

Patient Name	: Mrs.VIJAYALAKSHMI VADDE	Collected	: 30/Nov/2023 09:47AM
Age/Gender	: 30 Y 7 M 19 D/F	Received	: 30/Nov/2023 12:34PM
UHID/MR No	: CJPN.0000089687	Reported	: 30/Nov/2023 03:36PM
Visit ID	: CJPNOPV181954	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 278497		

**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
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**HEMOGRAM , WHOLE BLOOD EDTA**

<b>HAEMOGLOBIN</b>	<b>15.8</b>	g/dL	12-15	Spectrophotometer
PCV	45.70	%	36-46	Electronic pulse & Calculation
<b>RBC COUNT</b>	<b>5.04</b>	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	90.7	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
<b>TOTAL LEUCOCYTE COUNT (TLC)</b>	<b>9,350</b>	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	56.9	%	40-80	Electrical Impedence
LYMPHOCYTES	34	%	20-40	Electrical Impedence
EOSINOPHILS	2.2	%	1-6	Electrical Impedence
MONOCYTES	6.5	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	5320.15	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3179</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	205.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	607.75	Cells/cu.mm	200-1000	Calculated
BASOPHILS	37.4	Cells/cu.mm	0-100	Calculated

<b>PLATELET COUNT</b>	<b>344000</b>	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>10</b>	mm at the end of 1 hour	0-20	Modified Westgren method

**PERIPHERAL SMEAR**

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



SIN No:BED230294824

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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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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
GLUCOSE, FASTING , NAF PLASMA	93	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



SIN No:PLF02062507

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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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	92	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	108	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- 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.

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

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5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



SIN No:PLP1392020,EDT230108248

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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	176	mg/dL	<200	CHO-POD
TRIGLYCERIDES	84	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	111	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.66		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	86.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.18	g/dL	6.6-8.3	Biuret
ALBUMIN	4.47	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.71	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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.



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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	<b>0.47</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>13.70</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.4</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.36	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.92	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)



SIN No:SE04555016

NABL renewal accreditation under process

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

**APOLLO CLINICS NETWORK**

**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)

Address:

323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka - 560034



Patient Name	: Mrs.VIJAYALAKSHMI VADDE	Collected	: 30/Nov/2023 09:47AM
Age/Gender	: 30 Y 7 M 19 D/F	Received	: 30/Nov/2023 12:50PM
UHID/MR No	: CJPN.0000089687	Reported	: 30/Nov/2023 01:51PM
Visit ID	: CJPNOPV181954	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 278497		

**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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	22.00	U/L	<38	IFCC



SIN No:SE04555016

NABL renewal accreditation under process

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Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034

 **1860 500 7788**  
www.apolloclinic.com

Patient Name : Mrs.VIJAYALAKSHMI VADDE	Collected : 30/Nov/2023 09:47AM
Age/Gender : 30 Y 7 M 19 D/F	Received : 30/Nov/2023 12:49PM
UHID/MR No : CJPN.0000089687	Reported : 30/Nov/2023 01:41PM
Visit ID : CJPNOPV181954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 278497	

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)	1.53	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.19	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.072	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



SIN No:SPL23171887

NABL renewal accreditation under process

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APOLLO CLINICS NETWORK

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Address:  
 323/100/123, Doddathangur Village, Neeladri Main Road,  
 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka - 560034

 **1860 500 7788**  
 www.apolloclinic.com

Patient Name	: Mrs.VIJAYALAKSHMI VADDE	Collected	: 30/Nov/2023 09:46AM
Age/Gender	: 30 Y 7 M 19 D/F	Received	: 30/Nov/2023 05:32PM
UHID/MR No	: CJPN.0000089687	Reported	: 30/Nov/2023 05:54PM
Visit ID	: CJPNOPV181954	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 278497		

**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 (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2230778

NABL renewal accreditation under process

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034

 **1860 500 7788**  
www.apolloclinic.com

Patient Name : Mrs.VIJAYALAKSHMI VADDE	Collected : 30/Nov/2023 09:47AM
Age/Gender : 30 Y 7 M 19 D/F	Received : 30/Nov/2023 01:10PM
UHID/MR No : CJPN.0000089687	Reported : 30/Nov/2023 02:17PM
Visit ID : CJPNOPV181954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 278497	

**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 \*\*\***

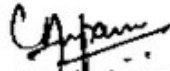
Result/s to Follow:  
PERIPHERAL SMEAR



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



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



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



Name : Mrs. VIJAYALAKSHMI VADDE

Age: 30 Y

UHID:CJPN.0000089687

Sex: F



Address : blr

OP Number:CJPNOPV181954

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

Bill No :CJPN-OCR-67440

Date : 30.11.2023 09:34

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

Weight = 44.3 kgs

Height = 148 cm

Waist = 77 cm

HCP = 99 cm

BP = 116/91 mmHg

PR = 94 b/min

Vijayalakshmi. V,  
30/f.

30/11/2023

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

- ENT check
- No complaints

%ct

B/c EAC/SM - (N)

None/Ths NAD

Neck s NAD

Review ses

Follow up date:



Doctor Signature

*Dr. Swarni*



ijayalakshmi  
pn.89687


147 cm Female  
44.0 kg

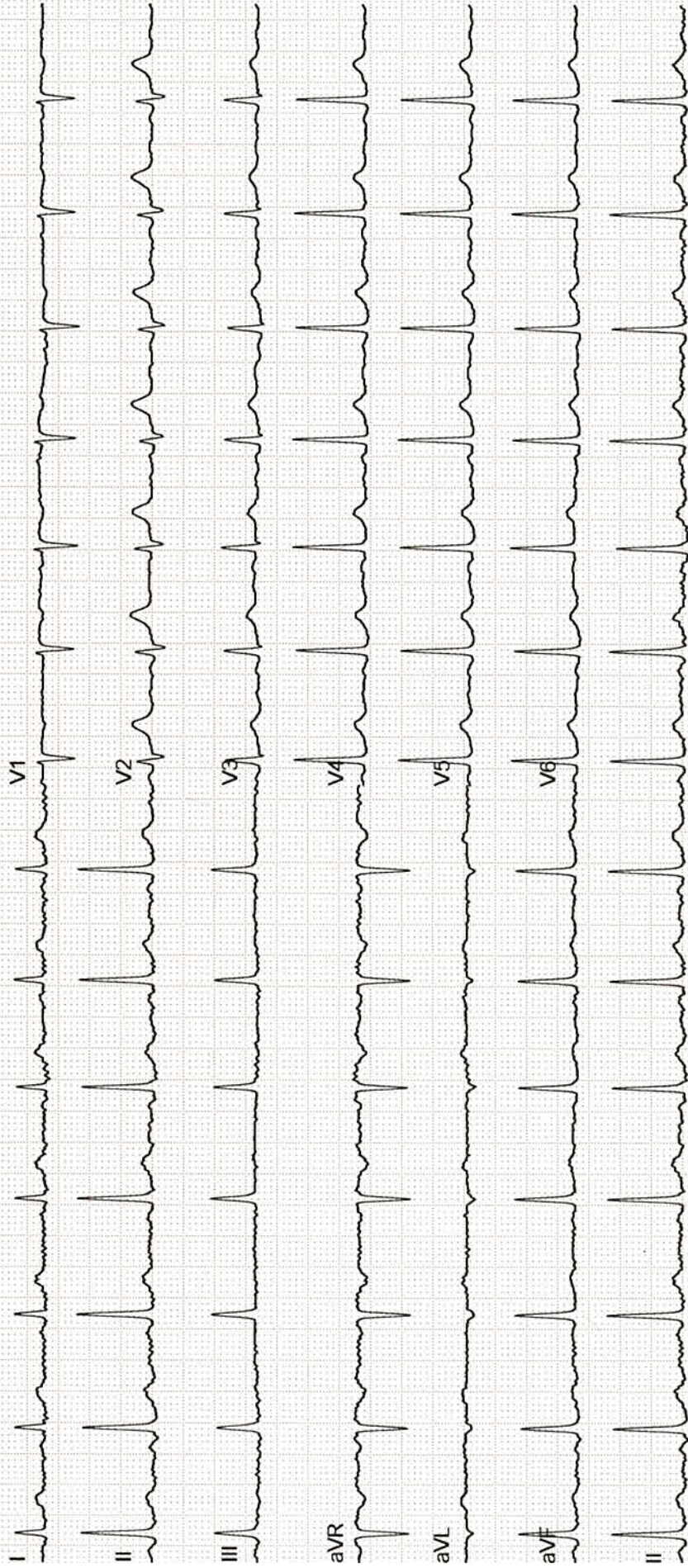
30.11.2023 12:58:12  
Apollo Clinic  
J.P. Nagar  
Bangalore

85 bpm  
116 / 91 mmHg

Normal sinus rhythm  
Normal ECG

QRS : 64 ms  
QT / QTcBaz : 342 / 406 ms  
PR : 126 ms  
P : 88 ms  
RR / PP : 706 / 705 ms  
P / QRS / T : 51 / 67 / 29 degrees

WNL  




NAME: Mrs. VIJAYALAKSHMI V      AGE: 30 YRS/ F      DATE: 30/11/2023      CJPN : 89687

**2D ECHO WITH COLOR DOPPLER**

Ao Diam : 2.7cm , LA Diam : 3.2 cm,  
IVSd : 1.1cm , IVSs;0.9 cm, LVIDd : 3.3cm , LVIDs : 2.2 cm LVPWd :1.1 cm ,  
LVPWS : 1.1 cm , EF – 63% , FS – 33% , RVIDd – 0.8cm

**2DVALVES**

MITRAL VALVE -----: NORMAL  
TRICUSPID VALVE-----: NORMAL  
AORTIC VALVE-----: NORMAL  
PULMONARY VALVE-----: NORMAL

**CHAMBERS**

LEFT ATRIUM-----: NORMAL.  
RIGHT ATRIUM-----: NORMAL  
LEFT VENTRICULAR-----: NORMAL  
RIGHT VENTRICULAR---:NORMAL

**DOPPLER**

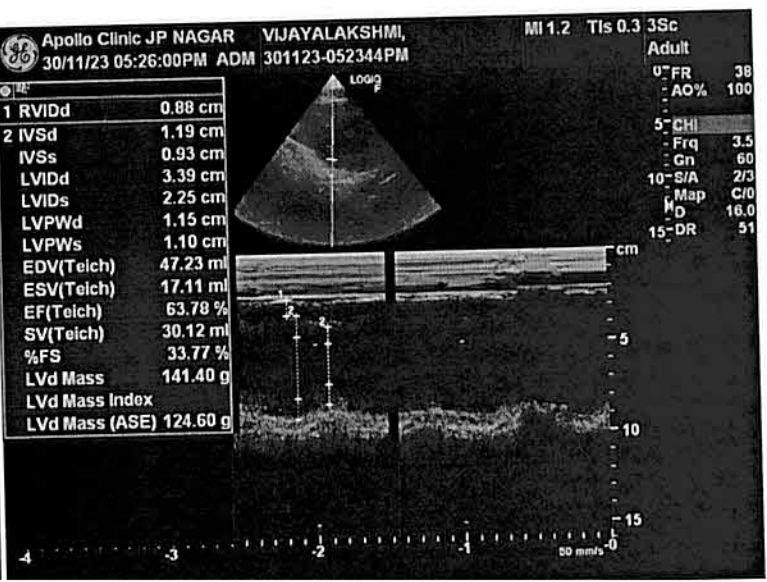
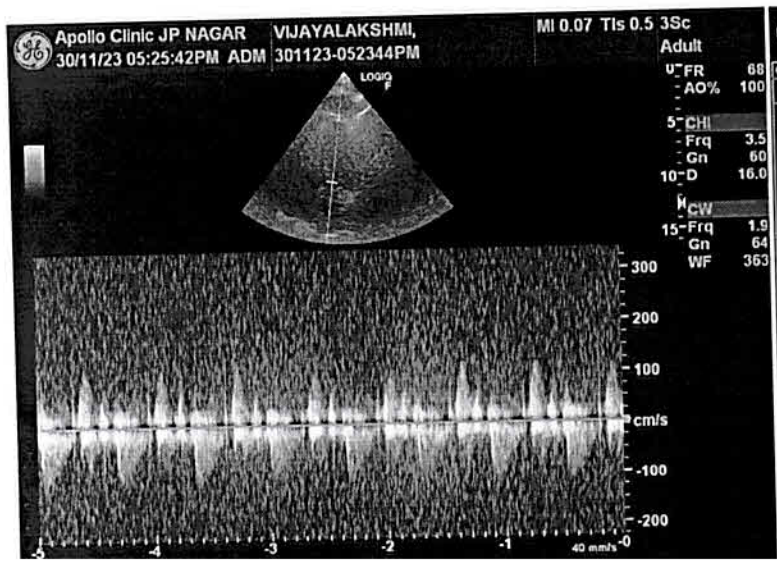
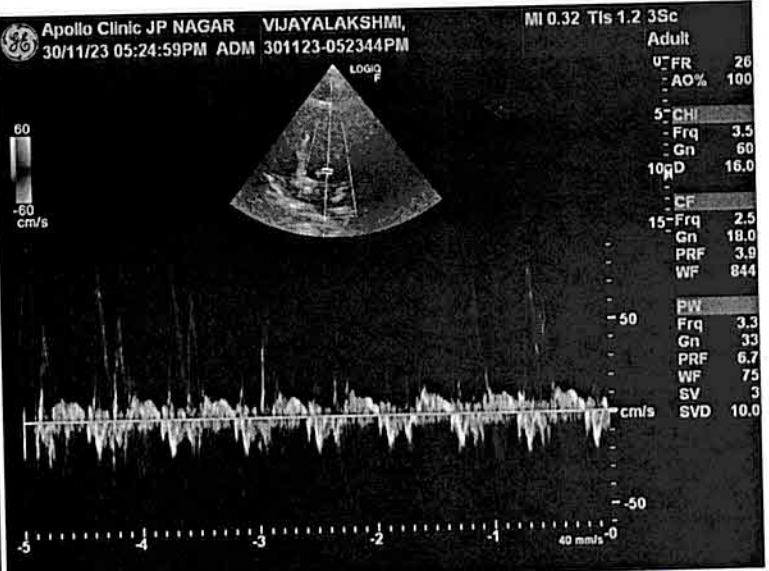
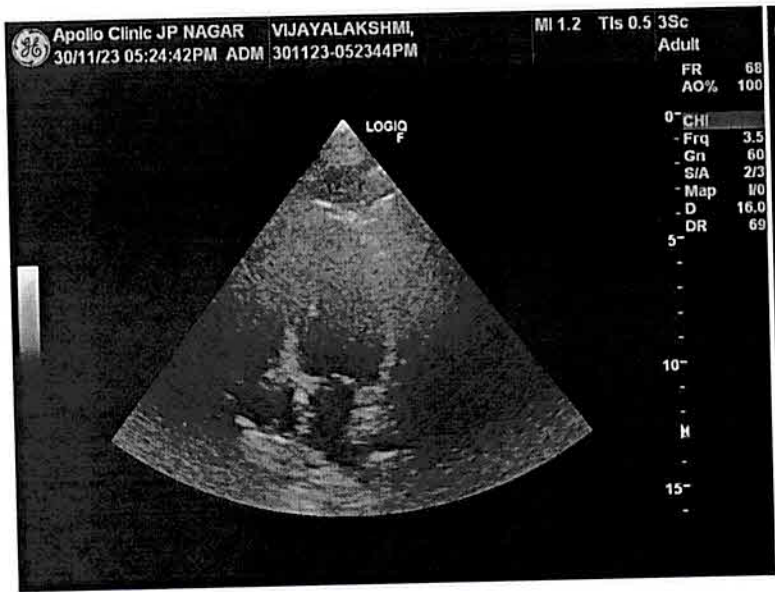
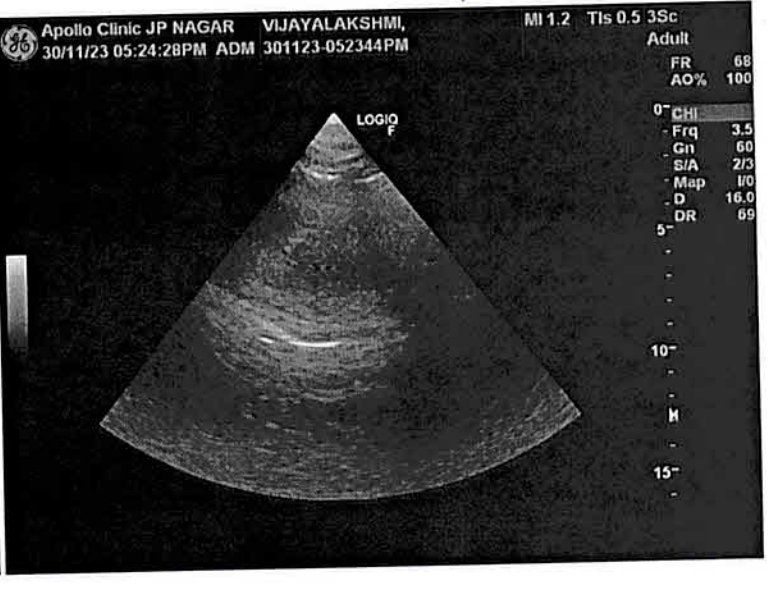
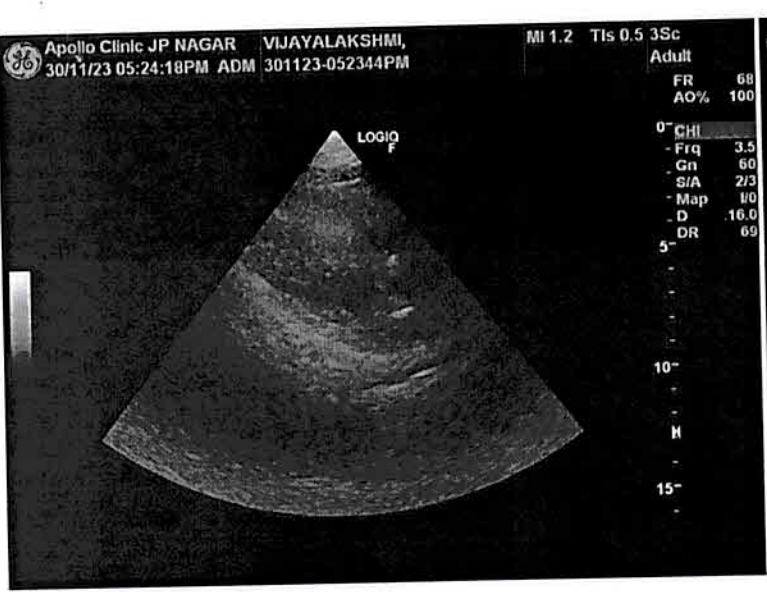
MV E Vel---- : 0.8 m/s , MV A Vel : 0.6 m/s  
TRICUSPID VALVE : NORMAL  
PERICARDIUM-----: NORMAL  
CLOT/VEGETATION----- : NIL

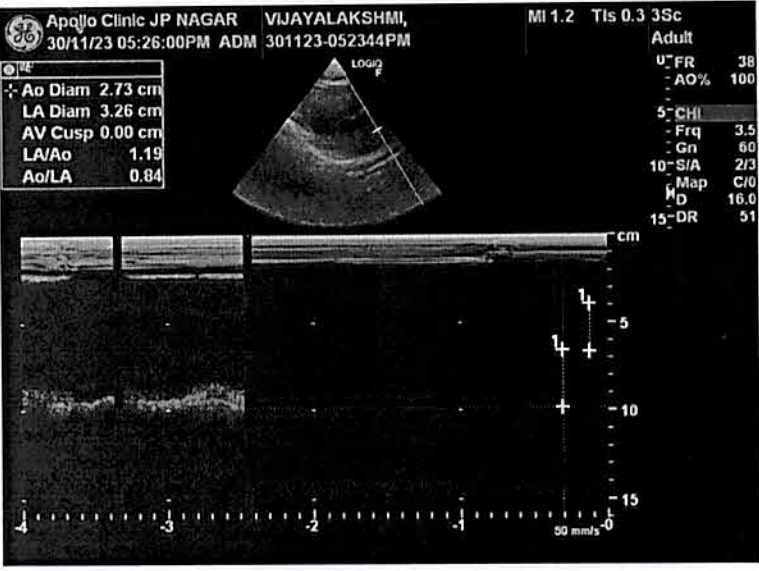
**IMPRESSION**

NORMAL VALVES AND CHAMBERS  
NORMAL LV SYSTOLIC FUNCTION  
NO CLOT /VEGETATION/EFFUSION/PAH  
NO REGIONAL WALL MOTION ABNORMALITIES



**DR. SHILPA JAYAPRAKASH, MD,DM**  
**CONSULTANT CARDIOLOGIST**





Name - Vijayalakshmi  
Age - 31 yd F

Date - 30/11/23

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

clo - Blurring  
of vision in  
distance

UMVU { 6/24 N6P  
6/18 N6

H/O PUP - No

[-] glass vision is not improving  
refer to hospital for diastatic  
refraction.

H/O Eye Sw - No

Follow up date:

Doctor Signature



Mrs. Vijayalakshmi 30yr.

30/11/23.

MS - 4 1/2 yrs Nallipattu.

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

**General Examination / Allergies History**

WMP: 22/11/23.

Mild: Comp → med/low  
3rd day ↓  
No pain

**Clinical Diagnosis & Management Plan**

16/6/20 primary subfertility - in between  
DWP cycles.  
All scans done & by end Sat.

P.H.H. No meningococcal TB in childhood.  
Taken ART.

P.H.H. NO cancers.

O/E:  
-  
G.C.S.I.A.  
Apathetic  
P.A.M.O.K.  
Scars

Am  
It does not  
Went for Pap  
Smear.

Follow up date:

Doctor Signature

**Patient Name** : Mrs. VIJAYALAKSHMI VADDE

**Age/Gender** : 30 Y/F

**UHID/MR No.** : CJPN.0000089687

**OP Visit No** : CJPNOPV181954

**Sample Collected on** :

**Reported on** : 30-11-2023 18:07

**LRN#** : RAD2164368

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 278497

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**DEPARTMENT OF RADIOLOGY**

---

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : Normal in size(11.0cm) and echotexture. No focal lesion seen.  
No intra hepatic biliary / venous radicular dilation.  
CBD and Main Portal vein appear normal.

**GALL BLADDER** : Well distended. Normal in internal contents. Wall Thickness is normal.

**SPLEEN** : Normal in size(8.0cm) and echotexture. No focal lesion was seen.

**PANCREAS** : Normal to the visualized extent.

**KIDNEYS** : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.

Right kidney measures: 8.0 x 3.2cm.

Left kidney measures : 9.0 x 4.0cm.

**URINARY BLADDER** : Well distended. Normal in internal contents. Wall thickness is normal.

**UTERUS** : Normal in size and echotexture. It measures : 7.0 x 3.5 x 3.5cm. Uniform myometrial echoes are normal. Endometrial thickness measuring- 8 mm.

No focal lesion was noted.

**OVARIES** : Both ovaries are normal in size, shape and echotexture.

Right ovary measures : 1.5 x 2.5cm.

Left ovary measures : 1.8 x 3.0cm.

No free fluid is seen in the peritoneum. No lymphadenopathy.

**Patient Name** : Mrs. VIJAYALAKSHMI VADDE

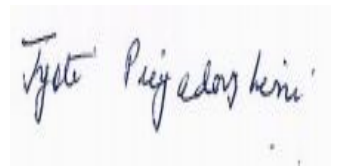
**Age/Gender** : 30 Y/F

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**IMPRESSION : NORMAL STUDY.**

Please Note :No preparation done before scanning.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



**Dr. JYOTI PRIYADARSHINI**  
MBBS, MD



**Patient Name** : Mrs. VIJAYALAKSHMI VADDE

**Age/Gender** : 30 Y/F

**UHID/MR No.** : CJPN.0000089687

**OP Visit No** : CJPNOPV181954

**Sample Collected on** :

**Reported on** : 30-11-2023 18:05

**LRN#** : RAD2164368

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 278497

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

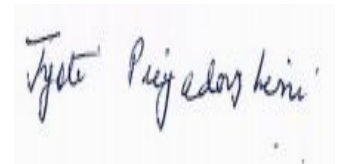
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. JYOTI PRIYADARSHINI**  
MBBS, MD



To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	VADDE VIJAYALAKSHMI
DATE OF BIRTH	11-04-1993
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	29-11-2023
BOOKING REFERENCE NO.	23D177775100077086S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. PRADEEP KUMAR RAMANJINEYULUGARI
EMPLOYEE EC NO.	177775
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	KANAKAPURA
EMPLOYEE BIRTHDATE	02-09-1991

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **29-11-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))





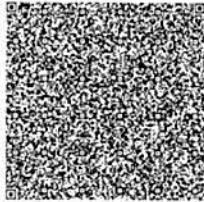
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Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ  
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0000/00666/72086

To  
వడ్డె విజయలక్ష్మి  
Vadde Vijayalakshmi  
C/O PRADEEP KUMAR R  
DR NO 12-167  
Opposite to GOVT Jr COLLEGE  
RODDAM  
Roddam  
Ananthapuramu Andhra Pradesh - 515123  
7075366651

Signature Not Verified  
Digitally signed by  
UNIQUE IDENTIFICATION  
AUTHORITY OF INDIA GS  
Date: 2023.11.07 02:39:14  
UTC



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

2961 8482 7790  
VID : 9198 0151 7502 2209

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం  
Government of India



వడ్డె విజయలక్ష్మి  
Vadde Vijayalakshmi  
పుట్టిన తేదీ/DOB: 11/04/1993  
స్త్రీ / FEMALE

2961 8482 7790  
VID : 9198 0151 7502 2209

నా ఆధార్, నా గుర్తింపు



Government of India

AADHAAR

సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు దుబుబు, పౌరసత్వానికి కాదు.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- సురక్షిత QR కోడ్/ఆఫ్లైన్ XML/ఆన్లైన్ ప్రమాణీకరణను ఉపయోగించి గుర్తింపును ధృవీకరించండి.
- ఆధార్ లెటర్, PVC కార్డ్, ఇ-ఆధార్, ఎం ఆధార్ వంటి అన్ని రకాల ఆధార్ లు సమానంగా చెట్టుబాటు అవుతాయి. 12 అంకల ఆధార్ నెంబర్ ప్లానంలో వచ్చినట్ల ఆధార్ ఐడింటిటీ (VID)ని కూడా ఉపయోగించవచ్చు.
- కనీసం 10 సంవత్సరాలకు ఒకసారి ఆధార్ ను అప్డేట్ చేయండి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొబైల్ నెంబర్ మరియు ఈ-మెయిల్ ఐడిని ఆధార్ లో అప్డేట్ చేసుకోండి.
- ఆధార్ సేవలను పొందించుకు స్మార్ట్ ఫోన్లలో ఎం ఆధార్ యాప్ ను డౌన్లోడ్ చేసుకోండి.
- ధర్మరసు నిర్ధారించడానికి లాక్/అన్లాక్ ఆధార్/బయోమెట్రిక్స్ పీచర్ని ఉపయోగించండి
- ఆధార్ ను అభ్యర్థించే సంస్థలు తగిన సమ్మతని పొందవలసి ఉంటుంది.
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.



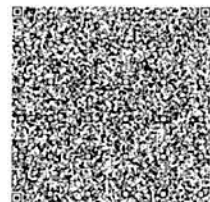
భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ  
Unique Identification Authority of India



వికసనామా:

వడ్డె విజయలక్ష్మి అర్, పిమ్మలు 12-167, గోల్డ్ బి ఆర్ కాలనీ  
ఎదురుగా, రోడ్డు, రోడ్డు, అనంతపురము,  
అంధ్ర ప్రదేశ్ - 515123

Address:  
C/O PRADEEP KUMAR R, DR NO 12-167,  
Opposite to GOVT Jr COLLEGE, RODDAM,  
Roddam, Ananthapuramu,  
Andhra Pradesh - 515123



2961 8482 7790  
VID : 9198 0151 7502 2209



1947



help@uidai.gov.in



www.uidai.gov.in

Patient Name	: Mrs.VIJAYALAKSHMI VADDE	Collected	: 30/Nov/2023 09:47AM
Age/Gender	: 30 Y 7 M 19 D/F	Received	: 30/Nov/2023 12:34PM
UHID/MR No	: CJPN.0000089687	Reported	: 30/Nov/2023 03:36PM
Visit ID	: CJPNOPV181954	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 278497		

**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
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**HEMOGRAM , WHOLE BLOOD EDTA**

<b>HAEMOGLOBIN</b>	<b>15.8</b>	g/dL	12-15	Spectrophotometer
PCV	45.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>5.04</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90.7	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,350	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	56.9	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5320.15	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3179</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	205.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	607.75	Cells/cu.mm	200-1000	Calculated
BASOPHILS	37.4	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	344000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-20	Modified Westgren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

Patient Name	: Mrs.VIJAYALAKSHMI VADDE	Collected	: 30/Nov/2023 09:47AM
Age/Gender	: 30 Y 7 M 19 D/F	Received	: 30/Nov/2023 12:34PM
UHID/MR No	: CJPN.0000089687	Reported	: 30/Nov/2023 03:36PM
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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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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
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**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



Patient Name	: Mrs.VIJAYALAKSHMI VADDE	Collected	: 30/Nov/2023 09:47AM
Age/Gender	: 30 Y 7 M 19 D/F	Received	: 30/Nov/2023 12:34PM
UHID/MR No	: CJPN.0000089687	Reported	: 30/Nov/2023 03:12PM
Visit ID	: CJPNOPV181954	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 278497		

**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
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name	: Mrs.VIJAYALAKSHMI VADDE	Collected	: 30/Nov/2023 09:47AM
Age/Gender	: 30 Y 7 M 19 D/F	Received	: 30/Nov/2023 01:09PM
UHID/MR No	: CJPN.0000089687	Reported	: 30/Nov/2023 01:41PM
Visit ID	: CJPNOPV181954	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 278497		

**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
<b>GLUCOSE, FASTING , NAF PLASMA</b>	93	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

1. The diagnosis of Diabetes requires a fasting plasma glucose of  $\geq$  126 mg/dL and/or a random / 2 hr post glucose value of  $\geq$  200 mg/dL on at least 2 occasions.
2. Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



Patient Name	: Mrs.VIJAYALAKSHMI VADDE	Collected	: 30/Nov/2023 09:47AM
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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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	92	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	5.4	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	108	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- 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.



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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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5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
- A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
- (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Patient Name : Mrs.VIJAYALAKSHMI VADDE	Collected : 30/Nov/2023 09:47AM
Age/Gender : 30 Y 7 M 19 D/F	Received : 30/Nov/2023 12:50PM
UHID/MR No : CJPN.0000089687	Reported : 30/Nov/2023 02:09PM
Visit ID : CJPNOPV181954	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 278497	

**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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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	176	mg/dL	<200	CHO-POD
TRIGLYCERIDES	84	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>111</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.66		0-4.97	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Patient Name	: Mrs.VIJAYALAKSHMI VADDE	Collected	: 30/Nov/2023 09:47AM
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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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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.55	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	86.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.18	g/dL	6.6-8.3	Biuret
ALBUMIN	4.47	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.71	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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.

Patient Name	: Mrs.VIJAYALAKSHMI VADDE	Collected	: 30/Nov/2023 09:47AM
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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



Patient Name	: Mrs.VIJAYALAKSHMI VADDE	Collected	: 30/Nov/2023 09:47AM
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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	<b>0.47</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>13.70</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.4</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.36	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.92	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)



Patient Name	: Mrs.VIJAYALAKSHMI VADDE	Collected	: 30/Nov/2023 09:47AM
Age/Gender	: 30 Y 7 M 19 D/F	Received	: 30/Nov/2023 12:50PM
UHID/MR No	: CJPN.0000089687	Reported	: 30/Nov/2023 01:51PM
Visit ID	: CJPNOPV181954	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 278497		

**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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	22.00	U/L	<38	IFCC



Patient Name	: Mrs.VIJAYALAKSHMI VADDE	Collected	: 30/Nov/2023 09:47AM
Age/Gender	: 30 Y 7 M 19 D/F	Received	: 30/Nov/2023 12:49PM
UHID/MR No	: CJPN.0000089687	Reported	: 30/Nov/2023 01:41PM
Visit ID	: CJPNOPV181954	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 278497		

**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)	1.53	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.19	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.072	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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



Patient Name	: Mrs.VIJAYALAKSHMI VADDE	Collected	: 30/Nov/2023 09:46AM
Age/Gender	: 30 Y 7 M 19 D/F	Received	: 30/Nov/2023 05:32PM
UHID/MR No	: CJPN.0000089687	Reported	: 30/Nov/2023 05:54PM
Visit ID	: CJPNOPV181954	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 278497		

**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 (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY





Patient Name	: Mrs.VIJAYALAKSHMI VADDE	Collected	: 30/Nov/2023 09:47AM
Age/Gender	: 30 Y 7 M 19 D/F	Received	: 30/Nov/2023 01:10PM
UHID/MR No	: CJPN.0000089687	Reported	: 30/Nov/2023 02:17PM
Visit ID	: CJPNOPV181954	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 278497		

**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 \*\*\***

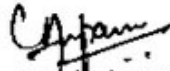
Result/s to Follow:  
PERIPHERAL SMEAR



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