

Established Patient: No

Name: Mrs. Vijeta Singh  
Age/Gender: 41 Y/F  
Address: VSKP  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. NAMRATHA ARISETTY

MR No: CVIS.0000124059  
Visit ID: CVISOPV121822  
Visit Date: 24-02-2024 08:31  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mrs. Vijeta Singh  
Age/Gender: 41 Y/F  
Address: VSKP  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. R ABHISHEK

MR No: CVIS.0000124059  
Visit ID: CVISOPV121822  
Visit Date: 24-02-2024 08:31  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

**Physical Medical Examination Format**

NAME:- <u>VIJETA SINGH</u>	DATE:- <u>24-02-24</u>
DESIGNATION:-	AGE:- <u>41</u>
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- <u>MARRIED/UNMARRIED</u>

**MEDICAL EXAMINATION**

Complaints (if any)	<u>THYROID</u>
Personal /family history	<u>m - H7A</u>
Past Medical /Surgical	<u>THYROID</u>
Sensitivity/Allergy (if any)	<u>NO</u>
Habits	<u>NO</u>
Occupational History	<u>NO</u>

Height: <u>154</u>	Weight: <u>65</u>	BMI:	Pulse:
Temp: <u>98.6<sup>F</sup></u>	Spo2: <u>99%</u>	Resp: <u>18</u>	B.P: <u>130/70</u>

**Remarks**

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. VIJETA SINGH .....for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically..... fit

Fit

Unfit

Signature Of Employee

[Signature]

Dr.G. INDIRA PRIYADARSHINI  
MBBS  
Regd. No: 148  
Signature & Seal Of Medical Examiner With  
Apollo Clinic, Seethammampet, Vizag  
Registration No:.....



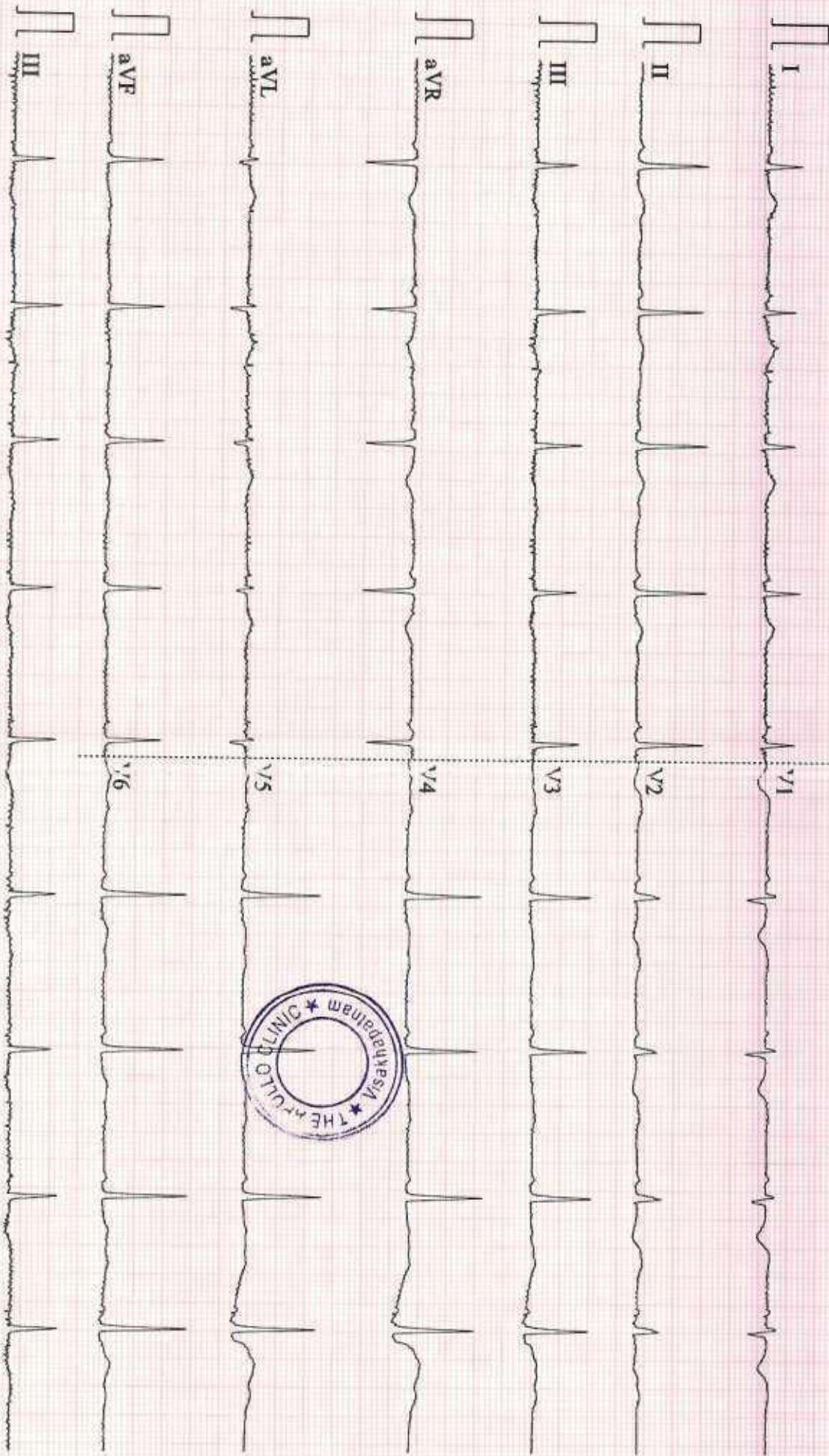
24-02-2024 10:02:12

Diagnosis Information:

Sinus bradycardia  
Normal ECG except for rate

HR	: 57	bpm
P	: 94	ms
PR	: 132	ms
QRS	: 80	ms
QT/QTcBz	: 428/417	ms
P/QRS/T	: 43/68/22	°
RV5/SV1	: 1.339/0.327	mV

Report Confirmed by:



BANIC & BARODA

NAME : MRS. VIJETA SINGH GENDER : F  
 AGE : 41 DATE : 21/12/24

P9P ± AM 7.1.0

**OPHTHALMOLOGY SCREENING REPORT**

VISION : (OD) 6/6 (OS) 6/6 ef  
 DISTANCE : NB NB  
 NEAR VISION :  
 COLOUR VISION : - WNL -  
 ANT.SEGMENT : - Quilt -  
 CONJUNCTIVA : - clear -  
 CORNEA :  
 PUPIL : - R/R IR -  
 FUNDUS :  
 IMPRESSION : WNL



M. Kan  
SIGNATURE



Patient Name	: Mrs. Vijeta Singh	Age	: 41 Y F
UHID	: CVIS.0000124059	OP Visit No	: CVISOPV121822
Reported on	: 24-02-2024 14:01	Printed on	: 24-02-2024 14:02
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.

Printed on:24-02-2024 14:01

---End of the Report---



**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology

Patient Name	: Mrs. Vijeta Singh	Age	: 41 Y/F
UHID	: CVIS.0000124059	OP Visit No	: CVISOPV121822
Conducted By:	: Dr. APPALA NAIDU L S	Conducted Date	: 24-02-2024 15:41
Referred By	: SELF		

**2D-ECHO WITH COLOUR DOPPLER**

**Dimensions:**

Ao (ed)	2.2 CM
LA (es)	2.8 CM
LVID (ed)	4.6 CM
LVID (es)	2.9 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	0.9 CM
EF	67.00%
%FD	33.00%

MITRAL VALVE: NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

**LEFT VENTRICLE:**

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

**COLOUR AND DOPPLER STUDIES:**

PF: 0.9 m/sec.  
MF: E > A.  
AF: 1.3 m/sec



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Vizag (Seethamma Peta)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**



IMPRESSION:

NORMAL CARDIAC SIZE.  
NO RWMA.  
NORMAL LV SYSTOLIC FUNCTION.  
NO PERICARDIAL EFFUSION.  
LVEF:67%

Dr. APPALA  
NAIDU L S



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 **1860 500 7788**

Patient Name	: Mrs. Vijeta Singh	Age	: 41 Y F
UHID	: CVIS.0000124059	OP Visit No	: CVISOPV121822
Reported on	: 24-02-2024 16:37	Printed on	: 24-02-2024 16:37
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**SONO MAMMOGRAPHY - SCREENING**

**Real time B-Mode USG of both breasts:**

**Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.**

**No evidence of focal, solid or cystic lesion.**

**No obvious asymmetry or distortion is noted.**

**No abnormal axillary lymphadenopathy is detected.**

**CONCLUSION:**

**No significant abnormality is seen in this study.**

**For clinico-lab correlation / follow - up / further work up.**

**This is only a screening test.**



Printed on:24-02-2024 16:37

---End of the Report---

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TO BOOK AN APPOINTMENT Page 1 of 2

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Adm/Consult Doctor :

Age : 41 Y F  
OP Visit No : CVISOPV121822  
Printed on : 24-02-2024 16:37  
Ref Doctor : SELF

**Dr. KARROTU SUDHA**  
MD RADIOLOGY  
Radiology



Patient Name	: Mrs. Vijeta Singh	Age	: 41 Y F
UHID	: CVIS.0000124059	OP Visit No	: CVISOPV121822
Reported on	: 24-02-2024 16:35	Printed on	: 24-02-2024 16:36
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** 13.2cm. appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

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

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

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

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney : 9.5 x 4.1 cm

Left kidney : 9.6 x 4.3 cm

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

**Uterus** appears normal in size. It shows normal shape and echo pattern. It measures 7.5 x 4.6 x 4.4 cm. Endometrial echo-complex appears normal and measures 6 mm.No intra/extra uterine gestational sac seen.

**Both ovaries** :Normal in size and echotexture.

Right ovary: 3.2 x 1.8 cm.

Left ovary: 3.6 x 2.0 cm.





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Ref Doctor : SELF

There is no evidence of ascites/ pleural effusion seen.

**IMPRESSION:-**

**\*No significant abnormality detected.**

**For clinico-lab correlation / follow - up / further work up.  
This is only a screening test.**

Printed on:24-02-2024 16:35

---End of the Report---

**Dr. KARROTU SUDHA**  
MD RADIOLOGY  
Radiology



Patient Name	: Mrs.VIJETA SINGH	Collected	: 24/Feb/2024 08:46AM
Age/Gender	: 41 Y 9 M 23 D/F	Received	: 24/Feb/2024 12:28PM
UHID/MR No	: CVIS.0000124059	Reported	: 24/Feb/2024 02:52PM
Visit ID	: CVISOPV121822	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 349317		

### DEPARTMENT OF HAEMATOLOGY

#### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Red cells show Normocytic normochromic morphology. Mild anisocytosis poikilocytosis. no fragmented red cells, no nucleated red cells. No polychromatophilia, no target cells seen. No intracellular hemo-parasite.

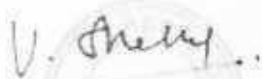
TLC in normal limits , No toxic granules, No shift to left in nuclear index , Lymphocytes normal in morphology. No atypical leucocytes seen.

Platelets are in low numbers .

Normocytic normochromic blood picture with thrombocytopenia.



Page 1 of 12



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:BED240047852

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
**Apollo Health and Lifestyle Limited**

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

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Emp/Auth/TPA ID : 349317	

### 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	12.9	g/dL	12-15	Spectrophotometer
PCV	38.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.28	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	30.2	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,200	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	53.6	%	40-80	Electrical Impedance
LYMPHOCYTES	32.9	%	20-40	Electrical Impedance
EOSINOPHILS	5.6	%	1-6	Electrical Impedance
MONOCYTES	7.8	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2787.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1710.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	291.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	405.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.63		0.78- 3.53	Calculated
PLATELET COUNT	104000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				



*V. Sneh*  
**DR. V. SNEHAL**  
 M.D (PATH)  
 Consultant Pathologist

SIN No:BED240047852

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 Ref Doctor : Dr.SELF  
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



*V. Sneh*

DR. V. SNEHAL  
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 Consultant Pathologist

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 Visit ID : CVISOPV121822  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 349317

Collected : 24/Feb/2024 08:48AM  
 Received : 24/Feb/2024 12:28PM  
 Reported : 24/Feb/2024 02:53PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### 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	109	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:**
- 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)	124	mg/dL	70-140	GOD - POD

**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	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

Page 4 of 12



DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist

SIN No:EDT240021384

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### DEPARTMENT OF BIOCHEMISTRY

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

#### 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)



*V. Sneh*

DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist

SIN No: EDT240021384

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Patient Name : Mrs.VIJETA SINGH	Collected : 24/Feb/2024 08:48AM
Age/Gender : 41 Y 9 M 23 D/F	Received : 24/Feb/2024 11:41AM
UHID/MR No : CVIS.0000124059	Reported : 24/Feb/2024 01:19PM
Visit ID : CVISOPV121822	Status : Final Report
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**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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	202	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	102	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	162	mg/dL	<130	Calculated
LDL CHOLESTEROL	141.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.3	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.04		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:SE04639706

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

MC-2373

Patient Name : Mrs.VIJETA SINGH	Collected : 24/Feb/2024 08:48AM
Age/Gender : 41 Y 9 M 23 D/F	Received : 24/Feb/2024 11:41AM
UHID/MR No : CVIS.0000124059	Reported : 24/Feb/2024 01:19PM
Visit ID : CVISOPV121822	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 349317	

**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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.75	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	47.9	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	45.4	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	147.00	U/L	42-98	IFCC
PROTEIN, TOTAL	7.85	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.56	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.29	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		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:**

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

DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:SE04639706

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**



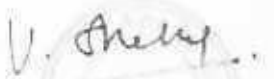
MC-2373

Patient Name	: Mrs.VIJETA SINGH	Collected	: 24/Feb/2024 08:48AM
Age/Gender	: 41 Y 9 M 23 D/F	Received	: 24/Feb/2024 11:41AM
UHID/MR No	: CVIS.0000124059	Reported	: 24/Feb/2024 01:19PM
Visit ID	: CVISOPV121822	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 349317		

**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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.70	mg/dL	0.5-0.9	Jaffe
UREA	<b>14.93</b>	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	<b>7.0</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.51	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.42	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.01	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:SE04639706

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TO BOOK AN APPOINTMENT

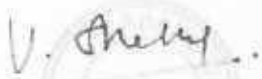
 **1860 500 7788**

Patient Name : Mrs.VIJETA SINGH	Collected : 24/Feb/2024 08:48AM
Age/Gender : 41 Y 9 M 23 D/F	Received : 24/Feb/2024 11:41AM
UHID/MR No : CVIS.0000124059	Reported : 24/Feb/2024 01:19PM
Visit ID : CVISOPV121822	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 349317	

**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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.20	U/L	0-38	IFCC



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:SE04639706

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
**Apollo Health and Lifestyle Limited**

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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mrs.VIJETA SINGH	Collected : 24/Feb/2024 08:48AM
Age/Gender : 41 Y 9 M 23 D/F	Received : 24/Feb/2024 11:41AM
UHID/MR No : CVIS.0000124059	Reported : 24/Feb/2024 01:17PM
Visit ID : CVISOPV121822	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 349317	

**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)	1.12	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	71.90	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	4.220	µIU/mL	0.3-4.5	CLIA

**Comment:**

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

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

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

DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No: SPL24031453

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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Vizag (Seethamma Peta)  
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

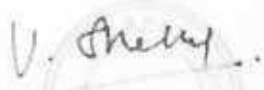


Patient Name	: Mrs.VIJETA SINGH	Collected	: 24/Feb/2024 08:48AM
Age/Gender	: 41 Y 9 M 23 D/F	Received	: 24/Feb/2024 12:44PM
UHID/MR No	: CVIS.0000124059	Reported	: 24/Feb/2024 02:16PM
Visit ID	: CVISOPV121822	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 349317		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:UR2289984

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

**Apollo Health and Lifestyle Limited**

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Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name	: Mrs.VIJETA SINGH	Collected	: 24/Feb/2024 08:48AM
Age/Gender	: 41 Y 9 M 23 D/F	Received	: 24/Feb/2024 12:44PM
UHID/MR No	: CVIS.0000124059	Reported	: 24/Feb/2024 02:16PM
Visit ID	: CVISOPV121822	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 349317		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

Result/s to Follow:  
GLUCOSE (POST PRANDIAL) - URINE



*V. Snehal*  
DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist

SIN No:UF010702

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
**Apollo Health and Lifestyle Limited**

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం  
Unique Identification Authority of India  
Government of India

నమోదు సంఖ్య / Enrollment No. : 0632/24106/00180

To  
Vijeta Singh  
विजेता सिंह  
W/O Mukesh Kumar Singh  
Flat No-405, Susheela Paradise  
Jawahar Nagar  
Sriharipuram  
Visakhapatnam (Urban)  
Malkapuram, Visakhapatnam (urban), Visakhapatnam,  
Andhra Pradesh - 530011  
9494401476

08/08/2013



KA599723986FH

59972398



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**9332 9763 4089**

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం

Government of India



విజేతా సింగ్  
Vijeta Singh

పుట్టిన తేదీ / DOB 01/05/1982

స్త్రీ / Female

**9332 9763 4089**



నా ఆధార్, నా గుర్తింపు



Scanned with  
CamScanner





# Health Check up Booking Confirmed Request(bobS8064),Package Code- PKG10000376, Beneficiary Code-300842

1 message

Mediwheel <wellness@mediwheel.in>

Fri, 16 Feb 2024 at 17:38

To: mukesh918@gmail.com

Cc: customercare@mediwheel.in



Mediwheel  
...Your wellness partner

011-41195959

Dear **Mukesh kumar singh**,

We are pleased to confirm your health checkup booking request with the following details.

**Booking Date** : 06-02-2024  
**Hospital Package Name** : Mediwheel Full Body Annual Plus Check Advanced - Female  
**Patient Package Name** : Mediwheel Full Body Health Checkup Female Above 40  
**Name of Diagnostic/Hospital** : Apollo Clinic  
**Address of Diagnostic/Hospital** : Apollo Clinic, 50, Plot 5, Sheethammampeta, Beside BVK college, Dwaraka Nagar, Vishakapatnam-530016  
**City** : Visakhapatnam  
**State** :  
**Pincode** : 530016  
**Appointment Date** : 24-02-2024  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 8:30am  
**Booking Status** : Booking Confirmed

### Member Information

Booked Member Name	Age	Gender
Vijeta singh	41 year	Female

**Note** - Please note to not pay any amount .

### Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.

Established Patient: No

Established Patient: No



Established Patient: No

Established Patient: No

Name: Mrs. Vijeta Singh  
Age/Gender: 41 Y/F  
Address: VSKP  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. N MUKUNDA RAO

MR No: CVIS.0000124059  
Visit ID: CVISOPV121822  
Visit Date: 24-02-2024 08:31  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**



Name: Mrs. Vijeta Singh  
Age/Gender: 41 Y/F  
Address: VSKP  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

MR No: CVIS.0000124059  
Visit ID: CVISOPV121822  
Visit Date: 24-02-2024 08:31  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mrs. Vijeta Singh  
Age/Gender: 41 Y/F  
Address: VSKP  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. NISHA THAKKAR

MR No: CVIS.0000124059  
Visit ID: CVISOPV121822  
Visit Date: 24-02-2024 08:31  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

<b>Patient Name</b>	: Mrs. Vijeta Singh	<b>Age/Gender</b>	: 41 Y/F
<b>UHID/MR No.</b>	: CVIS.0000124059	<b>OP Visit No</b>	: CVISOPV121822
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-02-2024 16:37
<b>LRN#</b>	: RAD2246397	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 349317		

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**DEPARTMENT OF RADIOLOGY**

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**SONO MAMMOGRAPHY - SCREENING**

**Real time B–Mode USG of both breasts:**

**Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.**

**No evidence of focal, solid or cystic lesion.**

**No obvious asymmetry or distortion is noted.**

**No abnormal axillary lymphadenopathy is detected.**

**CONCLUSION:**

**No significant abnormality is seen in this study.**

**For clinico-lab correlation / follow - up / further work up.**

**This is only a screening test.**

**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology

<b>Patient Name</b>	: Mrs. Vijeta Singh	<b>Age/Gender</b>	: 41 Y/F
<b>UHID/MR No.</b>	: CVIS.0000124059	<b>OP Visit No</b>	: CVISOPV121822
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-02-2024 16:36
<b>LRN#</b>	: RAD2246397	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 349317		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** 13.2cm. appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

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

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

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

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney : 9.5 x 4.1 cm

Left kidney : 9.6 x 4.3 cm

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

**Uterus** appears normal in size. It shows normal shape and echo pattern.It measures 7.5 x 4.6 x 4.4 cm. Endometrial echo-complex appears normal and measures 6 mm.No intra/extra uterine gestational sac seen.

**Both ovaries** :Normal in size and echotexture.

Right ovary: 3.2 x 1.8 cm.

Left ovary: 3.6 x 2.0 cm.

There is no evidence of ascites/ pleural effusion seen.

### **IMPRESSION:-**

**\*No significant abnormality detected.**



**Patient Name** : Mrs. Vijeta Singh

**Age/Gender** : 41 Y/F

---

**For clinico-lab correlation / follow - up / further work up.  
This is only a screening test.**

**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology

<b>Patient Name</b>	: Mrs. Vijeta Singh	<b>Age/Gender</b>	: 41 Y/F
<b>UHID/MR No.</b>	: CVIS.0000124059	<b>OP Visit No</b>	: CVISOPV121822
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-02-2024 14:02
<b>LRN#</b>	: RAD2246397	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 349317		

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.

**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology

Patient Name : Mrs.VIJETA SINGH	Collected : 24/Feb/2024 08:46AM
Age/Gender : 41 Y 9 M 23 D/F	Received : 24/Feb/2024 12:28PM
UHID/MR No : CVIS.0000124059	Reported : 24/Feb/2024 02:52PM
Visit ID : CVISOPV121822	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 349317	

**DEPARTMENT OF HAEMATOLOGY**

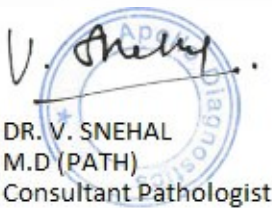
**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Red cells show Normocytic normochromic morphology. Mild anisocytosis poikilocytosis. no fragmented red cells, no nucleated red cells. No polychromatophilia, no target cells seen. No intracellular hemo-parasite.

TLC in normal limits , No toxic granules, No shift to left in nuclear index , Lymphocytes normal in morphology. No atypical leucocytes seen.

Platelets are in low numbers .

Normocytic normochromic blood picture with thrombocytopenia.



**DR. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



SIN No:BED240047852

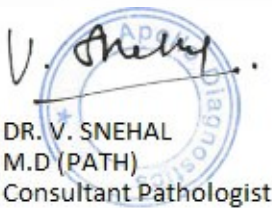
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.9	g/dL	12-15	Spectrophotometer
PCV	38.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.28	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	30.2	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,200	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	53.6	%	40-80	Electrical Impedance
LYMPHOCYTES	32.9	%	20-40	Electrical Impedance
EOSINOPHILS	5.6	%	1-6	Electrical Impedance
MONOCYTES	7.8	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2787.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1710.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	291.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	405.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.63		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>104000</b>	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>30</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



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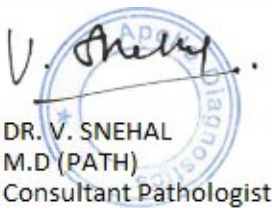


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**DEPARTMENT OF HAEMATOLOGY**

**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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



**DR. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



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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	109	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:

- 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.

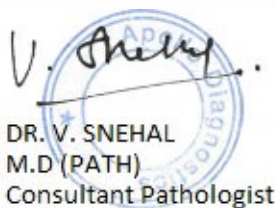
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	124	mg/dL	70-140	GOD - POD

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	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated



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Consultant Pathologist



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**DEPARTMENT OF BIOCHEMISTRY**

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

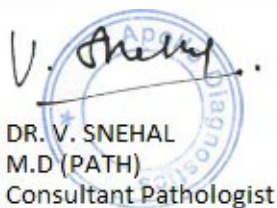
**Comment:**

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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SIN No:EDT240021384

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DEPARTMENT OF BIOCHEMISTRY

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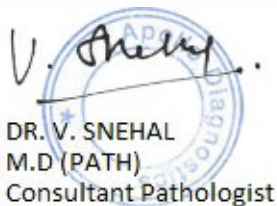
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	202	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	102	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	162	mg/dL	<130	Calculated
LDL CHOLESTEROL	141.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.3	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.04		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.



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:SE04639706

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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.75	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	47.9	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	45.4	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	147.00	U/L	42-98	IFCC
PROTEIN, TOTAL	7.85	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.56	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.29	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		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:

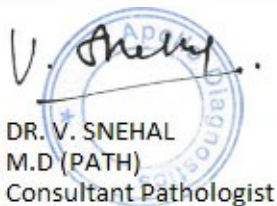
**1. Hepatocellular Injury:**

- 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. V. SNEHAL  
M.D (PATH)  
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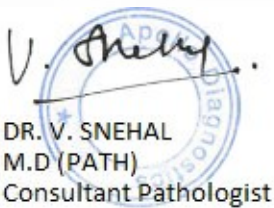
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.70	mg/dL	0.5-0.9	Jaffe
UREA	<b>14.93</b>	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	<b>7.0</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.51	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.42	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.01	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE



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**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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	23.20	U/L	0-38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

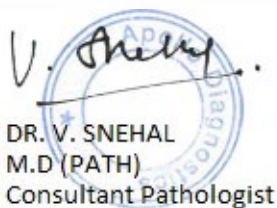
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.12	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	71.90	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	4.220	µIU/mL	0.3-4.5	CLIA

Comment:

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

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

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



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:SPL24031453

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

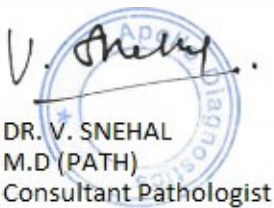


Patient Name : Mrs.VIJETA SINGH	Collected : 24/Feb/2024 08:48AM
Age/Gender : 41 Y 9 M 23 D/F	Received : 24/Feb/2024 12:44PM
UHID/MR No : CVIS.0000124059	Reported : 24/Feb/2024 02:16PM
Visit ID : CVISOPV121822	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 349317	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:UR2289984

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.VIJETA SINGH	Collected : 24/Feb/2024 08:48AM
Age/Gender : 41 Y 9 M 23 D/F	Received : 24/Feb/2024 12:44PM
UHID/MR No : CVIS.0000124059	Reported : 24/Feb/2024 02:16PM
Visit ID : CVISOPV121822	Status : Final Report
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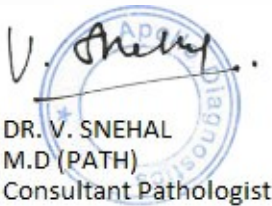
**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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 \*\*\*



**DR. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



SIN No:UF010702

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017