


Patient Name : Mrs.NAVANEETHA B	Collected : 23/Mar/2024 12:04PM
Age/Gender : 43 Y 2 M 22 D/F	Received : 23/Mar/2024 04:25PM
UHID/MR No : CUPP.0000086931	Reported : 23/Mar/2024 05:26PM
Visit ID : CUPPOPV131390	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 521546/UBOIE4422	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	9	g/dL	12-15	Spectrophotometer
PCV	27.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.02	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	68.1	fL	83-101	Calculated
MCH	22.4	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	19.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,940	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.3	%	40-80	Electrical Impedance
LYMPHOCYTES	27.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	9.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4708.42	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2215.26	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	269.96	Cells/cu.mm	20-500	Calculated
MONOCYTES	738.42	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.94	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.13		0.78- 3.53	Calculated
PLATELET COUNT	338000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	43	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC- MICROCYTIC HYPOCHROMIC.MILD DEGREE OF ANISOPOIKILOCYTOSIS WITH TEAR DROP CELLS,ELLIPTOCYTES AND OVALOCYTES SEEN.


Dr. B Pavani
 M.B.B.S, M.D(pathalogy)
 Consultant Pathologist



SIN No:BED240080583

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


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DEPARTMENT OF HAEMATOLOGY

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

WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA
KINDLY CORRELATE WITH IRON STUDIES.


Dr. B Pavani
M.B.B.S, M.D(pathalogy)
Consultant Pathologist

SIN No:BED240080583

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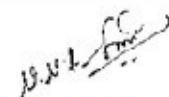


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UHID/MR No : CUPP.0000086931	Reported : 23/Mar/2024 07:50PM
Visit ID : CUPPOPV131390	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	B			Microplate technology
Rh TYPE	Positive			Microplate technology


Dr.SRINIVAS N.S.NORI
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CONSULTANT PATHOLOGY

SIN No:BED240080583

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Age/Gender : 43 Y 2 M 22 D/F	Received : 23/Mar/2024 04:50PM
UHID/MR No : CUPP.0000086931	Reported : 23/Mar/2024 06:17PM
Visit ID : CUPPOPV131390	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	84	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.

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SIN No:PLF02132445

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

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 R R District., Uppal, Hyderabad, Telangana, India - 500039



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Patient Name : Mrs.NAVANEETHA B	Collected : 23/Mar/2024 02:57PM
Age/Gender : 43 Y 2 M 22 D/F	Received : 24/Mar/2024 10:39AM
UHID/MR No : CUPP.0000086931	Reported : 24/Mar/2024 11:00AM
Visit ID : CUPPOPV131390	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	88	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.

K. Anusha

Dr.K.Anusha
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Consultant Biochemist

SIN No:PLP1436703

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Age/Gender : 43 Y 2 M 22 D/F	Received : 23/Mar/2024 04:38PM
UHID/MR No : CUPP.0000086931	Reported : 23/Mar/2024 06:36PM
Visit ID : CUPPOPV131390	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 521546/UBOIE4422	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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.
- 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:EDT240037060

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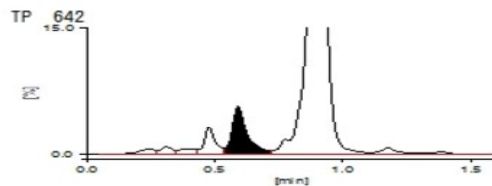
Chromatogram Report

HLC72368 V5.28 1 2024-03-23 18:00:54
 ID EDT240037060
 Sample No. 03230266 SL 0018 - 10
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.24	7.75
A1B	0.6	0.31	8.58
F	0.5	0.41	7.74
LA1C+	1.8	0.48	27.48
SA1C	5.7	0.59	66.85
AO	92.7	0.90	1414.82
H-V0			
H-V1			
H-V2			

Total Area 1533.22

HbA1c 5.7 % IFCC 39 mmol/mol
 HbA1 6.7 % HbF 0.5 %



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SIN No:EDT240037060

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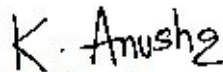
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHO-POD
TRIGLYCERIDES	186	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	86.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	37.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.95		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.29		<0.11	Calculated


Comment:

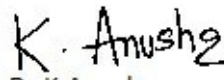
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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.


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SIN No:SE04673727

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- 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 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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 M.B.B.S.,M.D(Biochemistry)
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Patient Name : Mrs.NAVANEETHA B	Collected : 23/Mar/2024 12:04PM
Age/Gender : 43 Y 2 M 22 D/F	Received : 23/Mar/2024 04:48PM
UHID/MR No : CUPP.0000086931	Reported : 23/Mar/2024 07:49PM
Visit ID : CUPPOPV131390	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 521546/UBOIE4422	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.38	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	70.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.33	g/dL	6.6-8.3	Biuret
ALBUMIN	4.45	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.88	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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's diseases, Cirrhosis, but the increase is usually not >2.

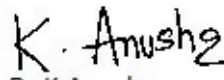
2. Cholestatic Pattern:

- 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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Page 11 of 17
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SIN No:SE04673727

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Patient Name : Mrs.NAVANEETHA B	Collected : 23/Mar/2024 12:04PM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.62	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	16.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.64	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.22	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.46	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.33	g/dL	6.6-8.3	Biuret
ALBUMIN	4.45	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.88	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated

Maruthi...
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



SIN No:SE04673727

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Patient Name : Mrs.NAVANEETHA B	Collected : 23/Mar/2024 12:04PM
Age/Gender : 43 Y 2 M 22 D/F	Received : 23/Mar/2024 04:48PM
UHID/MR No : CUPP.0000086931	Reported : 23/Mar/2024 06:54PM
Visit ID : CUPPOPV131390	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 521546/UBOIE4422	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	<38	IFCC

K. Anusha
Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist

SIN No:SE04673727

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Patient Name : Mrs.NAVANEETHA B	Collected : 23/Mar/2024 12:04PM
Age/Gender : 43 Y 2 M 22 D/F	Received : 23/Mar/2024 04:48PM
UHID/MR No : CUPP.0000086931	Reported : 23/Mar/2024 06:14PM
Visit ID : CUPPOPV131390	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 521546/UBOIE4422	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.69	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.82	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.562	µIU/mL	0.38-5.33	CLIA

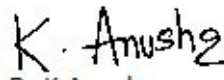
Comment:

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


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Patient Name : Mrs.NAVANEETHA B
Age/Gender : 43 Y 2 M 22 D/F
UHID/MR No : CUPP.0000086931
Visit ID : CUPPOPV131390
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 521546/UBOIE4422

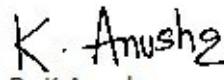
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Received : 23/Mar/2024 04:48PM
Reported : 23/Mar/2024 06:14PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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


Dr.E.Maruthi Prasad
PhD (Biochemistry)
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Patient Name : Mrs.NAVANEETHA B	Collected : 23/Mar/2024 12:04PM
Age/Gender : 43 Y 2 M 22 D/F	Received : 24/Mar/2024 10:32AM
UHID/MR No : CUPP.0000086931	Reported : 24/Mar/2024 11:13AM
Visit ID : CUPPOPV131390	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 521546/UBOIE4422	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE ++		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	10-12	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


 Dr.KASULA SIDDARTHA
 M.B.B.S,DNB(Pathology)
 Consultant Pathologist

SIN No:UR2314842

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Page 16 of 17
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Patient Name : Mrs.NAVANEETHA B	Collected : 23/Mar/2024 12:04PM
Age/Gender : 43 Y 2 M 22 D/F	Received : 24/Mar/2024 10:31AM
UHID/MR No : CUPP.0000086931	Reported : 24/Mar/2024 11:13AM
Visit ID : CUPPOPV131390	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 521546/UBOIE4422	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

Result/s to Follow:

PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)



Dr.KASULA SIDDARTHA
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Page 17 of 17
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SIN No:UF011424

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Patient Name : Mrs. NAVANEETHA B

Age/Gender : 43 Y/F

UHID/MR No. : CUPP.0000086931

OP Visit No : CUPPOPV131390

Sample Collected on :

Reported on : 23-03-2024 20:10

LRN# : RAD2279442

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 521546/UBOIE4422

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

Real time B–Mode USG of both breasts:

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

CONCLUSION : No significant abnormality is seen in this study.

Consultant Radiologist.

(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. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Patient Name	: Mrs. NAVANEETHA B	Age/Gender	: 43 Y/F
UHID/MR No.	: CUPP.0000086931	OP Visit No	: CUPPOPV131390
Sample Collected on	:	Reported on	: 23-03-2024 20:22
LRN#	: RAD2279442	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 521546/UBOIE4422		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 130 mm and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal in size 73 mm. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney : 93 x 43 mm. **Left kidney** : 99 x 48 mm.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus bulky in size measuring 104 x 65 x 79 mm. Altered myometrial echotexture multiple well defined hypoechoic lesions of size (15 - 25 mm) noted in and arising from anterior and posterior walls. Suggestive of intramural and subserosal fibroids. Thickened endometrium 21 mm well defined hyperechoic lesion in endometrial cavity showing faint vascularity. Suggestive of endometrial polyp.

Both ovaries appear normal in size, shape and echotexture.

Right ovary : 25 x 25 mm. **Left ovary** : 25 x 21 mm.

No evidence of any adnexal pathology noted.

IMPRESSION:-

* **BULKY UTERUS WITH ALTEED MYOMETRIAL ECHOTEXTURE AND THICKENED ENDOMETRIUM.**

* **MULTIPLE INTRAMURAL AND SUBSEROSAL FIBROIDS AS DESCRIBED.**

* **WELL DEFINED HYPOECHOIC LESION IN ENDOMETRIAL CAVITY SHOWING FAINT VASCULARITY.SUGGESTIVE OF ENDOMETRIL POLYP.**

Patient Name : Mrs. NAVANEETHA B

Age/Gender : 43 Y/F

Suggest – clinical correlation.

(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. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Patient Name : Mrs. NAVANEETHA B

Age/Gender : 43 Y/F

UHID/MR No. : CUPP.0000086931

OP Visit No : CUPPOPV131390

Sample Collected on :

Reported on : 23-03-2024 18:00

LRN# : RAD2279442

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 521546/UBOIE4422

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. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Patient Name : Mrs. NAVANEETHA B Age : 43 Y/F
UHID : CUPP.0000086931 OP Visit No : CUPPOPV131390
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 25-03-2024 12:23
Referred By : SELF

CARDIOLOGY

CARDIAC STRESS TEST – (TMT)

Angina Pectoria:
NO

Previous MI:
NO

PTCA:
NO

CABG:
NO

HTN:
NO

DM:
NO

Smoking:
NO

Obesity:
NO

Lipidemia:
NO

Resting ECG Supine:
133 BPM

Standing:
155 BPM

Protocol Used:
BRUCE

Monitoring Leads:
12 LEADS

Patient Name	: Mrs. NAVANEETHA B	Age	: 43 Y/F
UHID	: CUPP.0000086931	OP Visit No	: CUPPOPV131390
Conducted By:	: Dr. CH VENKATESHAM	Conducted Date	: 25-03-2024 12:23
Referred By	: SELF		

Grade Achieved:
87%

% HR / METS:

157 BPM / 7.60 METS

Reason for Terminating Test:
MAX HR ATTAINED

Total Exercise Time:
6:11

Symptoms and ECG Changes during Exercise:
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts:
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

INTERPRETATION:

Patient Name : Mrs. NAVANEETHA B Age : 43 Y/F
UHID : CUPP.0000086931 OP Visit No : CUPPOPV131390
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 25-03-2024 12:23
Referred By : SELF

Rhythm:
NORMAL

S.T. Segment :
NORMAL

III Blood Pressure Response :
NORMAL

IV Fitness Response :
GOOD

Impression:

TMT IS NEGATIVE FOR EXERCISE INDUCED ISCHEMIA.

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



Patient Name	: Mrs. NAVANEETHA B	Age	: 43 Y/F
UHID	: CUPP.0000086931	OP Visit No	: CUPPOPV131390
Reported By:	: Dr. CH VENKATESHAM	Conducted Date	: 24-03-2024 12:07
Referred By	: SELF		

ECG REPORT

Observation :-


1. Normal Sinus Rhythm.
2. Heart rate is 85 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL ECG

CORRELATE CLINICALLY.

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



Dr. CH VENKATESHAM