

*27/11/23*

Name : Mrs. Shivangi

Age: 32 Y

UHID: SCHI.0000016430

Address : 44A Kalkaji ext

Sex: F



Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

OP Number: SCHIOPV23380

Bill No : SCHI-OCR-8685

Date : 27.11.2023 09:05

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE (FASTING) ✓	
2	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
3	HbA1c, GLYCATED HEMOGLOBIN ✓	
4	2 D ECHO <i>1 pm Not willing</i>	
5	LIVER FUNCTION TEST (LFT) ✓	
6	X-RAY CHEST PA ✓	
7	GLUCOSE, FASTING ✓	
8	HEMOGRAM + PERIPHERAL SMEAR ✓	
9	ENT CONSULTATION ✓	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION ✓	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION ✓	
14	URINE GLUCOSE (POST PRANDIAL) ✓	
15	PERIPHERAL SMEAR ✓	
16	ECG ✓	
17	BLOOD GROUP ABO AND RH FACTOR ✓	
18	LIPID PROFILE ✓	
19	BODY MASS INDEX (BMI)	
20	LBC PAP TEST- PAPSURE ✓	
21	OPHTHAL BY GENERAL PHYSICIAN ✓	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
23	ULTRASOUND - WHOLE ABDOMEN ✓ ✓	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	
25	DENTAL CONSULTATION ✓	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓	

*EA*

Height: ..... 158 cm  
 Weight: ..... 59.8 kg  
 B.P: ..... 110/82  
 Pulse: ..... 82 /mt  
 SPO<sub>2</sub> - 99%

**PHC\_Desk**

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**From:** noreply@apolloclinics.info  
**Sent:** 23 November 2023 15:10  
**To:** aditya.sharma7@bankofbaroda.co.in  
**Cc:** phc.klc@apollospectra.com; syamsunder.m@apollohl.com;  
cc.klc@apollospectra.com  
**Subject:** Your Apollo order has been confirmed



**Dear shivangi sharma .,**

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **SPECTRA NEHRU ENCLAVE clinic** on **2023-11-27** at **09:30-09:45**.

Payment Mode	<b>Credit</b>
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]</b>

"As stated in the agreement terms, kindly carry all relevant documents such as HR Authorization Letter, Appointment Confirmation Mail, valid government ID proof, company ID card etc. along with you."

**Note:** Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

**Note:** Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.



भारत सरकार  
GOVERNMENT OF INDIA



शिवंगी  
Shivangi

जन्म वर्ष / Year of Birth : 1991  
महिला / Female



2513 4553 8498



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: D/O सुनंद कुमार, हाउस नं २२१  
वार्ड नं ४ रौडा सेक्टर तहसील सदर,  
विलासपुर, हिमाचल प्रदेश, 174001

Address: D/O Sunand Kumar,  
HOUSE NO 221 WARD NO 4  
ROURA SECTOR TEHSIL  
SADAR, Bilaspur (209), Bilaspur,  
Bilaspur, Himachal Pradesh,  
174001

**Dr. Lalit Mohan Parashar**  
MS (ENT)  
Ear, Nose, Throat Specialist and  
Head & Neck Surgeon

For Appointment: +91 11 40465555  
Mob.: +91 9910995018  
MCI No. 4774/85



Srinivasa

32/11  
No Leading ENT Problem

Qr-

Nose - Mild Rhinitis & DNS

Throat - NA

Ears - B/L TM (N)

Voice, Speech and Hearing (N)

Op = ENT Normal

Dr

-2

MONDESLORE 16d

X 2115

27/11/2022

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048  
Ph: 011-40465555, 9910995018 | www.apollospectra.com

**Apollo Specialty Hospital Pvt. Ltd.**

CIN - U85100TG2009PTC099414

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040-4904 7777 | www.apollohl.com



27/11/23

Mr. Shivangi

Self

9/6/23

20/11/23

NCIP/13 mon-h

After history (10) nos - 2

S/E - (1)

border - 20/11/23

27/11/2023

Mrs. Shivangi  
32 Years / Female


C/C :- Regular Dental check - up -

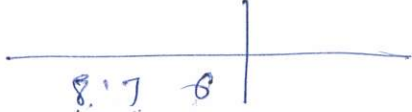
M/H :- N.R.

PDH :- RCT in upper left back region  
in the year 2018, followed by  
crown.

O/E :- Calculus +

faulty ~~Rest~~ prosthesis 

Calcious rest   
Occlusal Caries      Buccal PPI

Advised :- Sealing  
Restoration 

LMP - 2/11/23

no gynec. complaints

PH - nt

breasts (N)

PIA (N)

Internal examination

~~at~~ done ✓

LBC taken

done

AR - 1

Shivangi

32y / F

27/11/23

Bre

Adv

- Lactacyd wash  
daily

- 1tg Gardasil - 4.  
(0, 2, 6) mm  
1/M

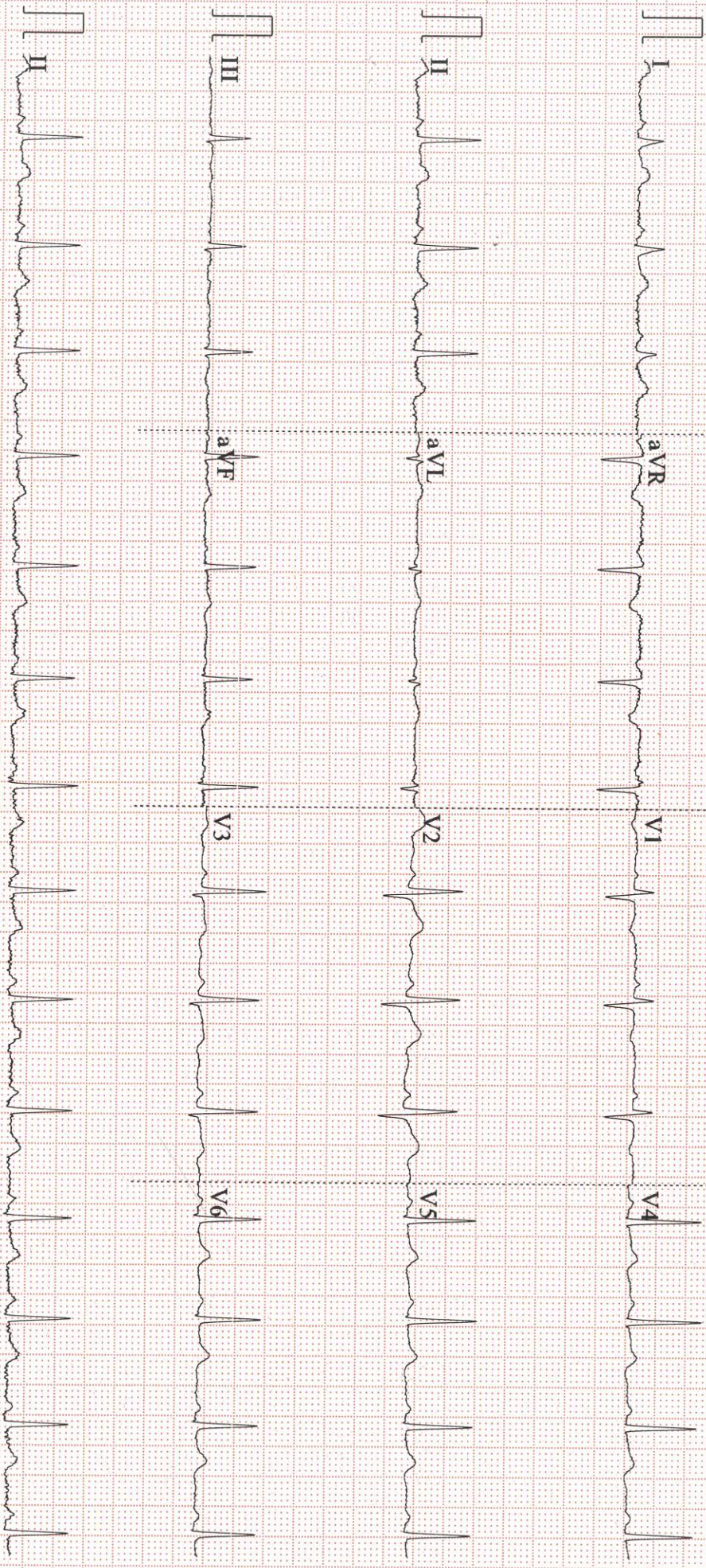
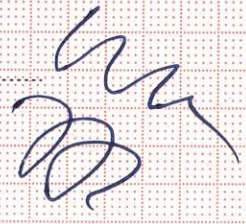


ID: 16430  
Shivangi  
32 Years  
Req. No. :

27-11-2023 10:54:11  
HR : 83 bpm  
P : 83 ms  
PR : 127 ms  
QRS : 79 ms  
QT/QTcBz : 354/418 ms  
P/QRS/T : 44/65/21 °  
RV5/SV1 : 1.113/0.455 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:





<b>NAME :</b>	<b>SHIVANGI</b>	<b>AGE/SEX</b>	<b>32</b>	<b>YRS/ F</b>
<b>UHID :</b>	<b>16430</b>			
<b>REF BY :</b>	<b>APOLLO SPECTRA</b>	<b>DATE:-</b>	<b>27.11.2023</b>	

**ULTRASOUND WHOLE ABDOMEN**

**Liver:** Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Uterus** is antverted and normal in size. It measures 7.6 x 4 cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 6.9 mm

Both ovaries are normal in size ,shape and echotexture.

**Right ovary:** 3.1 x 1.5 cm

**Left ovary:** 2.7 x 1.5 cm

No obvious adenexal mass is seen. No free fluid seen.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY.**

**Please correlate clinically and with lab. Investigations.**

  
**DR. MONICA CHHABRA**  
CONSULTANT RADIOLOGIST

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048

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## DIGITAL X-RAY REPORT

NAME: SHIVANGI	DATE: 27.11.2023
UHID NO : 16430	AGE: 32YRS/ SEX: F

### X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations

  
**DR. MONICA CHHABRA**  
Consultant Radiologist

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
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Ph No: 040-4904 7777 | [www.apollohl.com](http://www.apollohl.com)



Patient Name : Mrs.SHIVANGI	Collected : 27/Nov/2023 09:20AM
Age/Gender : 32 Y 0 M 4 D/F	Received : 27/Nov/2023 10:19AM
UHID/MR No : SCHI.0000016430	Reported : 27/Nov/2023 12:48PM
Visit ID : SCHIOPV23380	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : fghfgjf	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

..



Patient Name : Mrs.SHIVANGI	Collected : 27/Nov/2023 09:20AM
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**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
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**HEMOGRAM , WHOLE BLOOD EDTA**

<b>HAEMOGLOBIN</b>	<b>11.8</b>	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>36.10</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	3.89	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	92.8	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,630	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	53.2	%	40-80	Electrical Impedance
LYMPHOCYTES	33.2	%	20-40	Electrical Impedance
EOSINOPHILS	<b>6.4</b>	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	1.3	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	2463.16	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1537.16	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	296.32	Cells/cu.mm	20-500	Calculated
MONOCYTES	273.17	Cells/cu.mm	200-1000	Calculated
BASOPHILS	60.19	Cells/cu.mm	0-100	Calculated

<b>PLATELET COUNT</b>	198000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
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<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	13	mm at the end of 1 hour	0-20	Modified Westergren
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<b>PERIPHERAL SMEAR</b>				
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RBCs ARE NORMOCYTIC NORMOCHROMIC WITH MILD HYPOCHROMASIA.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN





Patient Name : Mrs.SHIVANGI	Collected : 27/Nov/2023 09:20AM
Age/Gender : 32 Y 0 M 4 D/F	Received : 27/Nov/2023 10:19AM
UHID/MR No : SCHI.0000016430	Reported : 27/Nov/2023 04:06PM
Visit ID : SCHIOPV23380	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : fghfgjf	

**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
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mrs.SHIVANGI	Collected : 27/Nov/2023 11:49AM
Age/Gender : 32 Y 0 M 4 D/F	Received : 27/Nov/2023 12:44PM
UHID/MR No : SCHI.0000016430	Reported : 27/Nov/2023 03:58PM
Visit ID : SCHIOPV23380	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : fghfgjf	

**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
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	95	mg/dL	70-100	GOD - POD
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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:**

- 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.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	104	mg/dL	70-140	GOD - POD
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**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.





Patient Name : Mrs.SHIVANGI	Collected : 27/Nov/2023 09:20AM
Age/Gender : 32 Y 0 M 4 D/F	Received : 27/Nov/2023 01:16PM
UHID/MR No : SCHI.0000016430	Reported : 27/Nov/2023 03:35PM
Visit ID : SCHIOPV23380	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : fghfgjf	

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
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	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)



Patient Name : Mrs.SHIVANGI	Collected : 27/Nov/2023 09:20AM
Age/Gender : 32 Y 0 M 4 D/F	Received : 27/Nov/2023 10:30AM
UHID/MR No : SCHI.0000016430	Reported : 27/Nov/2023 12:16PM
Visit ID : SCHIOPV23380	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : fghfgjf	

**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
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<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	167	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	57	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	81	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	86	mg/dL	<130	Calculated
LDL CHOLESTEROL	74.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.06		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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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UHID/MR No : SCHI.0000016430	Reported : 27/Nov/2023 12:16PM
Visit ID : SCHIOPV23380	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : fghfgjf	

**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
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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.40	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	64.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.90	g/dL	6.3-8.2	Biuret
ALBUMIN	4.60	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		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 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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Age/Gender : 32 Y 0 M 4 D/F	Received : 27/Nov/2023 10:30AM
UHID/MR No : SCHI.0000016430	Reported : 27/Nov/2023 12:16PM
Visit ID : SCHIOPV23380	Status : Final Report
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Emp/Auth/TPA ID : fghfgjf	

**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
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.50	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	16.60	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	<b>7.8</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	2.5-6.2	Uricase
CALCIUM	9.20	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	PMA Phenol
SODIUM	<b>134</b>	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE



Patient Name : Mrs.SHIVANGI	Collected : 27/Nov/2023 09:20AM
Age/Gender : 32 Y 0 M 4 D/F	Received : 27/Nov/2023 10:30AM
UHID/MR No : SCHI.0000016430	Reported : 27/Nov/2023 11:07AM
Visit ID : SCHIOPV23380	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : fghfgjf	

**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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	13.00	U/L	12-43	Glycylglycine Nitoranalide





Patient Name : Mrs.SHIVANGI	Collected : 27/Nov/2023 09:20AM
Age/Gender : 32 Y 0 M 4 D/F	Received : 27/Nov/2023 10:29AM
UHID/MR No : SCHI.0000016430	Reported : 27/Nov/2023 01:47PM
Visit ID : SCHIOPV23380	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : fghfgjf	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-iodothyronine (T3, TOTAL)	0.87	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.29	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.880	µIU/mL	0.25-5.0	ELFA

**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



Patient Name : Mrs.SHIVANGI	Collected : 27/Nov/2023 09:20AM
Age/Gender : 32 Y 0 M 4 D/F	Received : 27/Nov/2023 12:18PM
UHID/MR No : SCHI.0000016430	Reported : 27/Nov/2023 12:45PM
Visit ID : SCHIOPV23380	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : fghfgjf	

**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
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick

**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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mrs.SHIVANGI	Collected : 27/Nov/2023 09:20AM
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**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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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


Result/s to Follow:  
LBC PAP TEST (PAPSURE)



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MBBS,MD (Pathology)  
Consultant Pathology



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
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