CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of Mrs. Veena Chandra on 13/01/2023

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
• Medically Fit	✓
• Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1..... 2..... 3..... However the employee should follow the advice/medication that has been communicated to him/her. Review after_____	
• Currently Unfit. Review after _____recommended	
• Unfit	

Dr. _____
Medical Officer

This certificate is not meant for medico-legal purposes

Customer Pending Tests
OPTHAL CHECKUP

Patient Name	: Mrs. Veena Chandra	**Age/Gender**	: 46 Y/F
UHID/MR No.	: CMAR.0000337440	**OP Visit No**	: CMAROPV763454
Sample Collected on	:	**Reported on**	: 13-01-2024 14:03
LRN#	: RAD2207460	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 320761		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size (15.0cm), shape and shows diffuse increase in echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size 12.2cm and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

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 8.9cm and parenchymal thickness measures 1.6cm.
Left kidney measures 9.9cm and parenchymal thickness measures 1.5cm.

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

UTERUS: appears normal in size, measuring 6.9x6.3x4.2cm. **and shows few seedling fibroids,largest measuring 10.9x9mm.** The endometrial lining appears intact. Endometrium measures 7.9mm.

OVARIES: Both ovaries appear normal in size and echopattern.
Right ovary measures 2.1x1.7cm.
Left ovary measures 2.5x1.9cm.

No free fluid is seen.

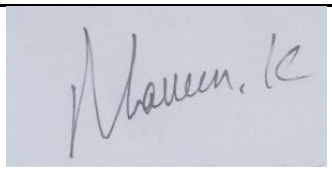
Visualized bowel loops appears normal.

IMPRESSION:
GRADE I FATTY INFILTRATION OF LIVER.
FEW SEEDLING FIBROIDS IN UTERUS.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :
1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically;this report is not valid for medicolegal purpose
3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
4.Printing mistakes should immediately be brought to notice for correction.
5.This is USG Abdomen screening.

Patient Name	: Mrs. Veena Chandra	**Age/Gender**	: 46 Y/F



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Apollo TOUCHING LIVES

MC-6146

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Patient Name	: Mrs.VEENA CHANDRA	Collected	: 13/Jan/2024 09:15AM
Age/Gender	: 46 Y 10 M 12 D/F	Received	: 13/Jan/2024 12:38PM
UHID/MR No	: CMAR.0000337440	Reported	: 13/Jan/2024 04:03PM
Visit ID	: CMAROPV763454	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 320761		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**11**	g/dL	12-15	Spectrophotometer
PCV	**34.50**	%	36-46	Electronic pulse & Calculation
RBC COUNT	**3.78**	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	91.3	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	**16.6**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	**3,930**	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63.2	%	40-80	Electrical Impedance
LYMPHOCYTES	28.7	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2483.76	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1127.91	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	78.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	231.87	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.86	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	**101000**	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**32**	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				
RBCs: are normocytic normochromic				

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

SIN No:BED240009294

Patient Name	: Mrs.VEENA CHANDRA	Collected	: 13/Jan/2024 09:15AM
Age/Gender	: 46 Y 10 M 12 D/F	Received	: 13/Jan/2024 12:38PM
UHID/MR No	: CMAR.0000337440	Reported	: 13/Jan/2024 04:03PM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

PLATELETS: appear decreased in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA WITH THROMBOCYTOPENIA.

Kindly correlate clinically.

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

SIN No:BED240009294

Patient Name	: Mrs.VEENA CHANDRA	Collected	: 13/Jan/2024 09:15AM
Age/Gender	: 46 Y 10 M 12 D/F	Received	: 13/Jan/2024 12:38PM
UHID/MR No	: CMAR.0000337440	Reported	: 13/Jan/2024 07:47PM
Visit ID	: CMAROPV763454	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 320761		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

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

SIN No:BED240009294

Patient Name	: Mrs.VEENA CHANDRA	Collected	: 13/Jan/2024 09:15AM
Age/Gender	: 46 Y 10 M 12 D/F	Received	: 13/Jan/2024 12:47PM
UHID/MR No	: CMAR.0000337440	Reported	: 13/Jan/2024 02:53PM
Visit ID	: CMAROPV763454	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 320761		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	**111**	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 occasions.

2. 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	**5.8**	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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

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

SIN No:EDT240003948

Patient Name	: Mrs.VEENA CHANDRA	Collected	: 13/Jan/2024 09:15AM
Age/Gender	: 46 Y 10 M 12 D/F	Received	: 13/Jan/2024 12:47PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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)

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

SIN No:EDT240003948

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**202**	mg/dL	<200	CHO-POD
TRIGLYCERIDES	**170**	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	**155**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**120.6**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	**34**	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.29		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.

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

SIN No:SE04599856

Patient Name	: Mrs.VEENA CHANDRA	Collected	: 13/Jan/2024 09:15AM
Age/Gender	: 46 Y 10 M 12 D/F	Received	: 13/Jan/2024 12:25PM
UHID/MR No	: CMAR.0000337440	Reported	: 13/Jan/2024 02:00PM
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Emp/Auth/TPA ID	: 320761		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

SIN No:SE04599856

Patient Name	: Mrs.VEENA CHANDRA	Collected	: 13/Jan/2024 09:15AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.81	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.69	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	96.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.03	g/dL	6.6-8.3	Biuret
ALBUMIN	4.58	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.45	g/dL	2.0-3.5	Calculated
A/G RATIO	1.87		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.

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

SIN No:SE04599856

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

• 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.

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

SIN No:SE04599856

Patient Name	: Mrs.VEENA CHANDRA	Collected	: 13/Jan/2024 09:15AM
Age/Gender	: 46 Y 10 M 12 D/F	Received	: 13/Jan/2024 12:25PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.68	mg/dL	0.51-0.95	Jaffe's, Method
UREA	**12.70**	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	**5.9**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	**7.27**	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.76	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)

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

SIN No:SE04599856

Patient Name	: Mrs.VEENA CHANDRA	Collected	: 13/Jan/2024 09:15AM
Age/Gender	: 46 Y 10 M 12 D/F	Received	: 13/Jan/2024 12:25PM
UHID/MR No	: CMAR.0000337440	Reported	: 13/Jan/2024 01:51PM
Visit ID	: CMAROPV763454	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 320761		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	17.00	U/L	<38	IFCC

DR.SHIVARAJA SHETTY
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CONSULTANT BIOCHEMIST

SIN No:SE04599856

Patient Name	: Mrs.VEENA CHANDRA	Collected	: 13/Jan/2024 09:15AM
Age/Gender	: 46 Y 10 M 12 D/F	Received	: 13/Jan/2024 12:39PM
UHID/MR No	: CMAR.0000337440	Reported	: 13/Jan/2024 04:22PM
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Emp/Auth/TPA ID	: 320761		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.71	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	**6.590**	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	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

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

SIN No:SPL24006195

Patient Name	: Mrs.VEENA CHANDRA	Collected	: 13/Jan/2024 09:15AM
Age/Gender	: 46 Y 10 M 12 D/F	Received	: 13/Jan/2024 12:39PM
UHID/MR No	: CMAR.0000337440	Reported	: 13/Jan/2024 04:22PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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

SIN No:SPL24006195

Patient Name	: Mrs.VEENA CHANDRA	Collected	: 13/Jan/2024 09:14AM
Age/Gender	: 46 Y 10 M 12 D/F	Received	: 13/Jan/2024 01:12PM
UHID/MR No	: CMAR.0000337440	Reported	: 13/Jan/2024 02:32PM
Visit ID	: CMAROPV763454	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 320761		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE ++		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	10-12	/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

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

SIN No:UR2262019

Patient Name	: Mrs.VEENA CHANDRA	Collected	: 13/Jan/2024 09:14AM
Age/Gender	: 46 Y 10 M 12 D/F	Received	: 13/Jan/2024 01:12PM
UHID/MR No	: CMAR.0000337440	Reported	: 13/Jan/2024 02:32PM
Visit ID	: CMAROPV763454	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 320761		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

Result/s to Follow:
PERIPHERAL SMEAR

Dr.Shobha Emmanuel
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Consultant Pathologist

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