Apollo Spectra HOSPITALS
TOUCHING LIVES

Patient Name	: Mrs.ALKA RANA	Collected	: 08/Apr/2023 10:25AM
Age/Gender	: 30 Y 5 M 20 D/F	Received	: 08/Apr/2023 12:50PM
UHID/MR No	: SKAR.0000096149	Reported	: 08/Apr/2023 02:28PM
Visit ID	: SKAROPV120557	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1221454		

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , *WHOLE BLOOD-EDTA*

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic
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	Normal peripheral smear study
Advice	Clinical correlation

SIN No:BED230089159

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

Apollo Spectra HOSPITALS
TOUCHING LIVES

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD-EDTA*				
HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	37.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.28	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	**16**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	75	%	40-80	Electrical Impedance
LYMPHOCYTES	20	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6375	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1700	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	170	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	255	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	279000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
.				

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Apollo Spectra HOSPITALS
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Age/Gender	: 30 Y 5 M 20 D/F	Received	: 08/Apr/2023 12:50PM
UHID/MR No	: SKAR.0000096149	Reported	: 08/Apr/2023 01:56PM
Visit ID	: SKAROPV120557	Status	: Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD-EDTA*				
BLOOD GROUP TYPE	O			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination

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Apollo Spectra HOSPITALS
TOUCHING LIVES

Patient Name	: Mrs.ALKA RANA	Collected	: 08/Apr/2023 03:47PM
Age/Gender	: 30 Y 5 M 20 D/F	Received	: 08/Apr/2023 04:15PM
UHID/MR No	: SKAR.0000096149	Reported	: 08/Apr/2023 04:32PM
Visit ID	: SKAROPV120557	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1221454		

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
GLUCOSE, FASTING , *NAF PLASMA*	**102**	mg/dL	70-100	GOD - POD

Please correlate clinically.

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *NAF PLASMA*	97	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.

Ref: Marks medical biochemistry and clinical approach

SIN No:PLF01957697,PLP1320931

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TOUCHING LIVES

Patient Name	: Mrs.ALKA RANA	Collected	: 08/Apr/2023 10:25AM
Age/Gender	: 30 Y 5 M 20 D/F	Received	: 08/Apr/2023 02:41PM
UHID/MR No	: SKAR.0000096149	Reported	: 08/Apr/2023 04:19PM
Visit ID	: SKAROPV120557	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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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
HBA1C, GLYCATED HEMOGLOBIN , *WHOLE BLOOD-EDTA*	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , *WHOLE BLOOD-EDTA*	111	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

SIN No:EDT230036473

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TOUCHING LIVES

Patient Name	: Mrs.ALKA RANA	Collected	: 08/Apr/2023 10:25AM
Age/Gender	: 30 Y 5 M 20 D/F	Received	: 08/Apr/2023 12:30PM
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Visit ID	: SKAROPV120557	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
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	167	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	64	mg/dL	<150	
HDL CHOLESTEROL	67	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	100	mg/dL	<130	Calculated
LDL CHOLESTEROL	87.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.49		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.

SIN No:SE04344767

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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
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	**49**	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	96.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated

Kindly correlate clinically

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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
RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.63	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	26.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	12.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.50	mg/dL	3.0-5.5	URICASE
CALCIUM	8.70	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	**97**	mmol/L	98-107	Direct ISE

Kindly correlate clinically

SIN No:SE04344767

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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	21.00	U/L	16-73	Glycylglycine Kinetic method

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Patient Name	: Mrs.ALKA RANA	Collected	: 08/Apr/2023 10:25AM
Age/Gender	: 30 Y 5 M 20 D/F	Received	: 08/Apr/2023 03:25PM
UHID/MR No	: SKAR.0000096149	Reported	: 08/Apr/2023 05:03PM
Visit ID	: SKAROPV120557	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1221454		

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
THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	0.86	ng/mL	0.7-2.04	
THYROXINE (T4, TOTAL)	10.85	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.060	µIU/mL	0.34-5.60	CLIA

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

SIN No:SPL23058861

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Apollo Spectra HOSPITALS
TOUCHING LIVES

Patient Name	: Mrs.ALKA RANA	Collected	: 08/Apr/2023 10:25AM
Age/Gender	: 30 Y 5 M 20 D/F	Received	: 08/Apr/2023 12:43PM
UHID/MR No	: SKAR.0000096149	Reported	: 08/Apr/2023 01:24PM
Visit ID	: SKAROPV120557	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		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	5-6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

SIN No:UR2095086

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

Dr Manju Kumari
M.B.B.S. MD(Pathology)
Consultant Pathologist.

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

SIN No:UPP014563,UF008314

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