



Patient Name : Mrs.HARSHITA TEWARI

Age/Gender : 35 Y 11 M 2 D/F UHID/MR No : CINR.0000158783 Visit ID : CINROPV210292

: Dr.SELF Ref Doctor Emp/Auth/TPA ID : 9838879287 Collected : 11/Nov/2023 08:19AM Received : 11/Nov/2023 10:53AM

Reported : 11/Nov/2023 12:30PM Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY	/ HEALTH ANNUAL	DI LIS CHECK -	FEMALE - 2D ECHO - E	DAN INDIA - EV2324
ANGOI EIVII - IVIEDIVVIIELE - I OLE BOD	I IILALIII ANNOAL	LOS CITECIO	I LIMALL - 2D LCITO - I	AN INDIA - 1 12324
Toot Name	Popult	Unit	Die Def Benge	Mothod
Test Name	Result	Onit	Bio. Ref. Range	Method

PCV RBC COUNT MCV	42.00 4.96	%	36-46	
	4.96		30 1 0	Electronic pulse & Calculation
MCV	4.90	Million/cu.mm	3.8-4.8	Electrical Impedence
IVICV	84.7	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,330	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	65.7	%	40-80	Electrical Impedanc
LYMPHOCYTES	25.5	%	20-40	Electrical Impedanc
EOSINOPHILS	1.7	%	1-6	Electrical Impedanc
MONOCYTES	6.7	%	2-10	Electrical Impedanc
BASOPHILS	0.4	%	<1-2	Electrical Impedanc
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4158.81	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1614.15	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	107.61	Cells/cu.mm	20-500	Calculated
MONOCYTES	424.11	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.32	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	308000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westegrer method

RBC NORMOCYTIC NORMOCHROMIC WBC WITHIN NORMAL LIMITS

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 1 of 14

SIN No:BED230276939 NABL renewal accreditation under process

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

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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

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







: Mrs.HARSHITA TEWARI

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Visit ID

: CINROPV210292

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9838879287 Collected

: 11/Nov/2023 08:19AM

Received Reported : 11/Nov/2023 10:53AM : 11/Nov/2023 02:55PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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	0	Microplate Hemagglutination			
Rh TYPE	Negative	Microplate Hemagglutination			

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Visit ID

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Emp/Auth/TPA ID : 9838879287

Collected

: 11/Nov/2023 11:27AM

Received Reported

: 11/Nov/2023 01:23PM : 11/Nov/2023 02:01PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY	HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	HEXOKINASE
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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 > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2	113	mg/dL	70-140	HEXOKINASE
HR)				

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.

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SIN No:PLF02053263,PLP1386324 NABL renewal accreditation under process

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





Patient Name : Mrs.HARSHITA TEWARI

Age/Gender : 35 Y 11 M 2 D/F UHID/MR No : CINR.0000158783 Visit ID : CINROPV210292

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9838879287 Collected : 11/Nov/2023 08:19AM Received : 11/Nov/2023 11:09AM

Reported : 11/Nov/2023 12:15PM

: Final Report : ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF BIOCHEMISTRY

Status

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	5.3	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	105	mg/dL	Calculated

Comment:

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

REFERENCE GROUP	нва1С %
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.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. 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.
- 4. 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.
- 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)

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SIN No:EDT230102151

NABL renewal accreditation under process

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





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 UHID/MR No
 : CINR.0000158783

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 : CINROPV210292

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9838879287 Collected : 11/Nov/2023 08:19AM Received : 11/Nov/2023 10:40AM

Reported : 11/Nov/2023 11:45AM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY	HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	238	mg/dL	<200	CHO-POD
TRIGLYCERIDES	131	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	187	mg/dL	<130	Calculated
LDL CHOLESTEROL	160.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.66		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
III .I D1 .	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60	*		
INON-HOL 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.

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SIN No:SE04537139

NABL renewal accreditation under process

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY	HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.56	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	44	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	130.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.37	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.13	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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

Page 7 of 14



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

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







Patient Name : Mrs.HARSHITA TEWARI

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY	Y HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.59	mg/dL	0.72 – 1.18	JAFFE METHOD	
UREA	25.70	mg/dL	17-43	GLDH, Kinetic Assay	
BLOOD UREA NITROGEN	12.0	mg/dL	8.0 - 23.0	Calculated	
URIC ACID	4.24	mg/dL	2.6-6.0	Uricase PAP	
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III	
PHOSPHORUS, INORGANIC	3.25	mg/dL	2.5-4.5	Phosphomolybdate Complex	
SODIUM	137	mmol/L	136–146	ISE (Indirect)	
POTASSIUM	3.8	mmol/L	3.5–5.1	ISE (Indirect)	
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)	

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







: Mrs.HARSHITA TEWARI

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UHID/MR No Visit ID

: CINR.0000158783 : CINROPV210292

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
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GAMMA GLUTAMYL TRANSPEPTIDASE	42.00	U/L	<38	IFCC
(GGT) . SERUM				

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SIN No:SE04537139

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NAME 1838: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka- 560034







Patient Name : Mrs.HARSHITA TEWARI

Age/Gender : 35 Y 11 M 2 D/F
UHID/MR No : CINR.0000158783

Visit ID : CINROPV210292

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9838879287 Collected : 11/Nov/2023 08:19AM

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY	HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM						
TRI-IODOTHYRONINE (T3, TOTAL)	1.53	ng/mL	0.64-1.52	CMIA		
THYROXINE (T4, TOTAL)	17.58	μg/dL	4.87-11.72	CMIA		
THYROID STIMULATING HORMONE (TSH)	2.510	μIU/mL	0.35-4.94	CMIA		

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	Т3	Т4	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

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SIN No:SPL23158956

NABL renewal accreditation under process

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

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







Patient Name : Mrs.HARSHITA TEWARI

Age/Gender : 35 Y 11 M 2 D/F UHID/MR No : CINR.0000158783 Visit ID : CINROPV210292

: Dr.SELF Ref Doctor Emp/Auth/TPA ID : 9838879287 Collected : 11/Nov/2023 08:19AM Received : 11/Nov/2023 11:42AM

Reported : 11/Nov/2023 01:23PM

: Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

Status

ARCOFEMI - MEDIWHEEL - FULL BODY	/ HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

COMPLETE URINE EXAMINATION (CUE) , URINE						
PHYSICAL EXAMINATION						
COLOUR	PALE YELLOW	PALE YELLOW		Visual		
TRANSPARENCY	HAZY		CLEAR	Visual		
рН	7.0		5-7.5	DOUBLE INDICATOR		
SP. GRAVITY	1.015		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		MODIFED EHRLICH REACTION		
BLOOD	POSITIVE	POSITIVE		Peroxidase		
NITRITE	NEGATIVE		NEGATIVE	Diazotization		
LEUCOCYTE ESTERASE	POSITIVE +++	POSITIVE +++		LEUCOCYTE ESTERASE		
CENTRIFUGED SEDIMENT WET MO	UNT AND MICROSCOPY					
PUS CELLS	25-30	25-30 /hpf		Microscopy		
EPITHELIAL CELLS	4-5	/hpf	<10	MICROSCOPY		
RBC	2-3	/hpf	0-2	MICROSCOPY		
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY		
CRYSTALS	ABSENT		ABSENT	MICROSCOPY		

Page 11 of 14

SIN No:UR2217982

NABL renewal accreditation under process

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

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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

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







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Collected

: 11/Nov/2023 08:19AM

Received

: 11/Nov/2023 11:42AM : 11/Nov/2023 01:21PM

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: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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	Dipstick	
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dinstick		

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SIN No:UPP015741,UF009753 NABL renewal accreditation under process

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

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











: Mrs.HARSHITA TEWARI

Age/Gender

: 35 Y 11 M 2 D/F

UHID/MR No Visit ID : CINR.0000158783 : CINROPV210292

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 9838879287

Collected

: 11/Nov/2023 03:00PM

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: 12/Nov/2023 06:00PM

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: 14/Nov/2023 01:29PM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

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

	CYTOLOGY NO.	19047/23		
I	SPECIMEN			
a	SPECIMEN ADEQUACY	ADEQUATE		
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)		
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR		
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT		
d	COMMENTS	SATISFACTORY FOR EVALUATION		
П	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils.		
		Negative for intraepithelial lesion/ malignancy.		
III	RESULT			
a	EPITHEIAL CELL			
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN		
	GLANDULAR CELL ABNORMALITIES	NOT SEEN		
b	ORGANISM	NIL		
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY		

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR

Page 13 of 14











: Mrs.HARSHITA TEWARI

Age/Gender

: 35 Y 11 M 2 D/F

UHID/MR No

: CINR.0000158783

Visit ID

: CINROPV210292

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 9838879287 Collected

: 11/Nov/2023 03:00PM

Received

: 12/Nov/2023 06:00PM

Reported

: 14/Nov/2023 01:29PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

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

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

Dr. Reshma Stanly M.B.B.S, DNB (Pathology) Consultant Pathologist

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

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

Page 14 of 14



SIN No:CS070112

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

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

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





Name : Mrs. Harshita Tewari

Age: 35 Y

Sex: F

Address: bangalore

Plan

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:CINR.0000158783

1,110,100,000,158,783

OP Number:CINROPV210292

Bill No :CINR-OCR-90568 **Date :** 11.11.2023 08:13

Sno	Serive Type/ServiceName	Department					
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECH	IO - PAN INDIA - FY2324					
	URINE GLUCOSE(FASTING)						
	2 GAMMA GLUTAMYL TRANFERASE (GGT)						
	HbAIc, GLYCATED HEMOGLOBIN						
	2-DECHO - 9 Time 9:40 AM						
_	LIVER FUNCTION TEST (LFT)						
L	X-RAY CHEST PA						
1	GLUCOSE, FASTING						
	HEMOGRAM + PERIPHERAL SMEAR						
, ,	ENT CONSULTATION						
. 10	FITNESS BY GENERAL PHYSICIAN						
1	11 GYNAECOLOGY CONSULTATION						
1	12 DIET CONSULTATION						
1	COMPLETE URINE EXAMINATION						
_	4 URINE GLUCOSE(POST PRANDIAL)						
	5 PERIPHERAL SMEAR						
	GECC = 6						
-	7 BLOOD GROUP ABO AND RH FACTOR						
	18 LIPID PROFILE						
1	9 BODY MASS INDEX (BMI)						
	OLBC PAP TEST- PAPSURE						
	21 OPTHAL BY GENERAL PHYSICIAN = 5						
	722 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)						
	23 ULTRASOUND - WHOLE ABDOMEN - 9						
	4 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)						
	5 DENTAL CONSULTATION —)						
2	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)						

27. Wit D - \$199 f. Wit B12 71670 28- Nicamai Durant Vereining - 15

£999





: 11-11-2023

Department

: GENERAL

MR NO

CINR.0000158783

Doctor

Name

Mrs. Harshita Tewari

Registration No

Qualification

Age/ Gender

/ Female 35 Y

Consultation Timing: 08:12

Waist Circum: BMI: Weight: 1610mm Height: Resp: Pulse: Temp:

General Examination / Allergies

History

Clinical Diagnosis & Management Plan

PA-Proposition (1) Papedone

Follow up date:

Doctor Signature

OPTHAL PRESCRIPTION

PATIENT NAME: nurs. Harshota: Tewani

DATE: uluh3

UHID NO: 1 58783

AGE 35

OPTOMETRIST NAME: Ms.Swathi

GENDER: ⊱ ~

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

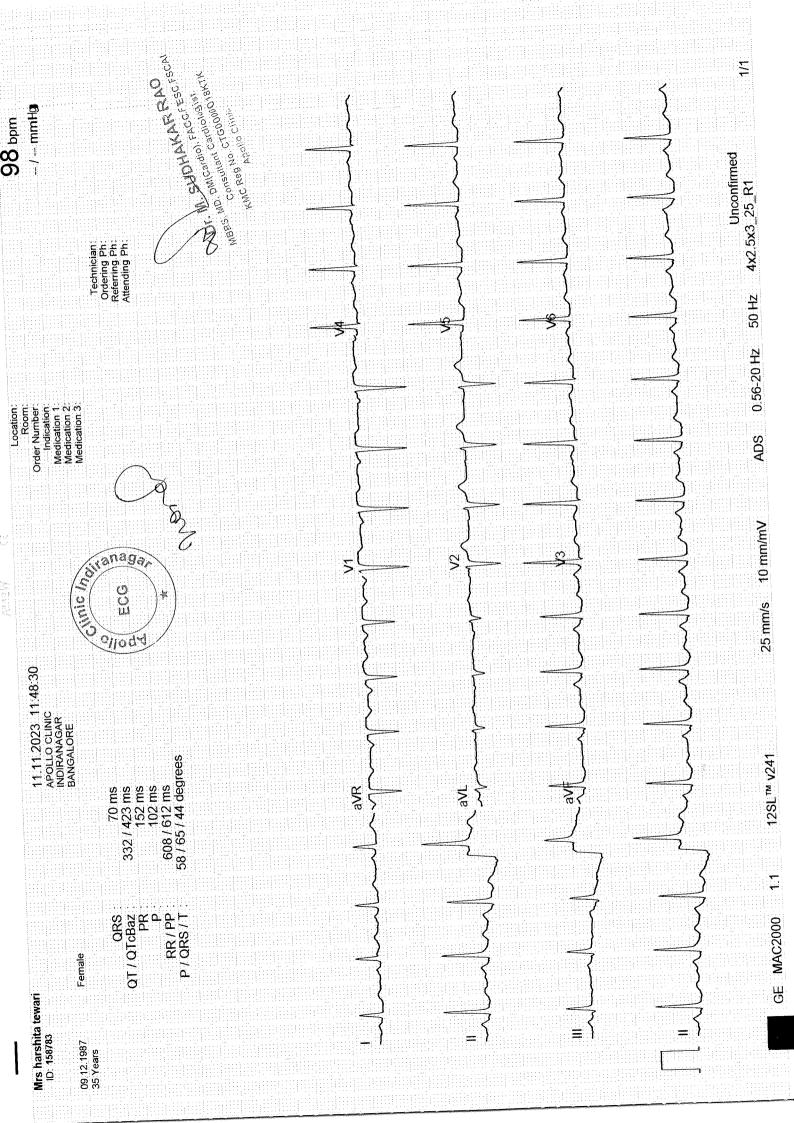
T	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	1-7-5				1.75			
Add								

PD - RE: 31 LE: 31

Colour Vision: nonmal (B6)

Remarks:

Apollo clinic Indiranagar





LETTER OF APPROVAL / RECOMMENDATION

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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

Annual Health Checkup provided by ye	Ou III Comm
	EMPLOYEE DETAILS
PARTICULARS	MS. TEWARI HARSHITA
NAME	163282
EC NO.	JOINT MANAGER
DESIGNATION	BANGALORE,KOTHANUR
PLACE OF WORK	09-12-1987
BIRTHDATE	11-11-2023
PROPOSED DATE OF HEALTH	
CHECKUP	23D163282100071446E
BOOKING REFERENCE NO.	

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 **07-10-2023** 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 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))





Patient Name : Mrs. Harshita Tewari Age/Gender : 35 Y/F

UHID/MR No.

: CINR.0000158783

Sample Collected on :

LRN#

: RAD2148077

Ref Doctor : SELF **Emp/Auth/TPA ID** : 9838879287 OP Visit No Reported on : CINROPV210292 : 11-11-2023 20:12

Specimen :

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Bilateral lung fields appear normal.

Cardiac size is normal.

Bilateral hila appears normal.

Bilateral CP angle appear normal.

Left cervical rub seen.

Dr. PRIYA B

MBBS, MD (Radiology)

Radiology



Patient Name : Mrs. Harshita Tewari Age/Gender : 35 Y/F

 UHID/MR No.
 : CINR.0000158783
 OP Visit No
 : CINROPV210292

 Sample Collected on
 :
 Reported on
 : 11-11-2023 16:11

Ref Doctor : SELF Emp/Auth/TPA ID : 9838879287

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 9.9x4.7 cm.

Left kidney measures 9.6x5.0 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 5 mm.

OVARIES: Both ovaries appearing normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY