV458940	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Autiv/TPA ID	54945		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	107	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL

Value	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 ≥ 126 mg/dL and/or a random / 2 hr post glucose value of ≥ 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)	120	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	6	%		HPLC

Page 4 of 15

Shetty

DR. SHIVARAJA SHETTY
M.B.B.S.M.D(Biochemistry)
CONSULTANT BIOCHEMIST
SIN No. EDT240005084





Patient Name : Mrs. C. REVATHY
Age/Gender : 48 Y 8 M 13 D/F
UHID/MR No : CBEL 0000244147
Visit ID : CBELOPV458940
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 54946

Collected : 18/Jan/2024 08:20AM
Received : 18/Jan/2024 11:28AM
Reported : 18/Jan/2024 12:41PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

ESTIMATED AVERAGE GLUCOSE (eAG) 126 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. SHIVARAJA SHETTY
M.B.B.S.,M.D.(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT340005084





Patient Name	Mrs.C. REVATHY	Collected	18/Jan/2024 08:20AM
Age/Gender	48 Y 8 M 13 D/F	Received	18/Jan/2024 02:39PM
UHID/MR No	CBEL 0000244147	Reported	18/Jan/2024 04:08PM
Visit ID	CBEL0PV458940	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	54946		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	186	mg/dL	<200	CHO-POD
TRIGLYCERIDES	150	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	57	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	129	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.26		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.

Shetty

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

SIN No:SE04602865





Patient Name	: Mrs. C. REVATHY	Collected	: 18/Jan/2024 08:20AM
Age/Gender	: 48 Y 8 M 13 D/F	Received	: 18/Jan/2024 02:39PM
UHID/MR No	: CBEL 0000244147	Reported	: 18/Jan/2024 04:08PM
Visit ID	: CBELOPV458940	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 54946		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

DR. SHIVARAJA SHETTY
M.B.B.S, M.D(Biochemistry)
CONSULTANT BIOCHEMIST
SIN No:SE04602865





Patient Name	: Mrs.C. REVATHY	Collected	: 18/Jan/2024 08:20AM
Age/Gender	: 48 Y B M 13 D/F	Received	: 18/Jan/2024 02:39PM
UHID/MR No	: CBEL 0000244147	Reported	: 18/Jan/2024 04:06PM
Visit ID	: CBELOPV458940	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/AUTH/TPA ID	: 54946		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.04	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.87	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	82.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.53	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.77	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		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 > 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.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin coelevation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

Shetty

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

SIN No:SE04602865





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Visit ID	CBEL0PV458940	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Aut/TPA ID	54945		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

DR. SHIVARAJA SHETTY
M.B.B.S., M.D.(Biochemistry)
CONSULTANT BIOCHEMIST
SIN No:SEI4602865





Patient Name : Mrs.C. REVATHY
Age/Gender : 48 Y 8 M 13 D/F
UHID/MR No : CBEL.0000244147
Visit ID : CBEL0PV458940
Ref Doctor : Dr.SELF
Emp/Auth/TRA ID : 54946

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.42	mg/dL	0.51-0.95	Jaffe's, Method
UREA	23.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.65	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)

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

SIN No: SB04602865





Patient Name : Mrs.C. REVATHY
Age/Gender : 48 Y 8 M 13 D/F
UHID/MR No : CBEL 0000244147
Visit ID : CBEL0PV458940
Ref Doctor : Dr.SELF
Emp/AUTH/TPA ID : 54948

Collected : 18/Jan/2024 08:20AM
Received : 18/Jan/2024 02:38PM
Reported : 18/Jan/2024 03:18PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.00	U/L	<38	IFCC

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

SIN No:SE04602863





Patient Name	: Mrs.C. REVATHY	Collected	: 18/Jan/2024 08:20AM
Age/Gender	: 48 Y 8 M 13 D/F	Received	: 18/Jan/2024 02:57PM
UHID/MR No	: CBEL.0000244147	Reported	: 18/Jan/2024 06:02PM
Visit ID	: CBELOPV456640	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 54946		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.18	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	12.46	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	0.010	µIU/mL	0.35-4.94	CMIA

Comment:

For pregnant females	Bio Ref Range for TSH in µIU/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



Shetty

DR. SHIVARAJA SHETTY
 M.B.B.S.,M.D(Biochemistry)
 CONSULTANT BIOCHEMIST
 SIN No.SPL24008006



Patient Name : Mrs.C. REVATHY
Age/Gender : 48 Y 8 M 13 D/F
UHID/MR No : CBEL.0000244147
Visit ID : CBELOPV458940
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 54946

Collected : 18/Jan/2024 08:20AM
Received : 18/Jan/2024 02:57PM
Reported : 18/Jan/2024 06:02PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

SIN No: SPL34008006





Patient Name : Mrs.C. REVATHY
 Age/Gender : 48 Y 8 M 13 D/F
 UHID/MR No : CBEL.0000244147
 Visit ID : CBEL0PV458940
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 54946

Collected : 18/Jan/2024 10:58AM
 Received : 18/Jan/2024 03:18PM
 Reported : 18/Jan/2024 03:46PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD				
NITRITE	NEGATIVE		NEGATIVE	Peroxidase
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazotization
			NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY




 Dr. Shobha Emmanuel
 M.B.B.S, M.D.(Pathology)
 Consultant Pathologist



Patient Name	Mrs.C. REVATHY	Collected	18/Jan/2024 08:20AM
Age/Gender	48 Y 5 M 13 Df	Received	18/Jan/2024 03:18PM
UHID/MR No	CBEL 0000244147	Reported	18/Jan/2024 03:44PM
Visit ID	CBELOPV458940	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	54946		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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


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


Dr. Shobha Emmanuel
M.B.B.S, M.D(Pathology)
Consultant Pathologist



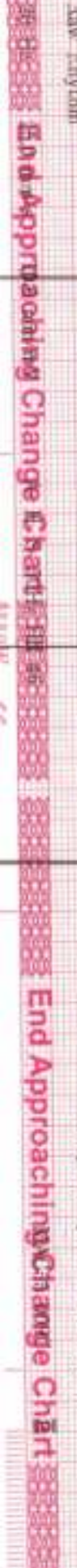
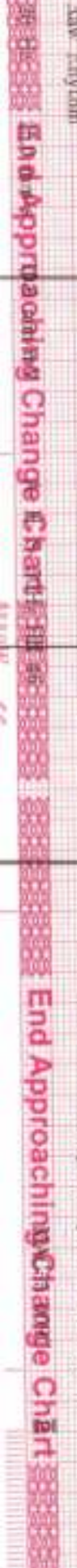
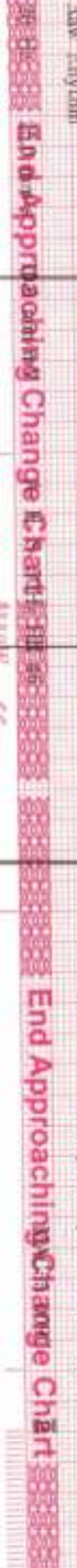
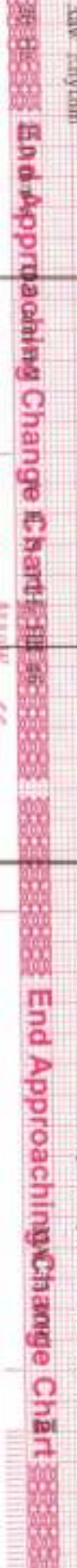
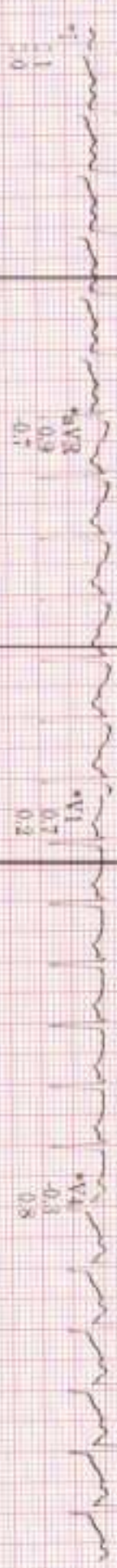
C. REVATHY
D: 010244147
18-JUL-2024
10:47:30

161bpm
BP: 138/88
ST @ 10mm/mV
Some post-l

EXERCISE
STAGE 3
8:19

BRUCE
3.4mph
14.0%

Lead
ST (mm)
Slope (mV/6)



Raw rhythm

* Computer Synthesized Rhythm

End Approaching Change Chart

C REVATHY
 ID: 010244147
 18-Jan-2024
 10:48:20

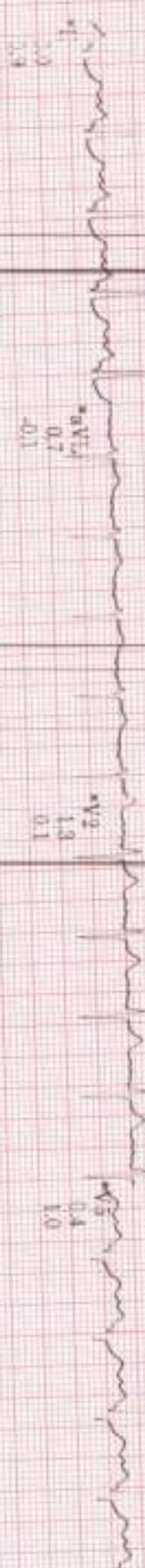
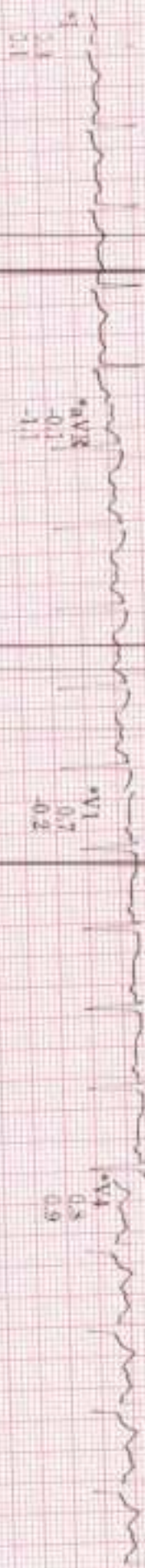
116bpm
 BP: 144/90

ST @ 10mm/mV
 80ms postd

RECOVERY
 Post
 0:50

BRUCE
 **mph
 **sq

Lead
 ST(mm)
 Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

End Approaching Change Chart

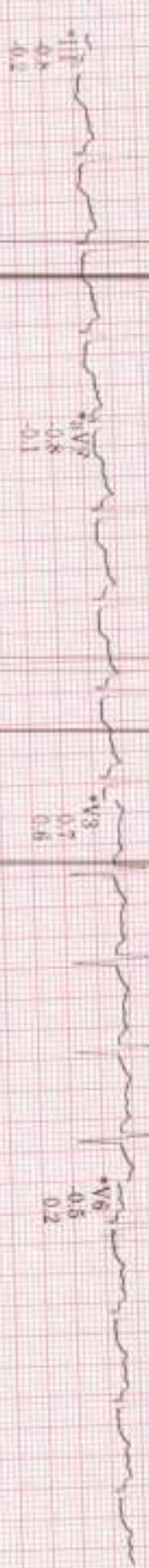
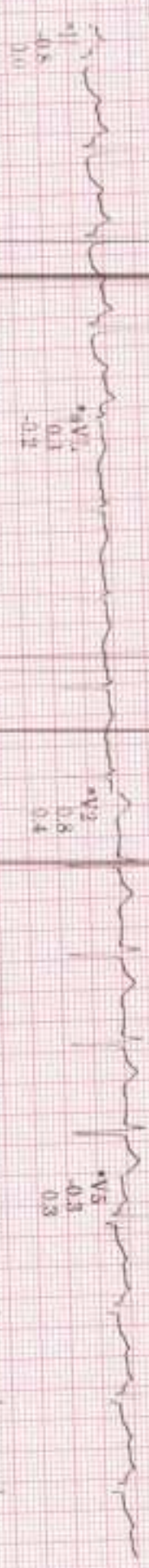
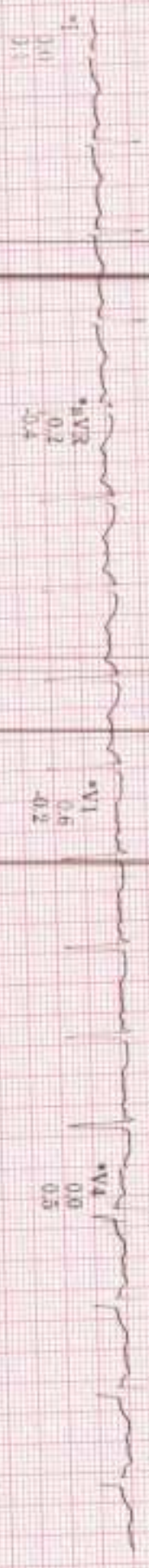
C. REVATHY
ID: 000241147
16-Jan-2024
10:50:20

103bpm
3rd: 138/89
ST @ 10mm/mV
50ms post

RECOVERY
Post
2:50

BRUCE
** *mph
** *g

Lead
ST (mm)
Slip (mV/s)



End Approaching Change Chart HR 34

End Approaching Change Chart

* Computer Synthesized Rhythm

VEENATHY
 30/02/1987

17-10-2024
 11:28:08

45 year
 175cm

72kg

Female

Referred by: ARCOPEM
 Test of SCREENING FOR IHD

380%
 Max HR 147 87% of max predicted 172bpm
 Max EP 15.5 Max/min workload: 10 METS

25.0 mm/s
 0.0 mm/mV
 100hz

Referred for Testification:
 (comp. etc) 2000 EFFORT T) CHANGE
 NORMAL (P AND HR RESPONSE
 NO CHEST PAIN AT PEAK EXERCISE
 NO SIGN. ST-T CHANGES
 NO AHR: THE MANS
 TMT IS NEGATIVE FOR IND. TABLE ISCHAEMIA

BASILINE
 EXERCISE

MAX ST
 EXERCISE
 125bpm
 Bp: 130/80

PEAK
 EXERCISE
 151bpm
 Bp: 138/88

TEST AND
 RECOVERY
 102bpm
 Bp: 138/88

BASILINE
 EXERCISE

MAX ST
 EXERCISE
 125bpm
 Bp: 130/80

PEAK
 EXERCISE
 141bpm
 Bp: 138/88

TEST AND
 RECOVERY
 102bpm
 Bp: 138/88



VEENA

End Approaching Change Chart

Lead
 ST (mm)

C REVATHY
ID: 300244147

15-Jan-2024
10:35:08

45years
162cm

72kg

Female

Referred by: ALICORNI
Test ind: SCREENING FOR IHD

GRADED EXERCISE SUMMARY

EXERCISE
Max HR: 151bpm 7% of max predicted 172bpm
Max BP: 144/90
Reason for Termination: Max HR attained
Comments: GOOD EFFORT TOLERANCE
NORMAL BP AND HR RESPONSE
NO CHEST PAIN AT PEAK EXERCISE
NO SIGNIFICANT ST-T CHANGES
NO ARRHYTHMIAS
TMT IS NEGATIVE FOR INDUCIBLE ISCHAEMIA

Total Exercise time: 8:19
Maximum workload: 10.1METS

25.0 mm/s
10.0 mm/mV
100hz

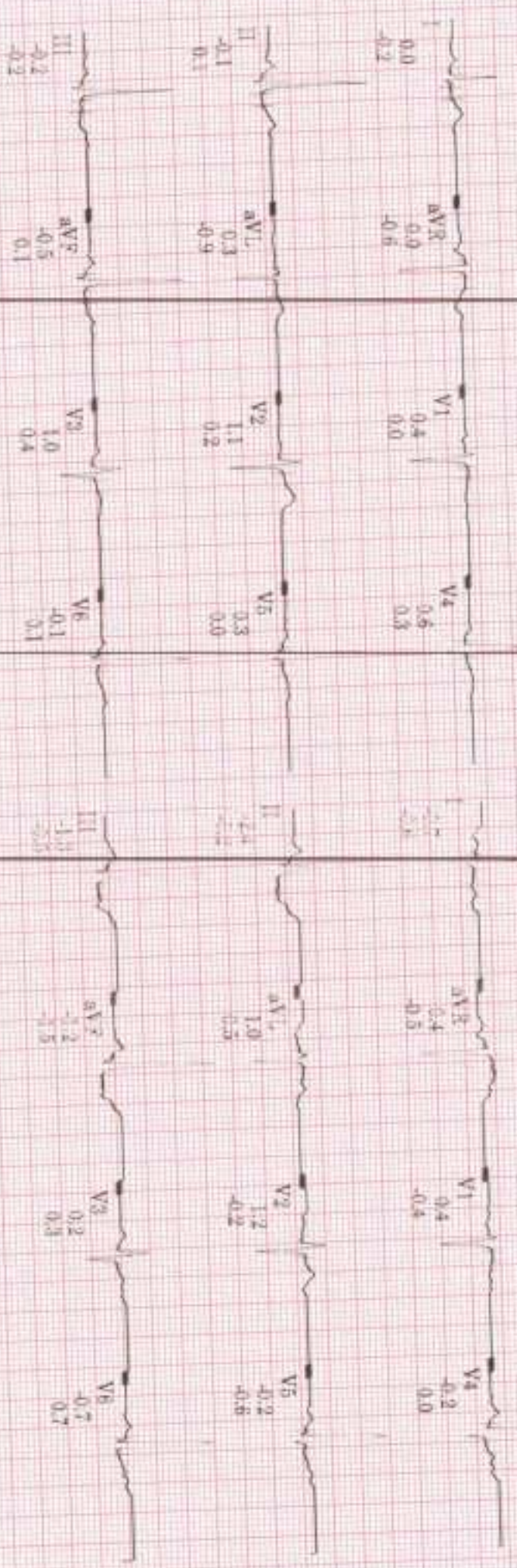
BASELINE
EXERCISE STAGE 1
1.2METS
191bpm
BP: 130/80
ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)

EXERCISE STAGE 2
7.0METS
5:30

MAX ST
125bpm
BP: 134/80
ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Unconfirmed

Technician: VERENA

End Approaching Change Chart

End Approaching Change Chart

TABULAR SUMMARY REPORT

C REVATHY
ID: 000244147

18-Jan-2024
10:38:06

45years
162cm
72kg
Female

Referred by: PROCP/EMI
Test ind: SCHEDULED FOR IHD

ERRCE
Max HR 161bpm 87% of max predicted 172bpm
Max BP 144/90
Max HR attained
Reason for Termination: Max HR attained
Comments: GOOD EFFORT TOLERANCE
NORMAL BP AND HR RESPONSE
NO CHEST PAIN AT PEAK EXERCISE
NO SIGNIFICANT ST-T CHANGES
NO ARRHYTHMIAS
TMT IS NEGATIVE FOR INDUCIBLE ISCHAEMIA

Total Exercise time 8:19
Maximum workload 10.1METS

25.0 mm/s
10.0 mm/mV
100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade %	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
BREAKFAST	SLEEP	0:29	0.0	0.0	0.0	96	110/80	1.17
	STANDING	0:06	0.0	0.0	0.0	90	100/80	1.17
	WARMUP	0:29	1.2	0.0	1.2	102	100/80	1.41
	STAGE 1	3:00	1.7	0.0	4.1	108	110/80	2.08
EXERCISE	STAGE 2	3:00	2.5	2.1	7.0	122	141/80	3.65
	STAGE 3	2:19	3.2	4.1	10.1	133	140/88	4.08
	RECOVERY	1:05	0.0	0.0	0.0	102	130/88	2.41

✓ 24



Patient Name : Mrs. C. REVATHY .

Age/Gender : 48 Y/F

UHID/MR No. : CBEL.0000244147

OP Visit No : CBELOPV458940

Sample Collected on :

Reported on : 18-01-2024 18:36

LRN# : RAD2210407

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 54946

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Chest Radiograph PA View

- 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 seen in the X- ray

DR. RAMESH . G
CONSULTANT RADIOLOGIST

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name : Mrs. C. REVATHY .

Age/Gender : 48 Y/F

UHID/MR No. : CBEL.0000244147

OP Visit No : CBELOPV458940

Sample Collected on :

Reported on : 19-01-2024 12:03

LRN# : RAD2210407

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 54946

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

BREAST SCAN

Scan of the bilateral breasts shows normal glandular tissue and fatty lobules.

Sub areolar areas is normal.

No focal solid / cystic lesion seen.

Retro mammary muscular planes are normally visualised.

No axillary lymph nodes seen.

IMPRESSION : - Normal Breast Scan

DR. RAMESH .G

CONSULTANT RADIOLOGIST

ULTRASOUND - WHOLE ABDOMEN

ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER : Enlarged (17.5 cm) in size & echotexture mildly increased . No focal lesion. No intra hepatic biliary duct dilatation. Portal & hepatic veins appear normal. PV: Normal. CBD: Normal.

GALL BLADDER : Minimally distended.

PANCREAS : Obscured by bowel gas.However the visualised parts of the pancreas appear grossly normal.Para – aortic area could not be seen due to bowel gas.

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

KIDNEYS : RIGHT KIDNEY :10.5 X 4.6 cms, LEFT KIDNEY :11.4 X 4.8 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 : Surgically removed .



Patient Name : Mrs. C. REVATHY .

Age/Gender : 48 Y/F

BOTH OVARIES : Not seen .

RIF / LIF: Gas filled bowel loops seen. No abnormal bowel distension or bowel wall thickening.

IMPRESSION : **Hepatomegaly with grade I fatty Liver .**

DR. RAMESH .G
CONSULTANT RADIOLOGIST

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name : Mrs.C. REVATHY .	Collected : 18/Jan/2024 08:20AM
Age/Gender : 48 Y 8 M 13 D/F	Received : 18/Jan/2024 11:35AM
UHID/MR No : CBEL.0000244147	Reported : 18/Jan/2024 12:51PM
Visit ID : CBEL0PV458940	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 54946	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.7	g/dL	12-15	Spectrophotometer
PCV	34.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.26	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81.5	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,790	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	60.5	%	40-80	Electrical Impedance
LYMPHOCYTES	31.8	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	5.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4712.95	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2477.22	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	179.17	Cells/cu.mm	20-500	Calculated
MONOCYTES	412.87	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.79	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	287000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				



Dr. Shobha Emmanuel
M.B.B.S, M.D(Pathology)
Consultant Pathologist



SIN No:BED240012246

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

Apollo Health and Lifestyle Limited (CIN - U55110TG2000PLC15819)
Regd. Office: T-7D-00/02, Ashoka Nageshpathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
www.apolloh.com | Email ID: enquiry@apolloh.com, Ph. No: 080-4904 7777, Fax No: 4904 7788

APOLLO CLINICS NETWORK:

Telangana: Hyderabad (KJ Rao Nagar | Charada Nagar | Bandipur | Hallakunta | Nizampet | Marikonda | Uppal) | Andhra Pradesh: Vizag Coorathamma Petal | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kumbalhari | Kuvempu) | Kerala: Mysore (VV Mohan) | Tamil Nadu: Chennai | Andhra Pradesh: Kottapalem | Madhya Pradesh: Indira Nagar | West Bengal: Kolkata (Salt Lake) | Gujarat: Ahmedabad (Sanjivani) | Punjab: Amritsar (Court Road) | Haryana: Faridkot (Railway Station Road)

Address:
27/206/121, Duddahangur Village, New Look Main Road,
New Look Nagar, Electronic City, Bangalore,
Karnataka - 560014

1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.C. REVATHY .	Collected : 18/Jan/2024 08:20AM
Age/Gender : 48 Y 8 M 13 D/F	Received : 18/Jan/2024 11:35AM
UHID/MR No : CBEL.0000244147	Reported : 18/Jan/2024 12:51PM
Visit ID : CBELOPV458940	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 54946	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA



Dr. Shobha Emmanuel
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: BED240012246

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

Apollo Health and Lifestyle Limited (CIN - U55110TG2000PLC15819)
Regd. Office: T-7D-90/63, Ashoka Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
www.apolloh.com | Email ID: enquiry@apolloh.com, Ph. No: 040-4904 7777, Fax No: 4904 7788

APOLLO CLINICS NETWORK

Telangana: Hyderabad | UK Red Nagar | Chanda Nagar | Gandapur | Hallakunta | Nizampet | Marikonda | Uppal | **Andhra Pradesh: Vizag** Coorathamma Petal **Karnataka: Bangalore** (Banavarsiguda) | Bellandur | Electronics City | Hosur Town | HSR Layout | Indira Nagar | JP Nagar | Kumbalhari | Kuvempur | Lalapur Road **Mysore** (V V Mohalla) **Tamil Nadu: Chennai** | Annanagar | Kotturupalem | Madhavai | T Nagar | Velamangalam | Wilcochery **Maharashtra: Pune** (Aundh) | Nagli Pradhikaran | Viman Nagar | Wankesri **Uttar Pradesh: Ghaziabad** (Indraprasth) **Gujarat: Ahmedabad** (Sanfiro) **Rajasthan: Jaipur** (Court Road) **Kerala: Fort Kochi** (Railway Station Road)

Address:
22/706/121, Duddahangur Village, Mettupalai Main Road,
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Patient Name : Mrs.C. REVATHY .	Collected : 18/Jan/2024 08:20AM
Age/Gender : 48 Y 8 M 13 D/F	Received : 18/Jan/2024 11:28AM
UHID/MR No : CBEL.0000244147	Reported : 18/Jan/2024 12:41PM
Visit ID : CBELOPV458940	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	107	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.

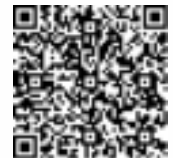
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	120	mg/dL	70-140	HEXOKINASE

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	6	%		HPLC




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ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL	Calculated
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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)




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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	186	mg/dL	<200	CHO-POD
TRIGLYCERIDES	150	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	57	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	129	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.26		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.



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.04	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.87	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	82.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.53	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.77	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		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 > 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.
- 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:




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




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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.42	mg/dL	0.51-0.95	Jaffe's, Method
UREA	23.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.65	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)




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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.00	U/L	<38	IFCC




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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324




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Telangana: Hyderabad (KJ Red Nagar) | Chanda Nagar | Gandapur | Hallakunta | Nizampet | Marikonda | Uppal | **Andhra Pradesh: Vizag** Coorlamma Petal **Karnataka: Bangalore** (Banavarsipudi) | Bellandur | Electronics City | Hosur Town | HSR Layout | Indira Nagar | JP Nagar | Kumbalangi | Kuvempu | Lakshminagar | Mysore (VV Mohalla) **Tamil Nadu: Chennai** | Annanagar | Kotturupalli | Madhavai | T Nagar | Velamangalam | **West Bengal: Kolkata** | **Maharashtra: Pune** (Aundh) | Nagli Pradhikaran | Viman Nagar | **Rajasthan: Jaipur** (Sanganer) | **Gujarat: Ahmedabad** (Sanitex) **Parbhani: Parbhani** (Court Road) **Kerala: Fort Kochi** (Railway Station Road)

Address:
 22/706/121, Duddahangur Village, Mankodi Main Road,
 Mankodi Nagar, Electronic city, Bangalore,
 Karnataka - 560014

 **1860 500 7788**
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Patient Name : Mrs.C. REVATHY .	Collected : 18/Jan/2024 10:58AM
Age/Gender : 48 Y 8 M 13 D/F	Received : 18/Jan/2024 03:18PM
UHID/MR No : CBEL.0000244147	Reported : 18/Jan/2024 03:46PM
Visit ID : CBELOPV458940	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 54946	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Shobha Emmanuel
M.B.B.S, M.D(Pathology)
Consultant Pathologist



SIN No:UR2264194

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC1E8819)
Regd. Office: T-7D-90/63, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
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APOLLO CLINICS NETWORK

Telangana: Hyderabad | UK Raj Nagar | Chanda Nagar | Bandipur | Halakurta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vizag Cochinamma Petal Karnataka: Bangalore (Basavanagudi) | Bellandur | Electronics City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kumbalangi | Kuvempur | Sarapuri Road Mysore: VV Mohali Tamil Nadu: Chennai | Anand Nagar | Kotturupalli | Madhavai | T Nagar | Velamanchikani | Wilcochery Maharashtra: Pune (Aundh) | Nagli Pradhikaran | Viman Nagar | Wankesari Uttar Pradesh: Ghaziabad (Indraprasth Gajpur) Ahmedabad (Sanjivni) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

Address:
22/206/121, Duddahangur Village, New Look Main Road,
New Look Nagar, Electronic City, Bangalore,
Karnataka - 560014

1860 500 7788
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Patient Name : Mrs.C. REVATHY .	Collected : 18/Jan/2024 08:20AM
Age/Gender : 48 Y 8 M 13 D/F	Received : 18/Jan/2024 03:18PM
UHID/MR No : CBEL.0000244147	Reported : 18/Jan/2024 03:44PM
Visit ID : CBEL0PV458940	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 54946	

DEPARTMENT OF CLINICAL PATHOLOGY

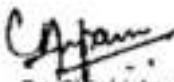
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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


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


Dr. Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF010231

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: T-7D-00/02, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
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