

Patient Name : Mrs.ARTI KUMARI	Collected : 10/Aug/2024 09:19AM
Age/Gender : 46 Y 7 M 4 D/F	Received : 10/Aug/2024 10:45AM
UHID/MR No : CTNA.0000209025	Reported : 10/Aug/2024 01:30PM
Visit ID : CTNAOPV205427	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30887	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Mild anisocytosis, predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
NOTE/ COMMENT	: Please correlate clinically.



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



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

SIN No: CTR240800758

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.2	g/dL	12-15	Spectrophotometer
PCV	33.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.45	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	96.6	fL	83-101	Calculated
MCH	32.6	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	15.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	76.1	%	40-80	Electrical Impedance
LYMPHOCYTES	17.4	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	4.9	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6011.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1374.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	102.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	387.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	4.37		0.78- 3.53	Calculated
PLATELET COUNT	164000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	68	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Mild anisocytosis, predominantly normocytic normochromic RBC's noted.

Page 2 of 8



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DEPARTMENT OF HAEMATOLOGY

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Patient Name : Mrs.ARTI KUMARI	Collected : 10/Aug/2024 09:19AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	153	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	169	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



DR. R. SRIVATSAN
M.D.(Biochemistry)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.85	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.82	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.880	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

- 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



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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

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

Result/s to Follow:

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), BLOOD GROUP ABO AND RH FACTOR, LIPID PROFILE, GAMMA GLUTAMYL TRANSFERASE (GGT), LIVER FUNCTION TEST (LFT), COMPLETE URINE EXAMINATION (CUE), LBC PAP SMEAR, GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)

Page 8 of 8



Dr THILAGA
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UHID	: CTNA.0000209025	OP Visit No.	: CTNAOPV205427
Printed On	: 10-08-2024 06:58 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S30887		

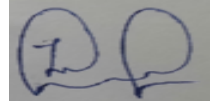
DEPARTMENT OF CARDIOLOGY

Impression:

NORMAL SINUS RHYTHM

NORMAL ECG.

---End Of The Report---



Dr.HARI K

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Cardiology

GF MAC1200 ST MRS. ARTI KUMARI, 000209025, APOLLO CLINIC, T NAGAR, CHENNAI

HR 85 bpm

Aug 11 11:31 AM

Female

AGE: 46

Measurement Results:

QRS: 76 ms

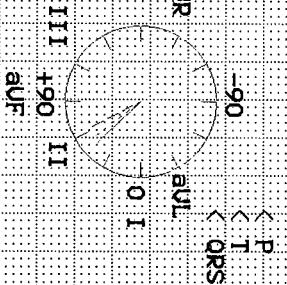
QT/QTcB: 350 / 416 ms

PR: 122 ms

P: 96 ms

RR/PP: 698 / 705 ms

P/QRS/T: 52 / 46 / 62 degrees



Interpretation:

12SL - Interpretation:

Normal sinus rhythm ✓

Low voltage QRS

Cannot rule out Anterior Infarct, age undetermined

Abnormal ECG

Arti

Unconfirmed report.

