

Patient Name : Mrs.SONAM	Collected : 13/May/2023 09:06AM
Age/Gender : 33 Y 3 M 27 D/F	Received : 13/May/2023 09:26AM
UHID/MR No : SKAR.0000096814	Reported : 13/May/2023 10:53AM
Visit ID : SKAROPV121931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 2115445	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD-EDTA**

RBCs	Show moderate anisocytosis, with fair number of microcytic hypochromic cells, few elliptocytes and target cells. No definitive evidence of hemolysis seen.
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Microcytic hypochromic anemia
Advice	Additional investigations if etiology is not known: 1. Serum Iron studies with Serum Ferritin 2. Hb HPLC



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**HEMOGRAM , WHOLE BLOOD-EDTA**

<b>HAEMOGLOBIN</b>	<b>6.5</b>	g/dL	12-15	Spectrophotometer
PCV	<b>22.90</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.9	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>59</b>	fL	83-101	Calculated
MCH	<b>16.6</b>	pg	27-32	Calculated
MCHC	<b>28.2</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>19.2</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,700	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	4020	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2278	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	134	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	268	Cells/cu.mm	200-1000	Electrical Impedance

<b>PLATELET COUNT</b>	169000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>40</b>	mm at the end of 1 hour	0-20	Modified Westergren

<b>PERIPHERAL SMEAR</b>				
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Visit ID : SKAROPV121931	Status : Final Report
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA**

BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



SIN No:BED230113599

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

**CIN- U85100TG2009PTC099414**

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**Address:**

66A/2, New Rohtak Road, Near Liberty Cinema, Karol Bagh, New Delhi

Patient Name : Mrs.SONAM	Collected : 13/May/2023 12:23PM
Age/Gender : 33 Y 3 M 27 D/F	Received : 13/May/2023 01:03PM
UHID/MR No : SKAR.0000096814	Reported : 13/May/2023 01:22PM
Visit ID : SKAROPV121931	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	92	mg/dL	70-100	GOD - POD
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**Comment:**

**As per American Diabetes Guidelines**

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

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA</b>	103	mg/dL	70-140	GOD - POD
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**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.

Ref: Marks medical biochemistry and clinical approach



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UHID/MR No : SKAR.0000096814	Reported : 13/May/2023 02:58PM
Visit ID : SKAROPV121931	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>HBA1C, GLYCATED HEMOGLOBIN ,</b> <i>WHOLE BLOOD-EDTA</i>	4.7	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) ,</b> <i>WHOLE BLOOD-EDTA</i>	88	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



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**DEPARTMENT OF BIOCHEMISTRY**

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

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<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	113	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	81	mg/dL	<150	
HDL CHOLESTEROL	<b>39</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	74	mg/dL	<130	Calculated
LDL CHOLESTEROL	57.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.90		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 can show physiological and analytical variations.

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



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**DEPARTMENT OF BIOCHEMISTRY**

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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>57</b>	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	<b>130.00</b>	U/L	32-111	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		0.9-2.0	Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.40	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	18.20	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	3.0-5.5	URICASE
CALCIUM	8.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98-107	Direct ISE



SIN No:SE04370952

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	35.00	U/L	16-73	Glycylglycine Kinetic method



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UHID/MR No : SKAR.0000096814	Reported : 13/May/2023 04:24PM
Visit ID : SKAROPV121931	Status : Final Report
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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-IODOTHYRONINE (T3, TOTAL)	1.66	ng/mL	0.7-2.04	
THYROXINE (T4, TOTAL)	<b>13.26</b>	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>&lt;0.005</b>	µIU/mL	0.34-5.60	CLIA

Kindly correlate clinically.

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	4-6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2112060

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

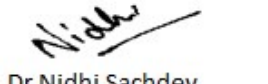
**\*\*\* End Of Report \*\*\***

Result/s to Follow:

LBC PAP TEST (PAPSURE)



Dr. SHIVANGI CHAUHAN  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist

