

Patient Name I V E S : Mrs.GAYATRI DEVI	Collected : 27/Mar/2023 11:10AM
Age/Gender : 47 Y 6 M 0 D/F	Received : 27/Mar/2023 11:36AM
UHID/MR No : SKAR.0000095881	Reported : 27/Mar/2023 12:15PM
Visit ID : SKAROPV120015	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bob61620.	

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	11.5	g/dL	12-15	Spectrophotometer
PCV	34.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.69	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	95.0	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	15.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,500	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	65	%	40-80	Electrical Impedence
LYMPHOCYTES	30	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	03	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3575	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1650	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	110	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	165	Cells/cu.mm	200-1000	Electrical Impedence
PLATELET COUNT	275000	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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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	A			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



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Age/Gender : 47 Y 6 M 0 D/F	Received : 27/Mar/2023 02:58PM
UHID/MR No : SKAR.0000095881	Reported : 27/Mar/2023 03:12PM
Visit ID : SKAROPV120015	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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GLUCOSE, FASTING , NAF PLASMA	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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	119	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



Patient Name I V E S : Mrs.GAYATRI DEVI	Collected : 27/Mar/2023 11:10AM
Age/Gender : 47 Y 6 M 0 D/F	Received : 27/Mar/2023 01:51PM
UHID/MR No : SKAR.0000095881	Reported : 27/Mar/2023 02:47PM
Visit ID : SKAROPV120015	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
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	100	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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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	197	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	278	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	64	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	133	mg/dL	<130	Calculated
LDL CHOLESTEROL	77.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	55.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.08		0-4.97	Calculated

Please correlate clinically.

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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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	1.70	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.70	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.00	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	141.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	4.80	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		0.9-2.0	Calculated

Please 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
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.52	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	11.10	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	5.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	2.5-6.2	Uricase
CALCIUM	8.90	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.5-4.5	PMA Phenol
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE



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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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GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	15.00	U/L	12-43	Glycylcysteine Nitoranalide
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Please correlate clinically.



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Visit ID : SKAROPV120015	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, TOTAL T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.06	ng/mL	0.7-2.04	
Thyroxine (T4, TOTAL)	9.13	µg/dL	6.09-12.23	CLIA
Thyroid Stimulating Hormone (TSH)	6.200	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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Visit ID : SKAROPV120015	Status : Final Report
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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
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COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		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	3-4	/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



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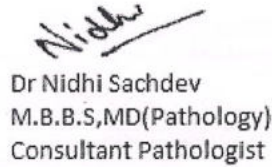
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** 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



Mrs. Gayatri
Date: 27.3.2023

Age: Y/ Sex: F

ULTRASOUND WHOLE ABDOMEN

Fecal matter loaded bowel loops are seen.

Liver is enlarged in size measuring 15.3cm with diffuse increase in echogenicity s/o Mild hepatomegaly with Grade I fatty infiltration. No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder is partially distended.
CBD is not dilated.
Portal vein is normal in caliber.

Both kidneys are of normal size, shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.
Pancreas does not show any pathology.

No free fluid seen in the peritoneal cavity.

Urinary bladder is empty.

Uterus is anteverted, normal in size, shape and echopattern.

Endometrium echo is 6 mm echogenic.

Both the ovaries appear normal in size, shape, and echopattern.

Bilateral adnexae are clear. No adnexal mass.

No free fluid or pelvic collection seen.

Please correlate clinically


DR. GLOSSY B SABHARWAL, MD
CONSULTANT RADIOLOGIST

This report is only a professional opinion and it is not valid for medico-legal purposes.

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals
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#7-1-617/A, 615 & 616 Imperial Towers,
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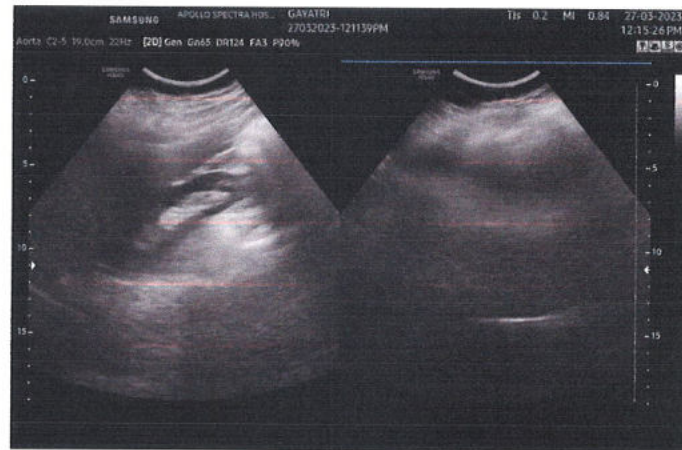
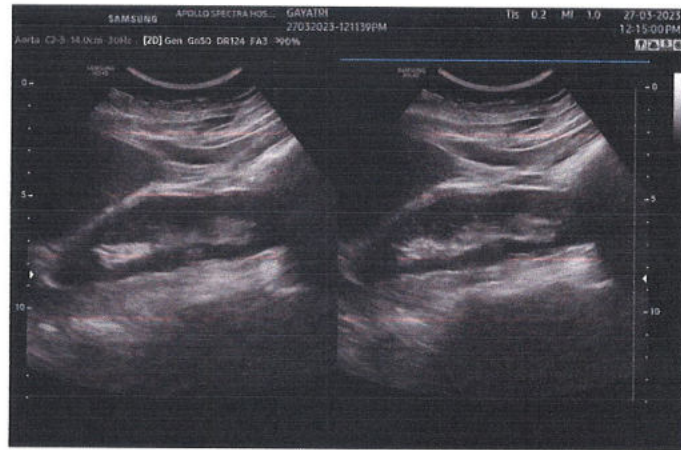
Patient

ID 27032023-121139PM
Name GAYATRI
Birth Date
Gender

Exam

Accession #
Exam Date
Description
Operator

27-03-2023



Gayatri, Devi

ID: 95881

47 Years 77.0 kg Male

27.03.2023 11:30:51
APOLLO SPECIALITY HOSPITAL
ROHTAK ROAD
DELHI-110005

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

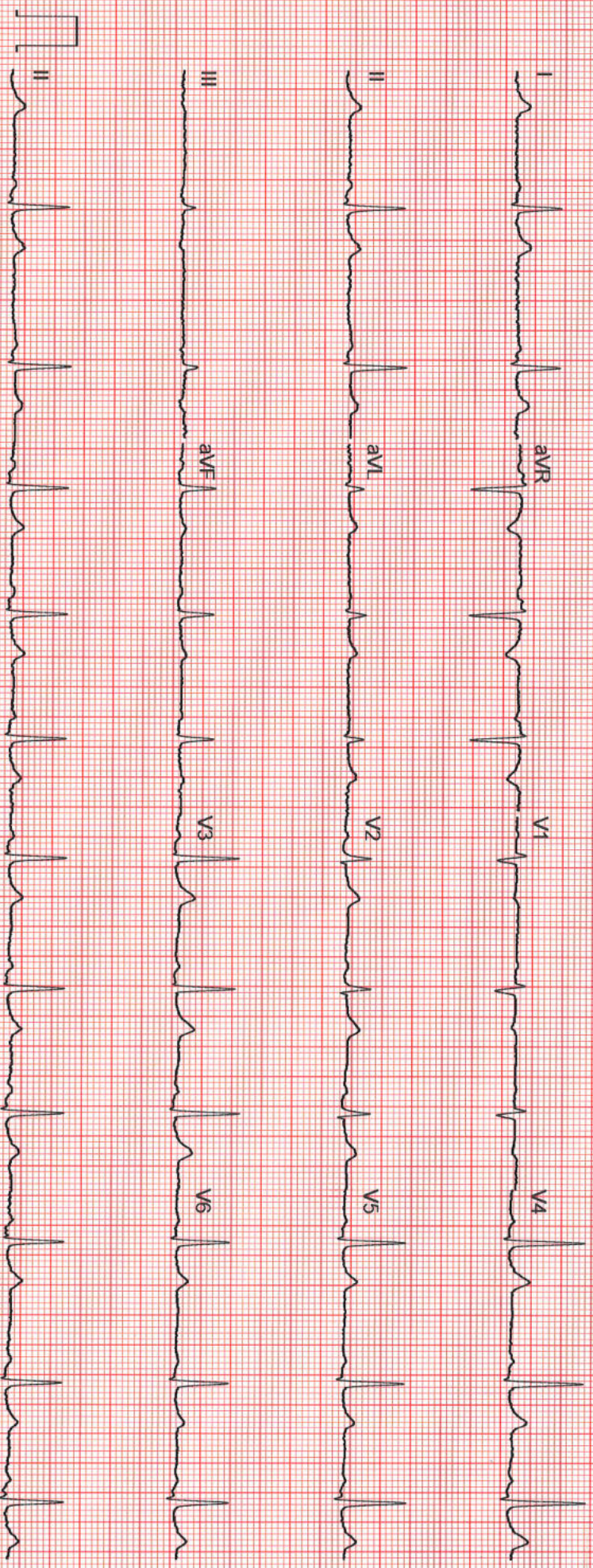
69 bpm
--/-- mmHg

QRS : 64 ms
QT / QTcBz : 384 / 411 ms
PR : 152 ms
P : 64 ms
RR / PP : 870 / 869 ms
P / QRS / T : 63 / 44 / 18 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

BP: 130/80 mmHg
BM: 132.0



GE MAC2000 1 1

12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

4x2.5x3 25 R1

Unconfirmed

1/1

WINDWARD QUALITY

1.8891

Handwritten notes in blue ink:

Wage 2nd
3726
New
Centrifuge
color on | rub

Handwritten notes in blue ink:

Adu
4
2
3
clearing eye
clear fresh
too xicent ion

Handwritten notes in blue ink:

Asa
27/3/23

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Ameerpet, Hyderabad-500038. Telangana.

Mrs. Gayatri Devi
47yr / A

Deptt. of Obst. Gynae, Laparoscopic & Endoscopic Surgery

27/3/23

Dr. Malvika Sabharwal

M.B.B.S., D.G.O., Dipl., Endo. Surgery
Awarded Padmashri by the President of India
Dept. of Gynaecology, Laparoscopic & Endoscopic Surgery
Member : Adv. Laparoscopic & Hysteroscopic Surgery Dipl.
International Society of Gynae laparoscopists
Association of Laparoscopic Surgeons, India
Gasless Laparoscopic Surgeons International, Japan
Indian Association of Gynae Endoscopists
Association of Obst. & Gynaecologist of Delhi
Faculty : Ethicon Institute of Surgical Education, Mumbai
IMA - Academy of Medical Specialities
Federation of Obst. & Gynae. Societies of India
DMC Regn. No. 4686

Healthcheck-up

Irregular pds x 1yr
MA flushed

MM - PM 1yr

Past 1yr 4-5 days, irreg, scant flow
2-3mh

no pain

Dr. Shivani Sabharwal

M.B.B.S., M.S.
Dept. of Gynaecology, Laparoscopic & Endoscopic Surgery
Association of Obst. & Gynaecologist of Delhi
Federation of Obst. & Gynae. Societies of India
DMC Regn. No. 44715

LMP - 2mh ago

Dr. Vinay Sabharwal

M.B.B.S., M.S., FICA, F.A.I.S.
Hon. Surgeon to the President of India, 2017
Sir Ganga Ram Hospital
Sr. Member : Association of Surgeons of India
Indian Association of Gastro, Endo Surgeons
Indian Hernia Society
Association of Min. Access Surgeons of India
DMC Regn. No. 4687

OH - P3L3. All MMD

LCB-19yr

Dr. Arush Sabharwal

M.B.B.S., M.S., FMAS (Minimal Access)
DMC Regn. No. 2774

PIH - MS

Dr. Glossy Sabharwal

MD, Radio Diagnosis
Breast Interventional Fellow (Paris)
Dept. Clinical Imaging & Interventional Radiology

O/E PIA self

P/S - G Nag @

LCB taken

PIU - UL ALU, MS, Bil Fibre

ALL LBC

For appointment please contact :
011-49407700, 8448702877

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S. TSH, S. Prolactin

FSH, LH

USA Pelvis
EUS

Registered Address
#711-617/A, 615 & 616 Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038, Telangana.