



Corporate Health  
Checks

0/34

Search for appointments using the search bar below

Search with Mobile No. or Appointment ID

Choose Date

09-02-2024



**Patient Details**

Patient First Name

MRS.

Patient Last Name

VINUTHA P

Patient Mobile Number

9448878750

Patient E-mail ID

vinuthapraveen@gmail.com

Date of Birth

01-03-1978

Gender

female

Client

**ARCOFEMI HEALTHCARE LIMITED**

Agreement Name

**(1) ARCOFEMI MEDIWHEEL FEMALE AHC**



Name : Mrs. VINUTHA P

Age: 46 Y

UHID:CJPN.0000091722



OP Number:CJPNOPV187814

Bill No :CJPN-OCR-69121

Date : 09.02.2024 08:19

Address : blr

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2 D ECHO <i>OSTMT</i>	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	EKG	
12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION <i>22</i>	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	SONO MAMOGRAPHY - SCREENING	
18	HbA1c, GLYCATED HEMOGLOBIN	
19	X-RAY CHEST PA	
20	ENT CONSULTATION	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	LIPID PROFILE	
24	BODY MASS INDEX (BMI)	
25	OPHAL BY GENERAL PHYSICIAN	
26	ULTRASOUND - WHOLE ABDOMEN	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

*Physo -*

*Audio-21 (2)*

*Dental-22*

*Optical-03*

*physio-04*

*B.P - 123/84*

*Ht - 161cm*

*Wt - 58.3kg*

*Waist - 81cm*

*Hip - 92cm*

Name - Vinutha P  
Age - 46 y/f

Date - 09/02/24

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

**General Examination / Allergies History**

**Clinical Diagnosis & Management Plan**

C/O - Routine  
Eye checkup

UNVU < 6/6 NS  
6/6 NS

H/O PUP - using  
glasses for reading

∑ PUP VU < 6/6 No  
6/6 No

H/O Eye Str - No

coloured vision is normal in 15°  
continue the same powers.  
PUP Add = +1.25 ds/15°

Follow up date:

After 6 months

Doctor Signature



\* D: CJPN91722

Visit: AHC

9-Feb-2024  
12:27:28

46years  
161cm

Asian

Female

Referred by: SELF, INH AEROCA  
Test ind: CAD SCREENING

BRUCE  
 Max HR: 209bpm 120% of max predicted 174bpm  
 Max BP: 133/84  
 Reason for Termination: Max HR attained  
 Comments: GOOD EFFORT AND TOLERANCE  
 NORMAL BP/HR RESPONSE  
 NO ANGINA AND ARRHYTHMIA NOTED  
 NO SIGNIFICANT ST-T CHANGES SEEN  
 \*  
 TMT IS INCONCLUSIVE FOR INDUCIBLE ISCHEMIA

Total Exercise time: 3:45

25.0 mm/s  
10.0 mm/mV  
100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:03	0.8	0.0	1.3	132	123/84	162
EXERCISE	STAGE 1	3:00	1.7	10.0	4.5	206	133/84	274
	STAGE 2	0:45	2.5	12.0	5.5	185	133/84	250
RECOVERY	Post	3:34	***	***	1.0	90	123/84	111

Iec  
9/2/16

Technician: RAJESHWARI

Unconfirmed

MAG55 010A



46 years  
Female  
161 cm  
Asian  
58 kg

Heart rate 56 bpm  
PR interval 152 ms  
QRS duration 80 ms  
QT/QTc 360/430 ms  
P-R-T axes 101 70 116

Technician: RAJESHWARI  
Test ind: CAD SCREENING

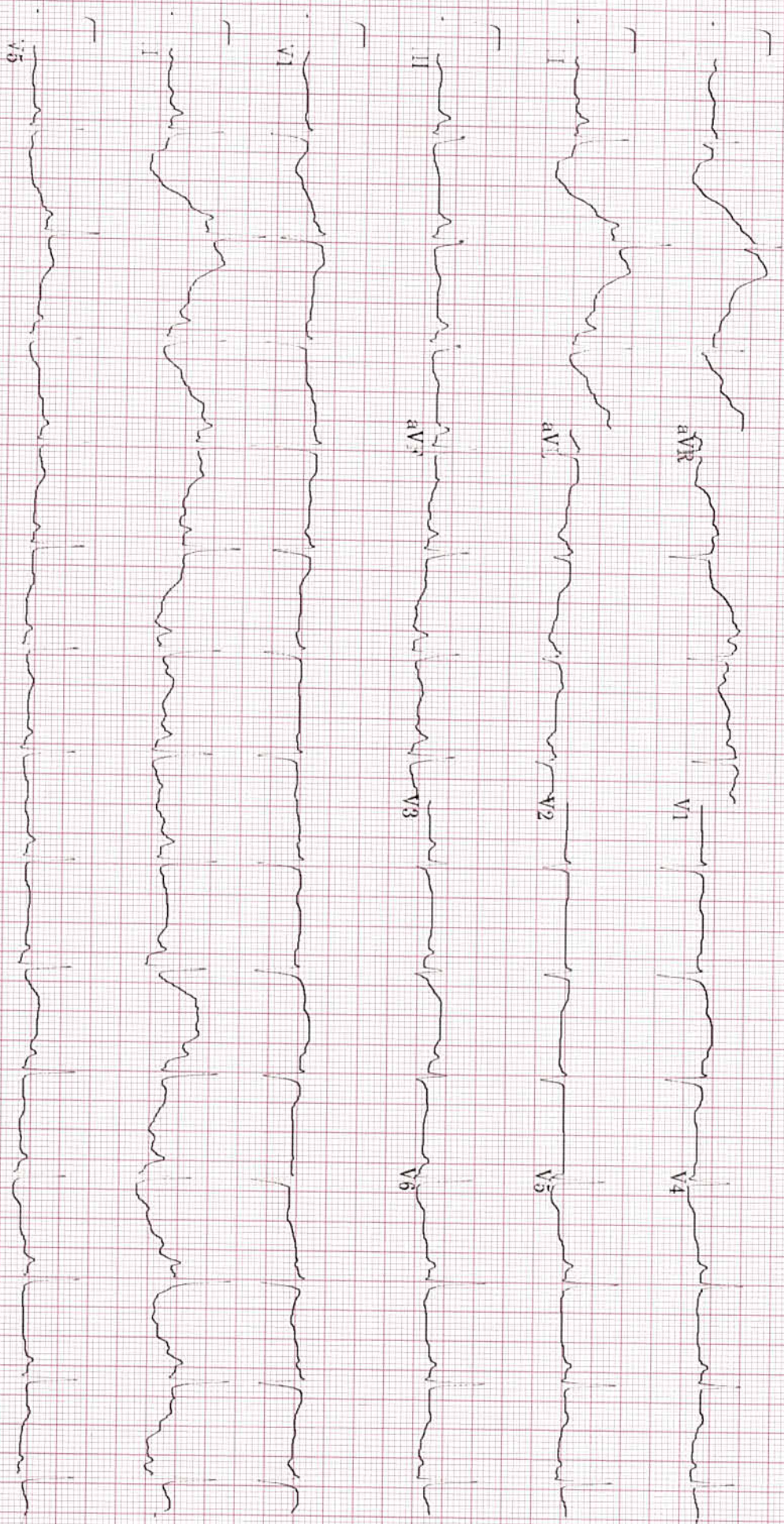
Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG

2

Visit: AHC

Referred by: SELJE, INH AEROCA

Unconfirmed



20 Hz  
25.0 mm/s  
10.0 mm/mV

4 by 2.5s + 3 rhythm lds

MAC55 010A

12SL™ 241

ACRO W CE



89bpm

Bp: 123/84

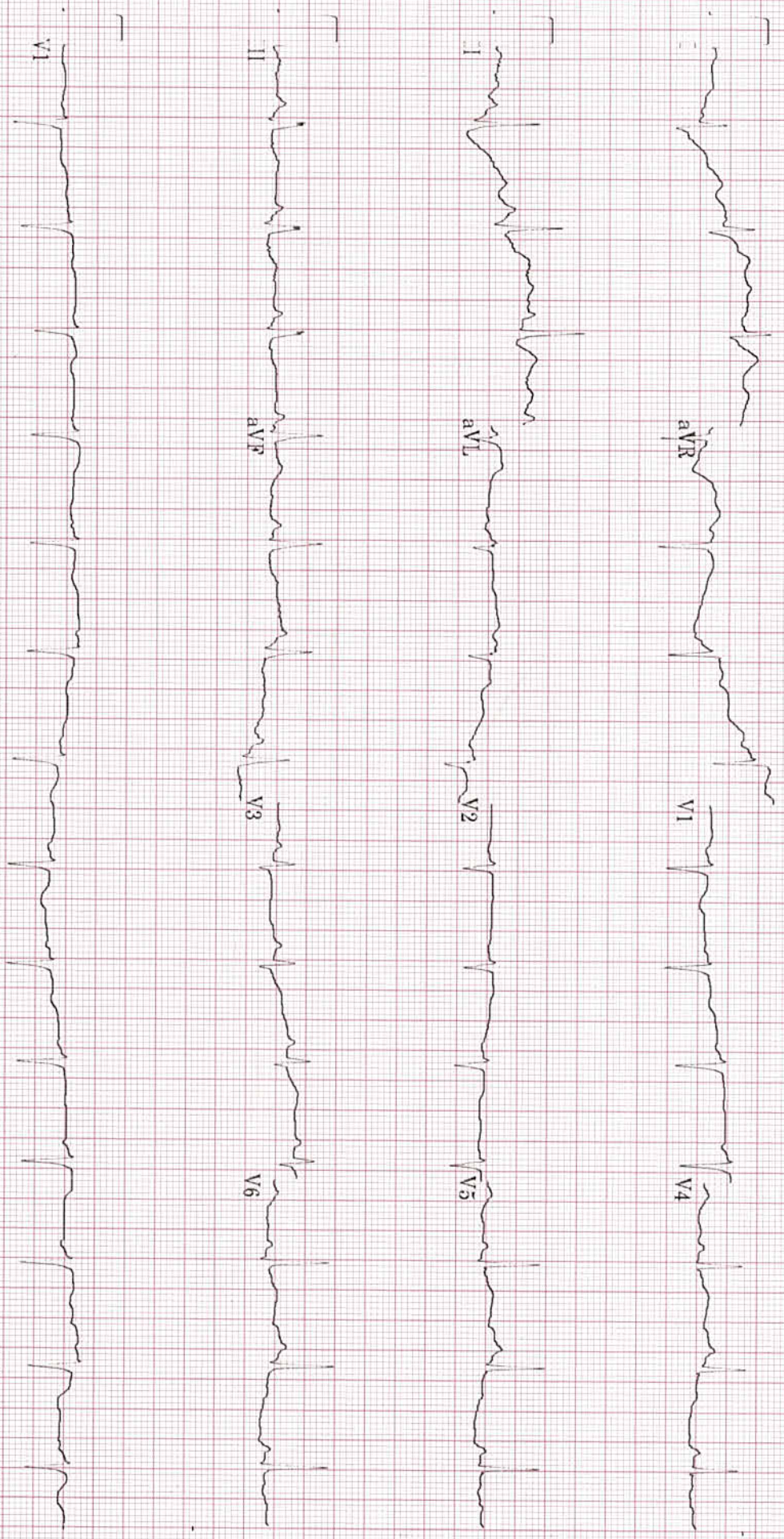
PRETEST  
SUPINE

0:30

BRUCE

\*\*mph

\*\*%



40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46  
4 by 2.5s + 1 rhythm ld

MAC55 010A

ARROW

CE

II



98bpm  
BP: 133/84

EXERCISE  
STAGE 1  
2:56

BRUCE  
1.7mph  
10.0%

Lead  
ST'(mm)  
Slope(mV/s)

ST @ 10mm/mV  
80ms post J

\*I  
318.17  
178.91

\*aVR  
192.07  
178.69

\*V1  
93.57  
57.11

\*V4  
57.97  
58.47

\*II  
318.21  
179.81

\*aVL  
154.32  
88.22

\*V2  
-19.77  
-12.97

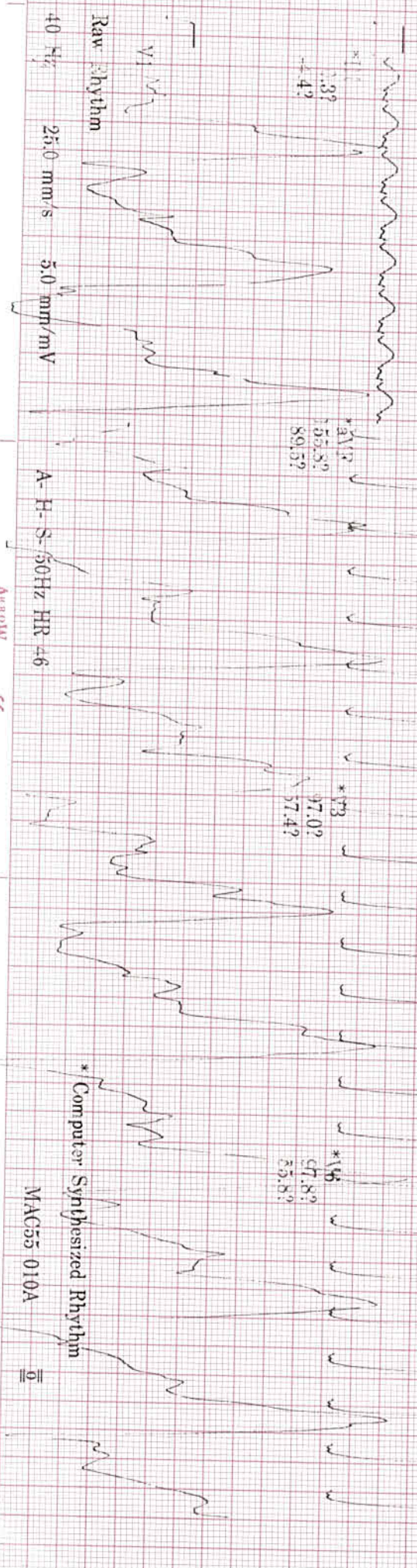
\*V5  
158.32  
59.52

\*III  
137.42

\*aVF  
155.32  
89.52

\*V3  
97.02  
57.42

\*V6  
57.82  
55.82



Raw rhythm

40 Hz

25.0 mm/s

5.0 mm/mV

A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010A



ID: C1PN91722  
Visit: AHC

9-Feb-2024  
13:02:16

136bpm  
BP: 133/84

RECOVERY  
Post  
0:07

BRUCE  
2.5mph  
12.0%

Lead  
ST(mV)  
Slope(mV/s)

ST @ 10mm/mV  
80ms post

\*I  
311.2°  
178.3°

\*aVR  
318.9°  
175.6°

\*V1  
86.3°  
54.9°

\*V4  
94.8°  
57.5°

\*II  
311.4°  
180.0°

\*aVL  
150.5°  
86.1°

\*V2  
-19.2°  
-22.0°

\*V5  
95.4°  
58.0°

\*III  
0.3°  
-38.9°

\*aVF  
151.6°  
89.1°

\*V3  
94.1°  
56.7°

\*V6  
94.7°  
54.8°

V1

Raw Rhythm

40 Hz 250 mm/s 5.0 mm/mV

A-H-S 50Hz HR:46

\* Computer Synthesized Rhythm

MAC55 010A

ARROW



D: C1PN91722

VISIT: AHC

9-Feb-2024  
13:03:15

113bpm

RECOVERY  
Post  
1:00

BRUCE  
\*\*\*mph  
\*\*\*%

\*\*\* Auto Relearn \*\*\*  
0:35

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)

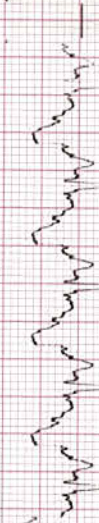


\*I  
-0.29  
-16.69

\*aVR  
3.12  
-1.39

\*V1  
1.62  
3.79

\*V4  
-2.22  
-21.32

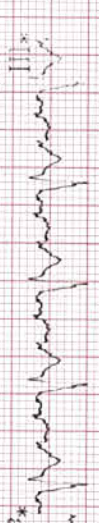


\*II  
-2.69  
-30.39

\*aVL  
0.69  
-1.79

\*V2  
0.12  
4.52

\*V5  
-2.32  
-27.72



\*III  
-2.69  
-14.59

\*aVF  
-2.99  
-21.99

\*V3  
-1.82  
-7.22

\*V6  
-2.42  
-30.02



Raw Rhythm  
25.0 mm/s  
10.0 mm/mV

A-F-S 50Hz HR 46

MAC55 010A

\* Computer Synthesized Rhythm

Arrow

CE



D: C:\PN91722

VISIT: AHC

9-Feb-2024

13:05:15

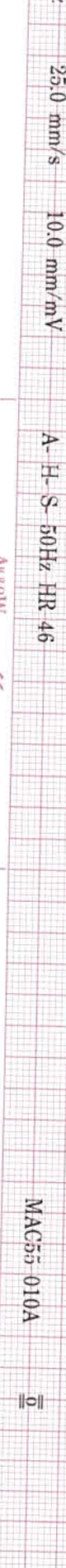
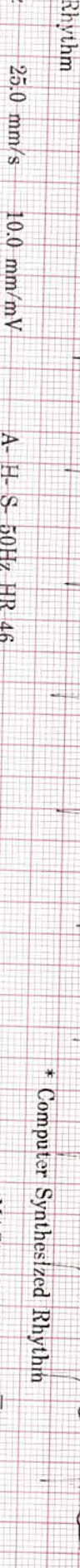
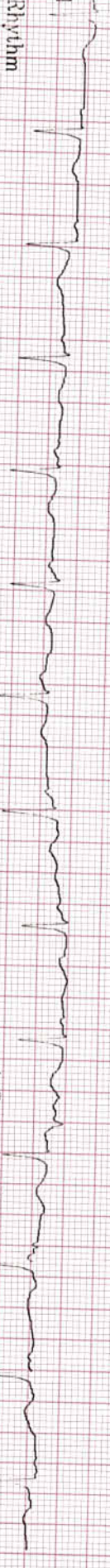
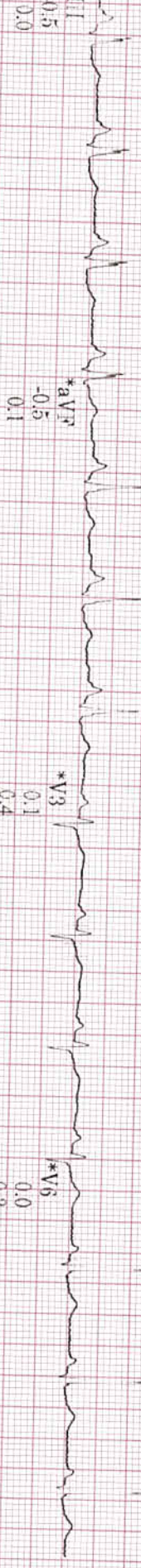
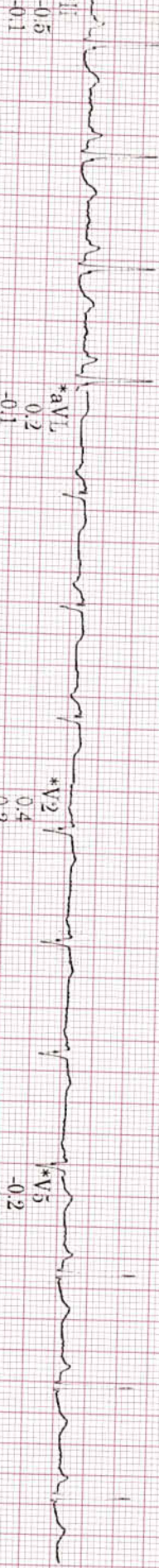
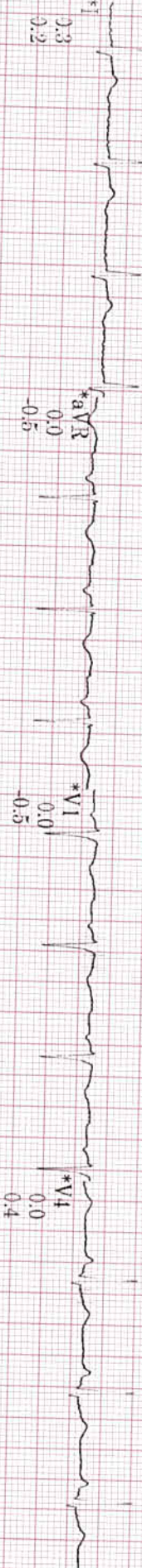
84bpm

RECOVERY  
Post  
3:00

BRUCE  
\*\*\*mph  
\*\*\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm  
V1  
10 Hz  
25.0 mm/s  
10.0 mm/mV  
A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm  
MAC55 010A



AFIC

43 years  
151 cm

Astian  
58 kg

Female

Referred by: SELF, INH AER CA  
Test no: CAD SCREENING

BRUC3

Max HR: 209 bpm (12% of max predicted 174 bpm)  
Max EP: 132 S4  
Reason for termination:  
Comments: LOCAL EFFORT AND TOLERANCE  
NORMAL BHE RESPONSE  
NO ANGINA AND RHYTHMIA NOTED  
NO SIGNIFIANT T-T CHANGES SEEN

Total Exercise time: 3:45  
Maximum workload: 500 WTS

25.0 mm/s  
10.0 mm/mV  
100hz

TMT IS INCLINABLE FOR INDICIBLE ISCHEMIA

MAX ST  
RECOVERY  
118  
101 bpm

PEAK  
EXER USE  
345  
188 bpm  
Bp: 123/84

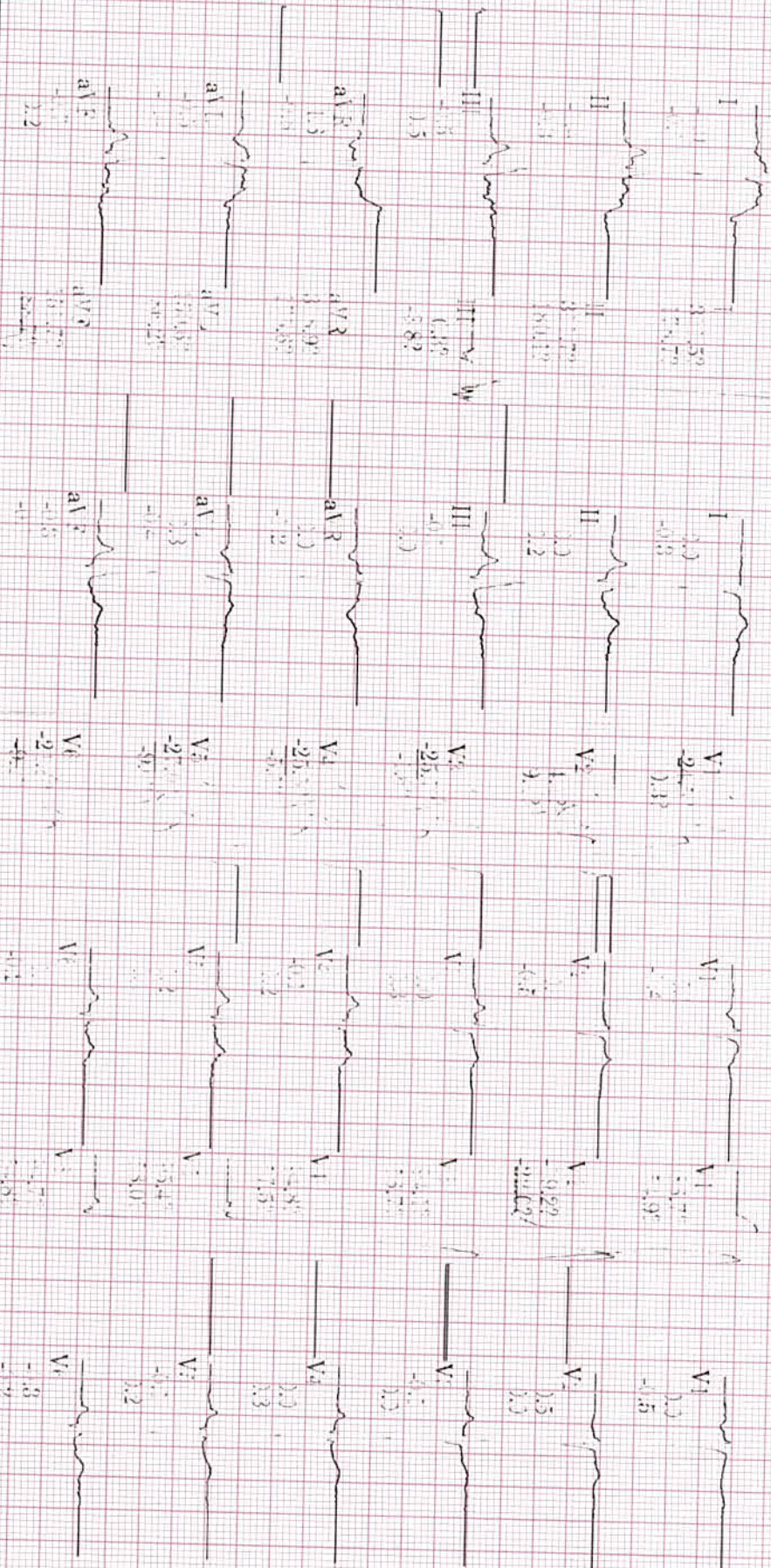
TEST END  
RECOVERY  
3:34  
90 bpm  
Bp: 123/84

BASILENI  
EXER USE  
0:00  
182 bpm  
Bp: 123/84

MAX ST  
RECOVERY  
118  
101 bpm

PEAK  
EXER USE  
345  
188 bpm  
Bp: 123/84

TEST END  
RECOVERY  
3:34  
90 bpm  
Bp: 123/84



RAJESHVARI

Printed

M+C55-010A

Lead  
ST(m)  
Slope(mV/s)



D: 03/11/22

Visit: A/C

45 years  
161cm

Asian  
58kg

Female

BRUCE

Total Exercise time: 3:45

Max HR: 209bpm 20% of max predicted 174bpm

Max BP: 133/84

Maximum workload: 5.5METS

Reason for Termination: Max HR attained

Comments: GOOD EFFORT AND TOLERANCE

NORMAL BP/HR RESPONSE

NO ANGINA AND ARRHYTHMIA NOTED

NO SIGNIFICANT ST-T CHANGES SEEN

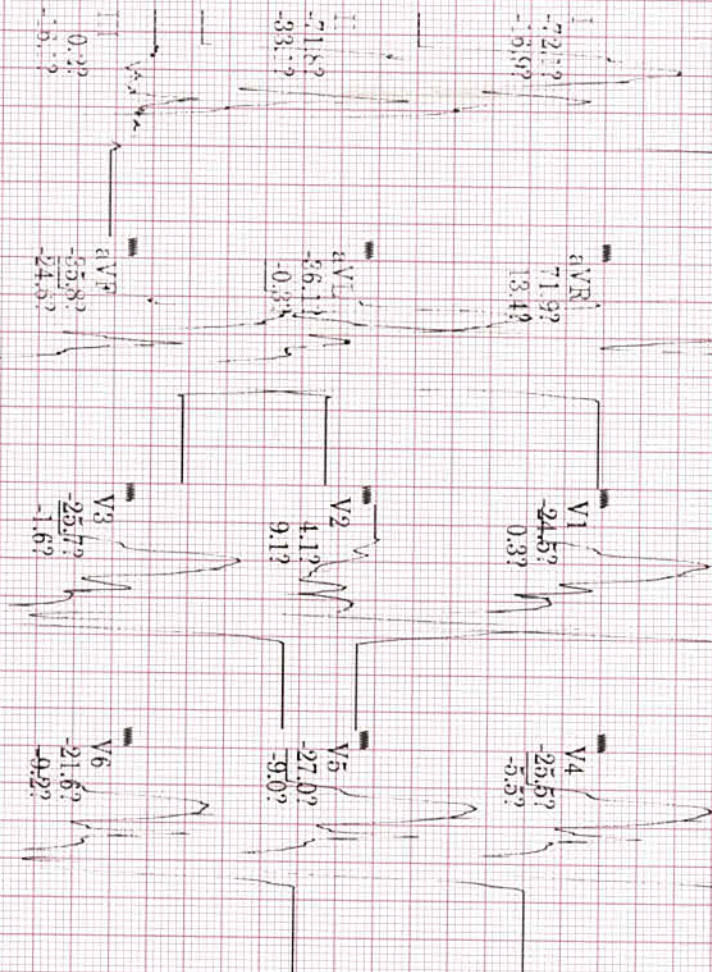
TMT IS INCONCLUSIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s  
10.0 mm/mV  
100hz

Referred by: S. LF, INH AEROCA  
Test Ind: CAL SCREENING

BASELINE

EXERCISE STAGE 1  
3:02 1.3METS  
120bpm  
3:02 123/84  
ST @ 10mm/mV  
80ms postJ

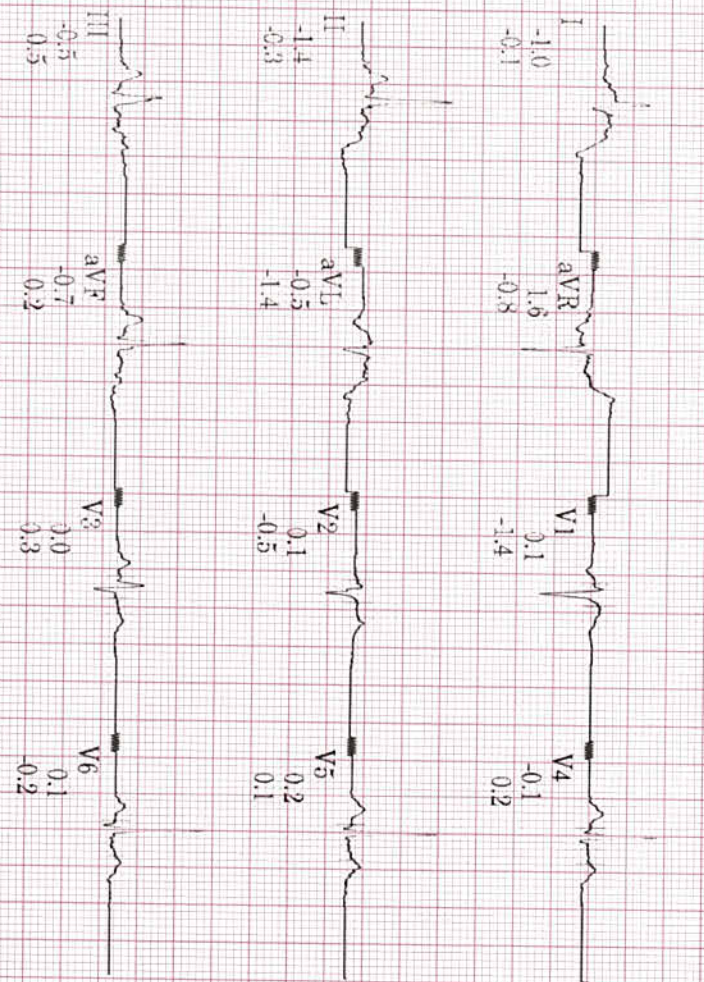


Lead  
ST (mm)  
Slope (mV/s)

RECOVERY Post  
1:18 2.6METS

MAX ST  
101bpm  
ST @ 10mm/mV  
80ms postJ

Lead  
ST (mm)  
Slope (mV/s)



Technician RAJESHWARI

Unconfirmed

MAC55 010A

Arrow CE



<b>Patient Name</b>	: Mrs. VINUTHA P	<b>Age/Gender</b>	: 46 Y/F
<b>UHID/MR No.</b>	: CJPN.0000091722	<b>OP Visit No</b>	: CJPNOPV187814
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-02-2024 11:15
<b>LRN#</b>	: RAD2230059	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 349324		

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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : Normal in size and shows increased in echotexture. No focal lesion seen.  
No intra hepatic biliary / venous radicular dilation.  
CBD and Main Portal vein appear normal.

**GALL BLADDER** : Well distended. Normal in internal contents. Wall Thickness is normal.

**SPLEEN** : Normal in size and echotexture. No focal lesion was seen.

**PANCREAS** : Appeared normal to the visualized extent.

**KIDNEYS** : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.

Right kidney measures:10.7 x 1.5 cm.

Left kidney measures : 10.9 x 1.8 cm.

**URINARY BLADDER** : Well distended. Normal in internal contents. Wall thickness is normal.

**UTERUS** : **Bulky in size and it measures : 9.9 x 6.3 x 6.9 cm.** Uniform myometrial echoes are normal. Endometrial thickness measuring-7.8 mm.

**Multiple posterior and anterior wall fibroids seen, largest measuring~2.6 x 2.6cm.**

**OVARIES** : Both ovaries are normal in size.

Right ovary measures :2.0 x 1.0 cm.

Left ovary measures : 3.0 x 2.0 cm.



**Patient Name** : Mrs. VINUTHA P

**Age/Gender** : 46 Y/F

No free fluid is seen in the peritoneum. No lymphadenopathy.

**IMPRESSION : 1)GRADE I FATTY LIVER.**

**2)BULKY UTERUS WITH MULTIPLE FIBROIDS.**

Please Note :No preparation done before scanning.

(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. SUDHEER HEGDE**  
MBBS MD  
RADIOLOGY



**Patient Name** : Mrs. VINUTHA P

**Age/Gender** : 46 Y/F

**UHID/MR No.** : CJPN.0000091722

**OP Visit No** : CJPNOPV187814

**Sample Collected on** :

**Reported on** : 09-02-2024 11:08

**LRN#** : RAD2230059

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 349324

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**DEPARTMENT OF RADIOLOGY**

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**SONO MAMOGRAPHY - SCREENING**

Both breast parenchymal echotexture appear normal.

No ductal dilatation was noted.

No focal lesion seen in both breast.

Nipples and subaerolar region appear normal.

Skin and subcutaneous tissue is normal.

No axillary lymphadenopathy was appreciated.

**IMPRESSION: NORMAL STUDY.**

**BI-RADS CLASSIFICATIONS:** Category I:Negative.

Bi-rads classifications:

Category 0 :Need additional imaging evaluation.

Category I : Negative.

Category II : Benign finding.

Category III : probably benign finding-short interval follow up is suggested.

Category IV : Suspicious abnormality-biopsy should be considered.

Category V : Highly suggestive of malignancy.

**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. SUDHEER HEGDE**  
**MBBS MD**  
**RADIOLOGY**



**Patient Name** : Mrs. VINUTHA P

**Age/Gender** : 46 Y/F

**UHID/MR No.** : CJPN.0000091722

**OP Visit No** : CJPNOPV187814

**Sample Collected on** :

**Reported on** : 09-02-2024 12:20

**LRN#** : RAD2230059

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 349324

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

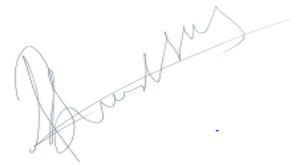
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. SUDHEER HEGDE**  
**MBBS MD**  
**RADIOLOGY**



Patient Name : Mrs.VINUTHA P	Collected : 09/Feb/2024 08:37AM
Age/Gender : 46 Y 10 M 14 D/F	Received : 09/Feb/2024 12:38PM
UHID/MR No : CJPN.0000091722	Reported : 09/Feb/2024 02:04PM
Visit ID : CJPNOPV187814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 349324	

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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.2	g/dL	12-15	Spectrophotometer
PCV	36.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.2	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.5	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,430	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	62	%	40-80	Electrical Impedance
LYMPHOCYTES	20.7	%	20-40	Electrical Impedance
EOSINOPHILS	9.9	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	1.2	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4606.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1538.01	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	735.57	Cells/cu.mm	20-500	Calculated
MONOCYTES	460.66	Cells/cu.mm	200-1000	Calculated
BASOPHILS	89.16	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	280000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	11	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



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



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



SIN No:BED240031611

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 1860 500 7788  
www.apolloclinic.com



Patient Name : Mrs.VINUTHA P	Collected : 09/Feb/2024 08:37AM
Age/Gender : 46 Y 10 M 14 D/F	Received : 09/Feb/2024 12:38PM
UHID/MR No : CJPN.0000091722	Reported : 09/Feb/2024 02:04PM
Visit ID : CJPNOPV187814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 349324	

**DEPARTMENT OF HAEMATOLOGY**

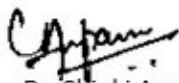
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

WBCs: are normal in total number with relative increase in eosinophils.

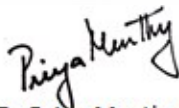
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.**



Dr. Chinki Anupam  
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Consultant Pathologist



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SIN No:BED240031611

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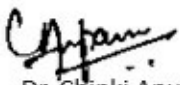


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Age/Gender : 46 Y 10 M 14 D/F	Received : 09/Feb/2024 12:38PM
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Visit ID : CJPNOPV187814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 349324	

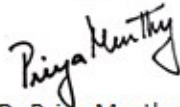
**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



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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	123	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.

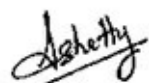
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	124	mg/dL	70-140	HEXOKINASE

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7	%		HPLC



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ESTIMATED AVERAGE GLUCOSE (eAG)	154	mg/dL	Calculated
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**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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	194	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>205</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>153</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>112.1</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>41</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.73		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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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.83	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>37</b>	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	66.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.28	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, 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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.58	mg/dL	0.51-0.95	Jaffe's, Method
UREA	20.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.57	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.47	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	37.00	U/L	<38	IFCC



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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.12	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.15	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.353	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- 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




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DEPARTMENT OF IMMUNOLOGY

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



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

SIN No:SPL24020672

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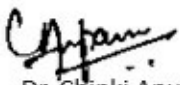


Patient Name : Mrs.VINUTHA P	Collected : 09/Feb/2024 11:25AM
Age/Gender : 46 Y 10 M 14 D/F	Received : 09/Feb/2024 04:44PM
UHID/MR No : CJPN.0000091722	Reported : 09/Feb/2024 05:01PM
Visit ID : CJPNOPV187814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 349324	

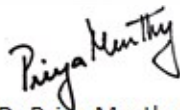
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



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



SIN No:UR2278453

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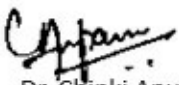


Patient Name : Mrs.VINUTHA P	Collected : 09/Feb/2024 11:25AM
Age/Gender : 46 Y 10 M 14 D/F	Received : 09/Feb/2024 04:44PM
UHID/MR No : CJPN.0000091722	Reported : 09/Feb/2024 07:28PM
Visit ID : CJPNOPV187814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 349324	

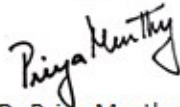
DEPARTMENT OF CLINICAL PATHOLOGY

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



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



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



SIN No:UPP016449

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Patient Name : Mrs.VINUTHA P	Collected : 09/Feb/2024 08:35AM
Age/Gender : 46 Y 10 M 14 D/F	Received : 09/Feb/2024 01:23PM
UHID/MR No : CJPN.0000091722	Reported : 09/Feb/2024 03:27PM
Visit ID : CJPNOPV187814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 349324	

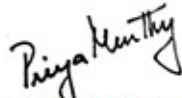
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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



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



SIN No:UF010463

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Patient Name : Mrs.VINUTHA P	Collected : 09/Feb/2024 12:54PM
Age/Gender : 46 Y 10 M 14 D/F	Received : 10/Feb/2024 11:47AM
UHID/MR No : CJPN.0000091722	Reported : 12/Feb/2024 10:47AM
Visit ID : CJPNOPV187814	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 349324	

DEPARTMENT OF CYTOLOGY

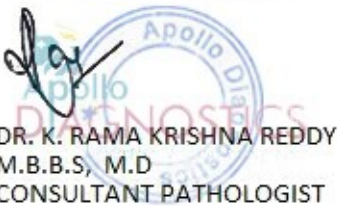
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	2601/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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

Result/s to Follow:  
PERIPHERAL SMEAR



DR. K. RAMA KRISHNA REDDY  
M.B.B.S., M.D  
CONSULTANT PATHOLOGIST

SIN No:CS074103

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

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