





: Mrs.SABITHA P

Age/Gender UHID/MR No : 39 Y 8 M 21 D/F : CANN.0000230170

Visit ID

Ref Doctor

: CANNOPV381790

Emp/Auth/TPA ID

: Dr.SELF : bob166209 Collected

: 09/Dec/2023 08:56AM

Received : 09/Dec/2023 12:38PM

: 09/Dec/2023 02:09PM

Reported 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

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

METHODOLOGY

: Microscopic.

RBC MORPHOLOGY

: 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.

IMPRESSION

: Normocytic normochromic blood picture.

NOTE/ COMMENT

: Please correlate clinically.

Page 1 of 15











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DEPARTMENT OF HAEMATOLOGY

Tost Name	Posult	Unit	Pie Pef Penge	Mothod
ARCOFEMI - MEDIWHEEL - FULL BOD	Y HEALTH ANNUAL	PLUS CHECK -	- FEMALE - 2D ECHO -	PAN INDIA - FY2324

lest Name	Result	Unit	Bio. Ref. Range	Method
		-		

HAEMOGLOBIN	13.4	g/dL	12-15	Spectrophotometer
PCV	38.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.59	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	83.4	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	35	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	59.1	%	40-80	Electrical Impedance
LYMPHOCYTES	32.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.0	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5555.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3045.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	188	Cells/cu.mm	20-500	Calculated
MONOCYTES	582.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.2	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	297000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	29	mm at the end of 1 hour	0-20	Modified Westergrei
ERIPHERAL SMEAR				

METHODOLOGY

: Microscopic.

RBC MORPHOLOGY

: Predominantly normocytic normochromic RBC's noted.

WBC MORPHOLOGY

: Normal in number, morphology and distribution. No abnormal cells seen.

PLATELETS

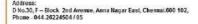
: Adequate in number.

PARASITES

: No haemoparasites seen.

Page 2 of 15

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











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DEPARTMENT OF HAEMATOLOGY

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

Test Name Unit Result Bio. Ref. Range Method

IMPRESSION

: Normocytic normochromic blood picture.

NOTE/ COMMENT

: Please correlate clinically.

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SIN No:BED230303703
This test has been performed at Apollo Health and Lifestyle Ltd. RRL ASHOK NAGAR This test has been performed at Apollo Health and Lifestyle Ltd. - Chennai, Diagnostics Laboratory.







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: 09/Dec/2023 04:12PM

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: ARCOFEMI HEALTHCARE LIMITED

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

Test Name Unit Result Bio. Ref. Range Method

BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDTA	
BLOOD GROUP TYPE	В	Microplate Hemagglutination
Rh TYPE	Positive	Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY

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Collected

: 09/Dec/2023 08:56AM

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: 09/Dec/2023 12:42PM : 09/Dec/2023 01:07PM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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

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: 09/Dec/2023 01:08PM

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: 09/Dec/2023 04:19PM

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: 09/Dec/2023 05:15PM

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, POST PRANDIAL (PP), 2	84	mg/dL	70-140	HEXOKINASE
HOURS , SODIUM FLUORIDE PLASMA (2		_		
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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DEPARTMENT OF BIOCHEMISTRY

Reported

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

HBA1C, GLYCATED HEMOGLOBIN,	5.9	%	HPLC
WHOLE BLOOD EDTA			
ESTIMATED AVERAGE GLUCOSE (eAG).	123	ma/dL	Calculated

Comment:

WHOLE BLOOD EDTA

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.

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:EDT230111685
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.





Patient Name : Mrs.SABITHA P

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: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

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	207	mg/dL	<200	CHO-POD
TRIGLYCERIDES	118	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	156	mg/dL	<130	Calculated
LDL CHOLESTEROL	132.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.06		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.

Page 8 of 15

SIN No:SE04564141
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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







: Mrs.SABITHA P

Age/Gender UHID/MR No : 39 Y 8 M 21 D/F : CANN.0000230170

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Emp/Auth/TPA ID : bob166209 Collected : 09/Dec/2023 08:56AM

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: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF BIOCHEMISTRY	
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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	0.64	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	67.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		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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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BOD	Y 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) , SERU	JM		
CREATININE	0.64	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	17.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)

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SIN No:SE04564141

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Apollo Health and Lifestyle Limited (CIN-US\$110TG2000PLC115819)

Address:

DNo.30, F-Block 2nd Avenue, Anna Na





: Mrs.SABITHA P

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: 09/Dec/2023 08:56AM

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: 09/Dec/2023 12:38PM : 09/Dec/2023 01:44PM

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: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2	2324
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Test Name	Result	Unit	Bio. Ref. Range	Method
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GAMMA GLUTAMYL TRANSPEPTIDASE	19.00	U/L	<38	IFCC
(GGT), SERUM				

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Patient Name : Mrs.SABITHA P

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Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bob166209 Collected : 09/Dec/2023 08:56AM

Received : 09/Dec/2023 12:33PM Reported : 09/Dec/2023 01:37PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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)	0.98	ng/mL	0.7-2.04	CLIA		
THYROXINE (T4, TOTAL)	9.60	μg/dL	5.48-14.28	CLIA		
THYROID STIMULATING HORMONE (TSH)	1.448	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	Т3	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

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: 09/Dec/2023 08:56AM

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: 09/Dec/2023 04:28PM

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: 09/Dec/2023 06:04PM : 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 Unit Result Bio. Ref. Range Method

COMPLETE URINE EXAMINATION (C	UE) , <i>URINE</i>			- 1 - 3
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLOUDY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		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	v	NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY			
PUS CELLS	5-7	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Reported Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telanga

SIN No: UPP015977, UF009953
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)









: Mrs.SABITHA P

Age/Gender UHID/MR No : 39 Y 8 M 21 D/F

Visit ID

: CANN.0000230170

Ref Doctor

: CANNOPV381790

Emp/Auth/TPA ID

: Dr.SELF : bob166209 Collected

: 09/Dec/2023 08:56AM

Received

: 10/Dec/2023 10:27AM

Reported Status

: 11/Dec/2023 12:17PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

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

	CYTOLOGY NO.	20552/23
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.
Ш	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 ***

Lyanlao

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

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

SIN No: CS071074
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR.
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

Dr.A.Kalyan Rao M.B.B.S, M.D (Pathology) Consultant Pathologist

Page 15 of 15



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



: CANNOPV381790

: 10-12-2023 10:09

: Mrs. SABITHA P : 39 Y/F **Patient Name** Age/Gender

UHID/MR No. : CANN.0000230170

Sample Collected on :

LRN#

: RAD2173256

Ref Doctor : SELF Emp/Auth/TPA ID : bob166209

DEPARTMENT OF RADIOLOGY

OP Visit No

Reported on

Specimen

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology. Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 8.1 cms.

Portal and splenic veins appear normal. No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 9.7 x 3.5cms.

Left kidney measures 10.3 x 4.0cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus -not visualised (H/O surgery)

Right ovary -not visualised (H/O surgery)

Left ovary -Atrophic -(postmenopausal status)

Bladder is normal in contour.

IMPRESSION:

*NO SIGNIFICANT ABNORMALITY DETECTED

DISCLAIMER: THIS US SCREENING STUDY IS BASED ON SOUND WAVES AND REFLECTION. NOT A DIRECT VISUALISATION OF ORGANS, BASED ON PATIENT HABITUS. BOWEL GAS OBSCURATION AND OTHER FACTORS, MANY CONDITIONS MAY NOT BE PICKED UP BY US STUDY AND SHOULD BE TREATED WITH CLINICAL CORRELATION. NOT AN MLC DOCUMENT.



Dr. ASHIQ MOHAMMED JEFFREY

MD Radiology



Patient Name : Mrs. SABITHA P Age/Gender : 39 Y/F

UHID/MR No.

: CANN.0000230170

Sample Collected on :

LRN#

: RAD2173256

Ref Doctor : SELF Emp/Auth/TPA ID : bob166209

OP Visit No Reported on Specimen

: CANNOPV381790 : 09-12-2023 15:02

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

*NO SIGNIFICANT ABNORMALITY DETECTED.

Dr. PRAVEENA SHEKAR T MBBS, DMRD, FAGE

Radiology





இந்திய அரசாங்கம்

பதிவு அடையாளம் / Enrollment No.: 1110/91998/24180 CANN- 230170 OCR- 97616

To

சபிதா பு

Sabitha P

W/O: Vijayanand

5 30 MELAPPASALAI MANAMADURAI

Keelapasalai

Melapasalai

Manamadurai Sivaganga

Tamil Nadu 630606

9994080463



உங்கள் ஆதார் எண் / Your Aadhaar No. :

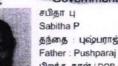
6361 7559 0991

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



இந்திய அரசாங்கம்

Government of India



Sabitha P தந்தை : புஷ்பராஜ்

பிறந்த நாள் / DOB : 19/03/1984

பெண்பால் / Female



6361 7559 0991 அதிகாரம் அதிகாரம் இவின் அதிகாரம் இவின் அதிகாரம்



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	SABITHA P
DATE OF BIRTH	19-03-1984
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-12-2023
BOOKING REFERENCE NO.	23D166209100078240S
	SPOUSE DETAILS
EMPLOYEE NAME	MR. P VIJAY ANAND
EMPLOYEE EC NO.	166209
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	CHENNAI, VEL-TECH ENGINEERING
EMPLOYEE BIRTHDATE	21-07-1977

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 06-12-2023 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))





OPHTHALMOLOGY



Occupation: Age: Sex: Male Financial Financia	Oabithar P Joate: 9112123 Reg. No.: 23017 Ref. Physician: Copies to::			
REP	ORT ON OPHTHALMIC EXAMIN	ATION		
History:	Neu			
Present Complaint:	Reguired Eyete	st.		
ON EXAMINATION:	RE	LE		
Ocular Movements : Anterior Segment :	hu	Full		
Intra-Ocular-Pressure : Visual Acuity: D.V. :	N	N		
With Glass :	6/ P	6/9		
N.V.: Visual Fields:	19	Me.		
Fundus : Impression :	No	Rid		
Advice : Colour Vision :	N	OPHTHALMOLOGY / OPTOMETRIST		













As . Sahitha . P

9/12/23

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

General Examination / Allergies History

No major do

Shirically Eart

. Dr. SRINIVASAN.V M.B.B.S, M.SIENT), DNB(ENT), MRCSed (ENT) (UK) ENT, HEAD & NECK SURGERY
Reg No: 121266

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.





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

General Examination / Allergies History

Ro Plan

-) Adv Implant 6to

-) Adv Restoration Trs

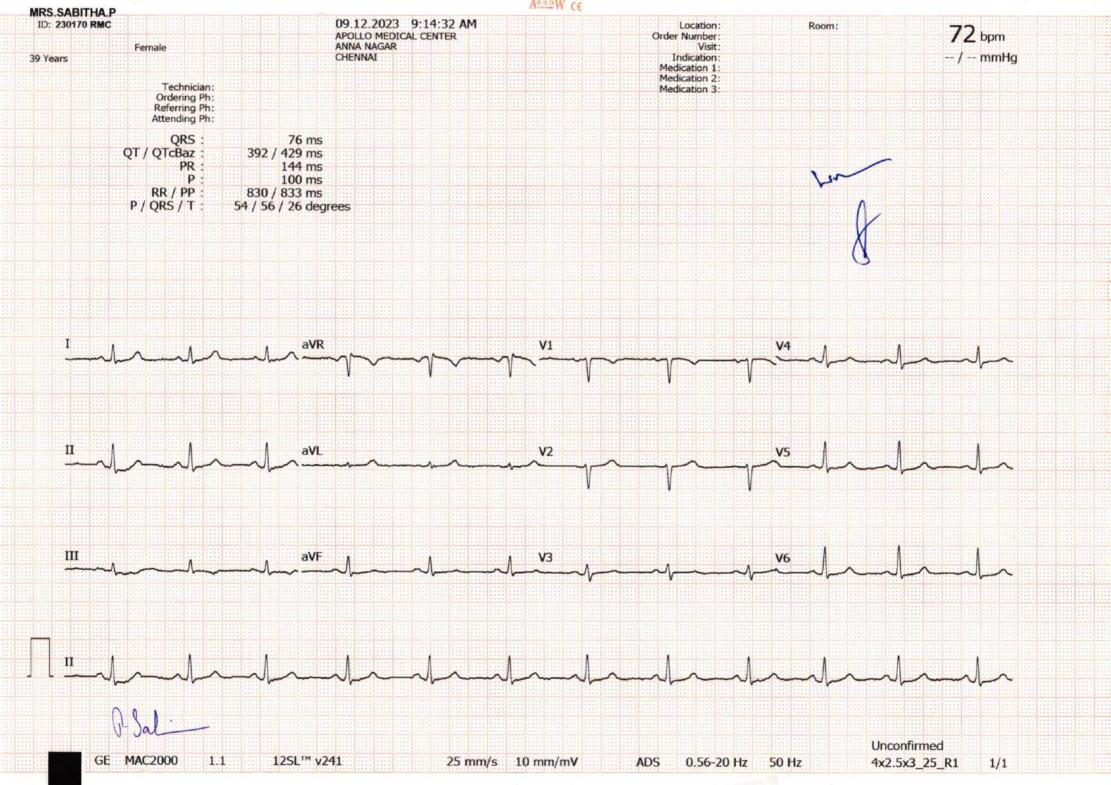
> Adv x of +

CBCI Full mouth.
Vi - Scar

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.



UHID : CANN.0000230170 OP Visit No : CANNOPV381790 Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 09-12-2023 14:14

Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.4CM LA (es) 3.2 CM LVID (ed) 3.6 CM LVID (es) 3.2CM IVS (Ed) 0.9CM LVPW (Ed) 1.0 CM EF 65% %FD 35 %

MITRAL VALVE:

AML

PML

NORMAL

NORMAL

AORTIC VALVE

NORMAL

TRICUSPID VALVE

NORMAL

PULMONARY VALVE NORMAL RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

PULMONARY ARTERY
AORTA
NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

LEFT VENTRICLE NORMAL

PERICARDIUM NORMAL

UHID : CANN.0000230170 OP Visit No : CANNOPV381790 Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 09-12-2023 14:14

Referred By : SELF

DOPPLER STUDIES MITRAL INFLOW: E: 0.5 m/sc A: 0.4m/sc

Velocity / Gradient Across Pulmonic Valve : 0.7 m/sc

Velocity / Gradient Across Aortic Valve: 0.8m/sc

IMPRESSION:

TACHYCARDIAC OBSERVD DURING STUDY (HR-102bpm)

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR FUNCTION (EF-65%)

NORMAL CHAMBER DIMENSION & VALVES

STRUCTURALLY VALVES ARE NORMAL

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE.

Rakesh Gopal

UHID : CANN.0000230170 OP Visit No : CANNOPV381790 Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 09-12-2023 14:14

Referred By : SELF

Dr. RAKESH P GOPAL

UHID : CANN.0000230170 OP Visit No : CANNOPV381790 Reported By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 09-12-2023 15:32

Referred By : SELF

ECG REPORT

Observation:-

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 72 beats per minutes.

Impression:

NORMAL RESTING ECG.

---- END OF THE REPORT -----

Dr. ARULNITHI AYYANATHAN