

Patient Name : Mrs.PREETI	Collected : 06/Oct/2023 09:02AM
Age/Gender : 32 Y 3 M 5 D/F	Received : 06/Oct/2023 09:32AM
UHID/MR No : SNEH.0000000903	Reported : 06/Oct/2023 11:18AM
Visit ID : SCHIOPV21962	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ZDGGH	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



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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

HAEMOGLOBIN	12	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	36.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	3.93	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	91.6	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,020	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	57.5	%	40-80	Electrical Impedance
LYMPHOCYTES	31.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	8.4	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3461.5	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1878.24	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	138.46	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	505.68	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	36.12	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT

PLATELET COUNT	271000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH MILD HYPOCHROMASIA.

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

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN



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Age/Gender : 32 Y 3 M 5 D/F	Received : 06/Oct/2023 09:32AM
UHID/MR No : SNEH.0000000903	Reported : 06/Oct/2023 01:44PM
Visit ID : SCHIOPV21962	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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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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.PREETI	Collected : 06/Oct/2023 11:41AM
Age/Gender : 32 Y 3 M 5 D/F	Received : 06/Oct/2023 12:15PM
UHID/MR No : SNEH.0000000903	Reported : 06/Oct/2023 02:03PM
Visit ID : SCHIOPV21962	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	GOD - POD

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	77	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.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	100	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.

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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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	152	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	88	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	111	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.71		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.



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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	77.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.50	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		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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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	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	14.30	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	6.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	2.5-6.2	Uricase
CALCIUM	8.80	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	111	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	25.00	U/L	12-43	Glycylglycine Nitoranalide



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UHID/MR No : SNEH.0000000903	Reported : 06/Oct/2023 01:47PM
Visit ID : SCHIOPV21962	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ZDGGH	

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)	1.49	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.87	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.940	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

- 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.
- 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.
- 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.
- 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.PREETI	Collected : 06/Oct/2023 09:02AM
Age/Gender : 32 Y 3 M 5 D/F	Received : 06/Oct/2023 11:29AM
UHID/MR No : SNEH.0000000903	Reported : 06/Oct/2023 01:49PM
Visit ID : SCHIOPV21962	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ZDGGH	

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	1.030		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	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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DEPARTMENT OF CLINICAL PATHOLOGY

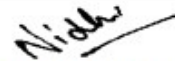
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology



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



Patient Name : Mrs. Preeti
UHID : SNEH.0000000903
Conducted By: :
Referred By : SELF

Age : 32 Y/F
OP Visit No : SCHIOPV21962
Conducted Date :

Patient Name : Mrs. Preeti
UHID : SNEH.0000000903
Conducted By :
Referred By : SELF

Age : 32 Y/F
OP Visit No : SCHIOPV21962
Conducted Date :



Name : Mrs. Preeti

Age: 32 Y

UHID:SNEH.000000903

Address : NEW DELHI

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Sex: F



OP Number: SCHIOPV21962

Bill No : SCHI-OCR-8306

Date : 06.10.2023 08:54

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	2D ECHO ✓ <i>1Pm</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 <i>Pending</i>	
12	Diet Consultation <i>After report</i>	
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 <i>Pending</i>	
21	OPHTHAL BY GENERAL PHYSICIAN ✓ <i>10am</i>	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
23	ULTRASOUND - WHOLE ABDOMEN ✓ <i>11:40am</i>	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	
25	DENTAL CONSULTATION ✓	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>11:40am</i>	

Height:	141cm
Weight:	52.5kg
B.P.:	104/70 mmHg
Pulse:	86/min

SpO2 - 99%

PHC_Desk

To: Corporate Apollo Clinic; Customer Care :Mediwheel : New Delhi
Cc: Wellness : Mediwheel : New Delhi; Network : Mediwheel : New Delhi; deepak; Dilip Baniya; Pritam Padyal; Rahul Rai; Indiranagar Apolloclinic
Subject: RE: Health Checkup Booking No. 8 Annual

From: Corporate Apollo Clinic [mailto:corporate@apolloclinic.com]

Sent: 04 October 2023 17:16

To: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>; Dilip Baniya <Dilip.b@apolloclinic.com>; Pritam Padyal <pritam.padyal@apolloclinic.com>; Rahul Rai <rahul.rai@apolloclinic.com>; Indiranagar Apolloclinic <indiranagar@apolloclinic.com>; phc Klc <phc.klc@apollospectra.com>

Subject: RE: Health Checkup Booking No. 8 Annual

Namaste Team,

Greetings from Apollo clinics,

Please find the attachment for appointment status.

Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO (Metro)	bobS47451
Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)	bobE47456

Thanks & Regards,

Anvesh M | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

Sent: 04 October 2023 11:34

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>

Subject: Health Checkup Booking No. 8 Annual

Dear Team,

Please find the attached health checkup booking file and confirm the same.

Thanks & Regards



Mediwheel
....Your wellness partner

Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : customercare@mediwheel.in; | Web: www.mediwheel.in



Apollo Clinic

CONSENT FORM

Patient Name: Age:

UHID Number: Company Name:

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Date:

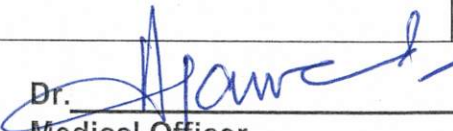
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Preeti on 7-10-23

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended • Unfit 	


 Dr. _____
 Medical Officer
 The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes



PREVENTIVE HEALTH CARE SUMMARY

NAME :- Mrs. Preeti	UHID No: 0903
AGE / GENDER :- 32/F	RECEIPT No :-
PANEL : A.R.COPem1	EXAMINED ON :- 06/10/23

Chief Complaints:

H/O hypothyroidism on T-Thyronom 75mg XOD
H/O laparoscopic cholecystectomy in 2021

Past History:

DM	: <input checked="" type="checkbox"/> Nil	CVA	: <input checked="" type="checkbox"/> Nil
Hypertension	: <input checked="" type="checkbox"/> Nil	Cancer	: <input checked="" type="checkbox"/> Nil
CAD	: <input checked="" type="checkbox"/> Nil	Other	: Nil

Personal History:

Alcohol	: Occasional	Activity	: <input checked="" type="checkbox"/> Active
Smoking	: Nil	Allergies	: <input checked="" type="checkbox"/> Nil

Family History: mother → Hypertension
father - Nil

General Physical Examination:

Height	: 141 cms	Pulse	: 86 bpm
Weight	: 52.5 Kgs	BP	: 104/76 mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	: <input checked="" type="checkbox"/> Normal
Respiratory system	: <input checked="" type="checkbox"/> Normal
Abdominal system	: <input checked="" type="checkbox"/> Normal
CNS	: <input checked="" type="checkbox"/> Normal
Others	: <input checked="" type="checkbox"/> Normal

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Ms. Preeti</i>	UHID No : <i>0903</i>
AGE :- <i>32</i> SEX : <i>P</i>	RECEIPT No :-
PANEL :	EXAMINED ON :-

Investigations:

- *All the reports of tests and investigations are attached herewith*

Recommendation:

- *Plenty of fluids*
- *Medically fit*

Shum

Dr. Navneet Kaur
Consultant Physician



06/10/23

Mr. Poochi 38F

h₁ B₁ 6 → 2
① 6 → 2
(Washed out)

Go - western
sometimes

ACT 1/14
18 mar - h

As 1/14, Thyroid
6/7.

Ref B 100 00000 → 2/c
① 100 00 → 2/c.

border → 0.14
S/E - ①
② 11 +
color vision ② 1000

Adv - Complete eye drop 00
00
② 00

06/10/2023

Mrs. Kunti

32 Yrs / Female

C/C:- Regular Dental check up

M/H:- Hypothyroidism [on medication], ^{underwent} Gall Bladder Surgery

PDH:- RCT's followed by crown 1 year back

O/E:- Calculus +

Impacted mol 

Rx. Toothpaste Sensodyne Repair of Perket



ID: 0903

06-10-2023 12:27:17

HR : 70 bpm

P : 90 ms

PR : 130 ms

QRS : 76 ms

QT/QTcBz : 415/450 ms

P/QRS/T : 41/46/24 °

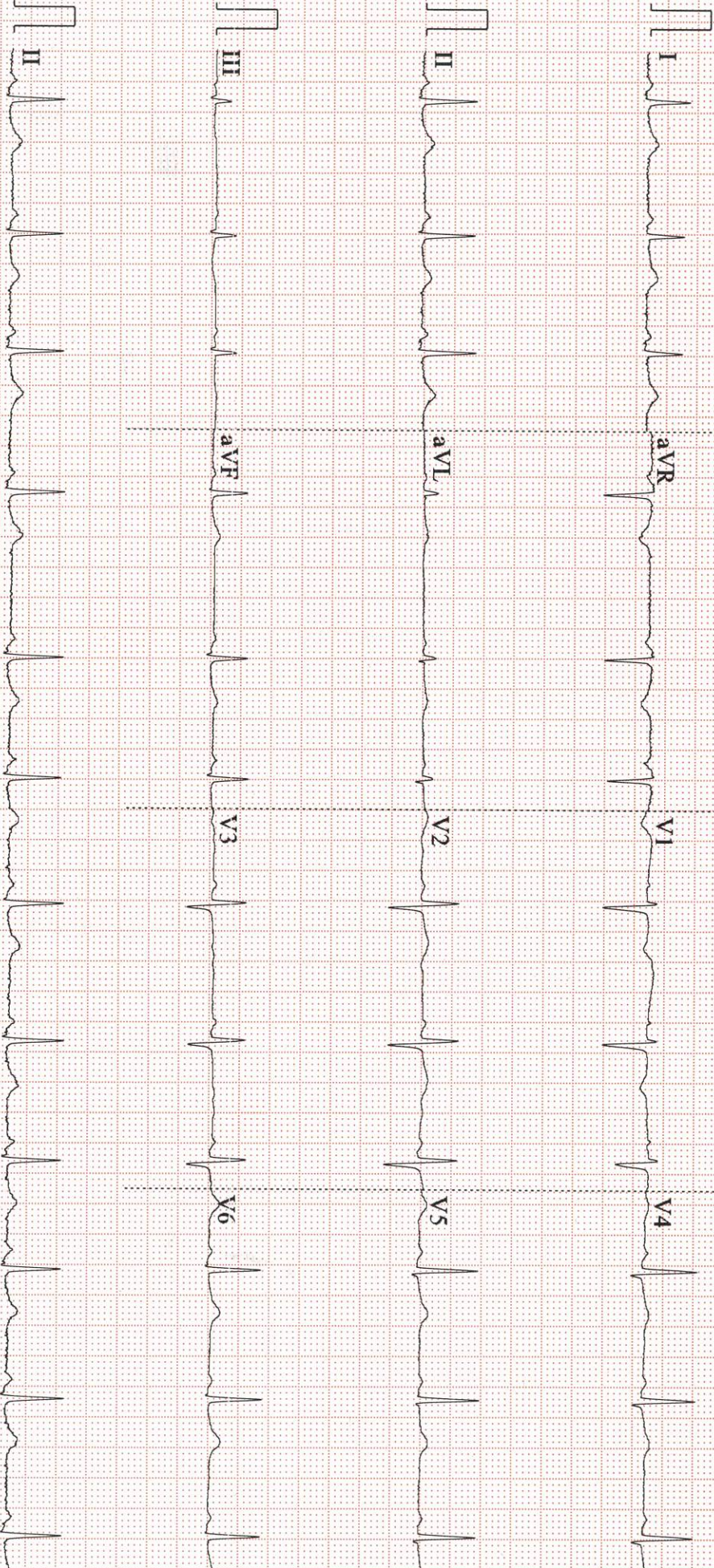
RV5/SV1 : 0.992/0.684 mV

Diagnosis Information:

Sinus Arrhythmia

Low T Wave(V3)

Report Confirmed by:



NAME :	PREETI	AGE/SEX	32	YRS/ F
UHID :	903			
REF BY :	APOLLO SPECTRA	DATE:-	06.10.2023	

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: is not seen-- Post operative status

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 8.1 x 3.1 cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 3.7 mm

Both ovaries are normal in size ,shape and echotexture.

Right ovary: 2.5 x 1.6 cm

Left ovary: 2.4 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
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

Patient Name : Mrs. Preeti Age : 32 Y/F
 UHID : SNEH.000000903 OP Visit No : SCHIOPV21962
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 06-10-2023 14:42
 Referred By : SELF

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/**Absent** Score : _____
 Doppler Normal/Abnormal E>A **E>A**
 Mitral Stenosis Present/**Absent** RR Interval _____msec
 EDG _____mmHg MDG _____mmHg MVA _____cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
 Doppler **Normal**/Abnormal
 Tricuspid stenosis Present/**Absent** RR interval _____msec.
 EDG _____mmHg MDG _____mmHg
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals
 Velocity _____msec. Pred. RVSP=RAP+ _____mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.
 Doppler **Normal**/Abnormal.
 Pulmonary stenosis Present/**Absent** Level
 PSG _____mmHg Pulmonary annulus _____mm
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe
 Early diastolic gradient _____mmHg End diastolic gradient _____mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
 No. of cusps 1/2/3/4
 Doppler **Normal**/Abnormal
 Aortic stenosis Present/**Absent** Level
 PSG _____mmHg Aortic annulus _____mm
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Measurements	Normal Values	Measurements	Normal values
Aorta	2.5 (2.0 – 3.7cm)	LA es	2.7 (1.9 – 4.0cm)
LV es	2.4 (2.2 – 4.0cm)	LV ed	4.3 (3.7 – 5.6cm)
IVS ed	0.8 (0.6 – 1.1cm)	PW (LV)	0.8 (0.6 – 1.1cm)
RV ed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
EF	64% (54%-76%)	IVS motion	Normal /Flat/Paradoxical

CHAMBERS:

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy
 Contraction **Normal**/Reduced
 Regional wall motion abnormality **Absent**
 LA **Normal**/Enlarged/**Clear**/Thrombus
 RA **Normal**/Enlarged/**Clear**/Thrombus
 RV **Normal**/Enlarged/**Clear**/Thrombus

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

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Ph No: 040-4904 7777 | www.apollohl.com

PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=64%
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion



Dr. M K Gupta
M.B.B.S, MD,FIACM
Senior Consultant Cardiologist

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Ph No: 040-4904 7777 | www.apollohl.com

DIGITAL X-RAY REPORT

NAME: PREETI	DATE: 06.10.2023
UHID NO : 903	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
Apollo Spectra Hospitals
New Delhi-110019

Patient Name : Mrs. Preeti Age : 32 Y/F
 UHID : SNEH.0000000903 OP Visit No : SCHIOPV21962
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 06-10-2023 14:46
 Referred By : SELF

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/**Absent**. Score : _____
 Doppler Normal/Abnormal E>A **E>A**
 Mitral Stenosis Present/**Absent** RR Interval _____ msec
 EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
 Doppler **Normal**/Abnormal
 Tricuspid stenosis Present/**Absent** RR interval _____ msec.
 EDG _____ mmHg MDG _____ mmHg
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals
 Velocity _____ msec. Pred. RVSP=RAP+ _____ mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.
 Doppler **Normal**/Abnormal.
 Pulmonary stenosis Present/**Absent** Level
 PSG _____ mmHg Pulmonary annulus _____ mm
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe
 Early diastolic gradient _____ mmHg. End diastolic gradient _____ mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
 No. of cusps 1/2/**3**/4
 Doppler **Normal**/Abnormal
 Aortic stenosis Present/**Absent** Level
 PSG _____ mmHg Aortic annulus _____ mm
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal values</u>
Aorta 2.5	(2.0 – 3.7cm)	LA es 2.7	(1.9 – 4.0cm)

Patient Name : Mrs. Preeti Age : 32 Y/F
 UHID : SNEH.0000000903 OP Visit No : SCHIOPV21962
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 06-10-2023 14:46
 Referred By : SELF

LV es	2.4	(2.2 – 4.0cm)	LV ed	4.3	(3.7 – 5.6cm)
IVS ed	0.8	(0.6 – 1.1cm)	PW (LV)	0.8	(0.6 – 1.1cm)
RV ed		(0.7 – 2.6cm)	RV Anterior wall		(upto 5 mm)
LVVd (ml)			LVVs (ml)		
EF	64%	(54%-76%)	IVS motion		<u>Normal</u> /Flat/Paradoxical

CHAMBERS :

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy
 Contraction Normal/Reduced

Regional wall motion abnormality Absent

LA Normal/Enlarged/Clear/Thrombus

RA Normal/Enlarged/Clear/Thrombus

RV Normal/Enlarged/Clear/Thrombus

PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=64%
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion

Patient Name : Mrs. Preeti Age : 32 Y/F
UHID : SNEH.0000000903 OP Visit No : SCHIOPV21962
Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 06-10-2023 14:46
Referred By : SELF

Dr. M K Gupta
M.B.B.S, MD,FIACM
Senior Consultant Cardiologist

Patient Name : Mrs.PREETI	Collected : 06/Oct/2023 09:02AM
Age/Gender : 32 Y 3 M 5 D/F	Received : 06/Oct/2023 09:32AM
UHID/MR No : SNEH.0000000903	Reported : 06/Oct/2023 11:18AM
Visit ID : SCHIOPV21962	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ZDGGH	

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.PREETI	Collected : 06/Oct/2023 09:02AM
Age/Gender : 32 Y 3 M 5 D/F	Received : 06/Oct/2023 09:32AM
UHID/MR No : SNEH.0000000903	Reported : 06/Oct/2023 11:18AM
Visit ID : SCHIOPV21962	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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

HAEMOGLOBIN	12	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	36.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	3.93	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	91.6	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,020	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	57.5	%	40-80	Electrical Impedance
LYMPHOCYTES	31.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	8.4	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3461.5	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1878.24	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	138.46	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	505.68	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	36.12	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT

PLATELET COUNT	271000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

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.PREETI	Collected : 06/Oct/2023 09:02AM
Age/Gender : 32 Y 3 M 5 D/F	Received : 06/Oct/2023 09:32AM
UHID/MR No : SNEH.0000000903	Reported : 06/Oct/2023 01:44PM
Visit ID : SCHIOPV21962	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ZDGGH	

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.PREETI	Collected : 06/Oct/2023 11:41AM
Age/Gender : 32 Y 3 M 5 D/F	Received : 06/Oct/2023 12:15PM
UHID/MR No : SNEH.0000000903	Reported : 06/Oct/2023 02:03PM
Visit ID : SCHIOPV21962	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ZDGGH	

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	89	mg/dL	70-100	GOD - POD

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	77	mg/dL	70-140	GOD - POD
----------------------------------------------------------------------	----	-------	--------	-----------

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.PREETI	Collected : 06/Oct/2023 09:02AM
Age/Gender : 32 Y 3 M 5 D/F	Received : 06/Oct/2023 12:44PM
UHID/MR No : SNEH.000000903	Reported : 06/Oct/2023 01:27PM
Visit ID : SCHIOPV21962	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ZDGGH	

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	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	100	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.

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)



Patient Name : Mrs.PREETI	Collected : 06/Oct/2023 09:02AM
Age/Gender : 32 Y 3 M 5 D/F	Received : 06/Oct/2023 09:32AM
UHID/MR No : SNEH.0000000903	Reported : 06/Oct/2023 11:14AM
Visit ID : SCHIOPV21962	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ZDGGH	

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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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	152	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	88	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	111	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.71		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.



Patient Name : Mrs.PREETI	Collected : 06/Oct/2023 09:02AM
Age/Gender : 32 Y 3 M 5 D/F	Received : 06/Oct/2023 09:32AM
UHID/MR No : SNEH.0000000903	Reported : 06/Oct/2023 11:14AM
Visit ID : SCHIOPV21962	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ZDGGH	

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	0.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	77.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.50	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		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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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	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	14.30	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	6.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	2.5-6.2	Uricase
CALCIUM	8.80	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	111	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	25.00	U/L	12-43	Glycylglycine Nitoranalide



Patient Name : Mrs.PREETI	Collected : 06/Oct/2023 09:02AM
Age/Gender : 32 Y 3 M 5 D/F	Received : 06/Oct/2023 09:33AM
UHID/MR No : SNEH.0000000903	Reported : 06/Oct/2023 01:47PM
Visit ID : SCHIOPV21962	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ZDGGH	

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)	1.49	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.87	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.940	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

- 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.
- 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.
- 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.
- 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.PREETI	Collected : 06/Oct/2023 09:02AM
Age/Gender : 32 Y 3 M 5 D/F	Received : 06/Oct/2023 11:29AM
UHID/MR No : SNEH.0000000903	Reported : 06/Oct/2023 01:49PM
Visit ID : SCHIOPV21962	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ZDGGH	

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	1.030		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	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY




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DEPARTMENT OF CLINICAL PATHOLOGY

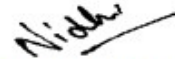
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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



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