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|---|--|
| Patient Name : Mrs.JAINTI MONIKA SURYA KUMARI | Collected : 24/Jun/2023 10:31AM |
| Age/Gender : 26 Y 6 M 0 D/F | Received : 24/Jun/2023 01:50PM |
| UHID/MR No : CVIS.0000117212 | Reported : 24/Jun/2023 03:53PM |
| Visit ID : CVISOPV111733 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9490545306 | |

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN

SIN No:BED230145630

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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

GSTIN: 37AADCA0733E1Z6

Address: 50-81-1/2, Plot no. 5, Seethampapeta,
Visakhapatnam, Andhra Pradesh



1860 500 7788
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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)

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HEMOGRAM , WHOLE BLOOD-EDTA

| | | | | |
|-----------------------------|-------|---------------|------------|--------------------------------|
| HAEMOGLOBIN | 12.6 | g/dL | 12-15 | Spectrophotometer |
| PCV | 40.70 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.6 | Million/cu.mm | 3.8-4.8 | Electrical Impedence |
| MCV | 88 | fL | 83-101 | Calculated |
| MCH | 27.4 | pg | 27-32 | Calculated |
| MCHC | 33.3 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.4 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,600 | cells/cu.mm | 4000-10000 | Electrical Impedence |

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

| | | | | |
|-------------|------|---|-------|----------------------|
| NEUTROPHILS | 58.6 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 34.5 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 2.9 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 3.9 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.1 | % | <1-2 | Electrical Impedence |

ABSOLUTE LEUCOCYTE COUNT

| | | | | |
|-------------|--------|-------------|-----------|----------------------|
| NEUTROPHILS | 3867.6 | Cells/cu.mm | 2000-7000 | Electrical Impedence |
| LYMPHOCYTES | 2277 | Cells/cu.mm | 1000-3000 | Electrical Impedence |
| EOSINOPHILS | 191.4 | Cells/cu.mm | 20-500 | Electrical Impedence |
| MONOCYTES | 257.4 | Cells/cu.mm | 200-1000 | Electrical Impedence |
| BASOPHILS | 6.6 | Cells/cu.mm | 0-100 | Electrical Impedence |

| | | | | |
|--------------------------------------|--------|-------------------------|---------------|----------------------|
| PLATELET COUNT | 211000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 15 | mm at the end of 1 hour | 0-20 | Modified Westergren |

| | | | | |
|------------------|--|--|--|--|
| PERIPHERAL SMEAR | | | | |
|------------------|--|--|--|--|



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| Emp/Auth/TPA ID : 9490545306 | |

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA | | | | |
|--|----------|--|--|--|
| BLOOD GROUP TYPE | O | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |

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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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|-----------|--------|------|-----------------|--------|

| | | | | |
|--------------------------------------|----|-------|--------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 87 | mg/dL | 70-100 | GOD - POD |
|--------------------------------------|----|-------|--------|-----------|

Comment:

As per American Diabetes Guidelines

| Fasting Glucose Values in mg/d L | Interpretation |
|----------------------------------|----------------|
| <100 mg/dL | Normal |
| 100-125 mg/dL | Prediabetes |
| ≥126 mg/dL | Diabetes |

| | | | | |
|--|----|-------|--------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA | 93 | 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.

Ref: Marks medical biochemistry and clinical approach

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| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA | 5.6 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA | 114 | mg/dL | | Calculated |

Comment:

Reference Range as per American Diabetes Association (ADA):

| REFERENCE GROUP | HBA1C IN % |
|-------------------------------|------------|
| NON DIABETIC ADULTS >18 YEARS | <5.7 |
| AT RISK (PREDIABETES) | 5.7 – 6.4 |
| DIAGNOSING 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.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 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. Fructosamine may be used as an alternate measurement of glycemic control



SIN No:PLF01990277,PLP1342519,EDT230058024

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|-----------|--------|------|-----------------|--------|

LIPID PROFILE , SERUM

| | | | | |
|---------------------|------|-------|--------|-------------|
| TOTAL CHOLESTEROL | 164 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 173 | mg/dL | <150 | Enzymatic |
| HDL CHOLESTEROL | 34 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 130 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 95.4 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 34.6 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.82 | | 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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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LIVER FUNCTION TEST (LFT) , SERUM

| | | | | |
|---------------------------------------|-------|-------|-----------|-------------------------|
| BILIRUBIN, TOTAL | 0.90 | mg/dL | 0.20-1.20 | DIAZO METHOD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | 0.0-0.3 | Calculated |
| BILIRUBIN (INDIRECT) | 0.80 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 14 | U/L | <35 | Visible with P-5-P |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 21.0 | U/L | 14-36 | UV with P-5-P |
| ALKALINE PHOSPHATASE | 77.00 | U/L | 38-126 | p-nitrophenyl phosphate |
| PROTEIN, TOTAL | 7.60 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.30 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 3.30 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.3 | | 0.9-2.0 | Calculated |

SIN No:SE04404803

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

| | | | | |
|-----------------------|-------|--------|------------|---------------------------|
| CREATININE | 0.60 | mg/dL | 0.5-1.04 | Creatinine amidohydrolase |
| UREA | 19.70 | mg/dL | 15-36 | Urease |
| BLOOD UREA NITROGEN | 9.2 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.90 | mg/dL | 2.5-6.2 | Uricase |
| CALCIUM | 9.70 | mg/dL | 8.4 - 10.2 | Arsenazo-III |
| PHOSPHORUS, INORGANIC | 3.80 | mg/dL | 2.5-4.5 | PMA Phenol |
| SODIUM | 140 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.6 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 103 | mmol/L | 98 - 107 | Direct ISE |

SIN No:SE04404803

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| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 13.00 | U/L | 12-43 | Glycylcysteine Nitoranalide |

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 Visakhapatnam, Andhra Pradesh



APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)

| | |
|---|--|
| Patient Name : Mrs.JAINTI MONIKA SURYA KUMARI | Collected : 24/Jun/2023 10:31AM |
| Age/Gender : 26 Y 6 M 0 D/F | Received : 24/Jun/2023 01:50PM |
| UHID/MR No : CVIS.0000117212 | Reported : 24/Jun/2023 04:49PM |
| Visit ID : CVISOPV111733 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9490545306 | |

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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

| | | | | |
|-----------------------------------|--------|--------|-----------|------|
| TRI-iodothyronine (T3, TOTAL) | 1.41 | ng/ml | 0.69-2.15 | CLIA |
| Thyroxine (T4, TOTAL) | 115.00 | ng/ml | 52-127 | CLIA |
| Thyroid Stimulating Hormone (TSH) | 1.580 | µIU/mL | 0.3-4.5 | CLIA |

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

| 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 |



| | |
|---|--|
| Patient Name : Mrs.JAINTI MONIKA SURYA KUMARI | Collected : 24/Jun/2023 10:31AM |
| Age/Gender : 26 Y 6 M 0 D/F | Received : 24/Jun/2023 04:09PM |
| UHID/MR No : CVIS.0000117212 | Reported : 24/Jun/2023 04:51PM |
| Visit ID : CVISOPV111733 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9490545306 | |

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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

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 | 1.010 | | 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 | 3-5 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 2-3 | /hpf | <10 | MICROSCOPY |
| RBC | 0.00 | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

SIN No:UR2134700

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apolloh.com | Email ID: enquiry@apolloh.com, Ph No: 040-4904 7777, Fax No: 4904 7744

GSTIN: 37AADCA0733E1Z6

Address: 50-81-1/2, Plot no. 5, Seethammapeta, Visakhapatnam, Andhra Pradesh



APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

| | |
|---|--|
| Patient Name : Mrs.JAINTI MONIKA SURYA KUMARI | Collected : 24/Jun/2023 10:31AM |
| Age/Gender : 26 Y 6 M 0 D/F | Received : 24/Jun/2023 04:09PM |
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| Visit ID : CVISOPV111733 | Status : Final Report |
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| Emp/Auth/TPA ID : 9490545306 | |

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)



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



Patient Name : Mrs. Jainti Monika Surya Kumari

Age/Gender : 26 Y/F

UHID/MR No. : CVIS.0000117212

OP Visit No : CVISOPV111733

Sample Collected on :

Reported on : 24-06-2023 15:55

LRN# : RAD2030376

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9490545306

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Dr. ARUNA PEBBILI
DMRD Radiology
Radiology

| | | | |
|----------------------------|-----------------------------------|--------------------|--------------------|
| Patient Name | : Mrs. Jainti Monika Surya Kumari | Age/Gender | : 26 Y/F |
| UHID/MR No. | : CVIS.0000117212 | OP Visit No | : CVISOPV111733 |
| Sample Collected on | : | Reported on | : 24-06-2023 14:38 |
| LRN# | : RAD2030376 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 9490545306 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

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

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

Right kidney : 9.6 x 4.3 cm

Left kidney : 8.6 x 3.4 cm

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

Uterus appears normal in size. It shows normal shape and echo pattern. It measures 8.1 x 4.5 x 5.4 cm. Endometrial echo-complex appears normal and measures 5.8 mm. No intra/extra uterine gestational sac seen.

Both ovaries

Multiple small follicles arranged peripherally with central echogenic stroma noted in both ovaries.

Right ovary : 3.8 x 2.7 cm (12 cc)

Left ovary : 3.4 x 2.7 cm (11 cc)

There is no evidence of ascites/ pleural effusion seen.

Patient Name : Mrs. Jainti Monika Surya Kumari

Age/Gender : 26 Y/F

IMPRESSION:-

- *FATTY INFILTRATION OF LIVER.
- *PCOS (POLY CYSTIC OVARIES).

**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**



Dr. ARUNA PEBBILI
DMRD Radiology
Radiology

Name: Mrs. Jainti Monika Surya Kumari
Age/Gender: 26 Y/F
Address: vizag
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. N MUKUNDA RAO

MR No: CVIS.0000117212
Visit ID: CVISOPV111733
Visit Date: 24-06-2023 10:15
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. Jainti Monika Surya Kumari
Age/Gender: 26 Y/F
Address: vizag
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. R ABHISHEK

MR No: CVIS.0000117212
Visit ID: CVISOPV111733
Visit Date: 24-06-2023 10:15
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. Jainti Monika Surya Kumari
Age/Gender: 26 Y/F
Address: vizag
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. NAMRATHA ARISETTY

MR No: CVIS.0000117212
Visit ID: CVISOPV111733
Visit Date: 24-06-2023 10:15
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. Jainti Monika Surya Kumari
Age/Gender: 26 Y/F
Address: vizag
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

MR No: CVIS.0000117212
Visit ID: CVISOPV111733
Visit Date: 24-06-2023 10:15
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. Jainti Monika Surya Kumari
Age/Gender: 26 Y/F
Address: vizag
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SRINIVAS RAO

MR No: CVIS.0000117212
Visit ID: CVISOPV111733
Visit Date: 24-06-2023 10:15
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|-------|--------------------------|--------------|----------------|-------------------------|-----------|
| 24-06-2023 15:56 | 68 Beats/min | 100/60 mmHg | 18 Rate/min | 98.6 F | 147 cms | 66 Kgs | % | % | Years | 30.54 | cms | cms | cms | | AHLL07730 |

Established Patient: No

Vitals

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
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|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|-------|--------------------------|--------------|----------------|-------------------------|-----------|
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Established Patient: No

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Vitals

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|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|-------|--------------------------|--------------|----------------|-------------------------|-----------|
| 24-06-2023 15:56 | 68 Beats/min | 100/60 mmHg | 18 Rate/min | 98.6 F | 147 cms | 66 Kgs | % | % | Years | 30.54 | cms | cms | cms | | AHLL07730 |

Physical Medical Examination Format

| | |
|---------------------------------------|------------------------------------|
| NAME:- <u>J. Monika Sanyal Kumari</u> | DATE:- <u>24/6/23</u> |
| DESIGNATION:- <u>-</u> | AGE:- <u>26 + 1F</u> |
| EMP CODE:- <u>-</u> | UNIT/DEPARTMENT:- <u>-</u> |
| BLOOD GROUP:- <u>-</u> | MARTIAL STATUS:- MARRIED/UNMARRIED |

MEDICAL EXAMINATION

| | |
|------------------------------------|---------------|
| Complaints (if any) | <u>Nil</u> |
| Personal /family history | <u>Nil</u> |
| Past Medical /Occupational History | <u>Nil</u> |
| Sensitivity/Allergy (if any) | <u>Nil</u> |
| Heart | <u>Normal</u> |
| Any other Conditions | <u>Nil</u> |

| | | | |
|---------------------|--------------------|------------------|-------------------|
| Height:- <u>147</u> | Weight:- <u>66</u> | BMI <u>30.54</u> | Pulse <u>68</u> |
| Temp:- <u>98.6</u> | Pulse <u>68</u> | Resp:- <u>18</u> | B.P <u>100/60</u> |

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. J. Monika Sanyal Kumari for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness.

I Certify That Employee Is Medically..... fit

Fit

Unfit

Signature Of Employee

Signature & Seal Of Medical Examiner With

Registration No:-.....

Dr. G. INDIRA PRIYADARSHINI
MBBS

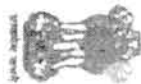
Regd. No. 63148
Temporarily Unfit
Apollo Clinic, Seethammapet, Vizag

Name: Mrs. Jainti Monika Surya Kumari
 Age/Gender: 26 Y/F
 Address: vizag
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000117212
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Vitals:

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
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భారత ప్రభుత్వం
GOVERNMENT OF INDIA

జయంతి మౌనిక సూర్య కుమారి
Jayanthi Mounika Surya Kumari



పుట్టిన సంవత్సరం/Year of Birth: 1996
స్త్రీ / Female

4699 2339 4753



ఆధార్ - సామాన్యని హక్కు

On Sat, Jun 17, 2023, 17:46 Mediwheel <wellness@mediwheel.in> wrote:

011-41195959
Email:wellness@mediwheel.in

Dear Jaini monika surya kumari ,

Please find the confirmation for following request.

Booking Date : 16-06-2023

Package Name : Arcofemi Mediwheel Full Body Health Annual Plus Check Female 2D
ECHO

Name of Diagnostic/Hospital : Apollo Clinic - Visakhapatnam

Address of Diagnostic/Hospital : 50, Plot 5, Sheetharmmapeta, Beside BVK college, Dwaraka Nagar, Vishakapatnam,

Contact Details : (0891) 258 5511 - 12

City : Visakhapatnam

State : Andhra Pradesh

Pincode : 530016

Appointment Date : 24-06-2023

Confirmation Status : Confirmed

Preferred Time : 8:00am-8:30am

Comment : APPOINTMENT TIME 9:00AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.
- Request you to reach half an hour before the scheduled time.
- In case of further assistance, Please reach out to Team Mediwheel.

| | | | |
|--------------------|-----------------------------------|-------------|--------------------|
| Patient Name | : Mrs. Jainti Monika Surya Kumari | Age | : 26 Y F |
| UHID | : CVIS.0000117212 | OP Visit No | : CVISOPV111733 |
| Reported on | : 24-06-2023 15:55 | Printed on | : 24-06-2023 15:56 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

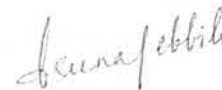
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:24-06-2023 15:55

---End of the Report---



Dr. ARUNA PEBBILI
DMRD Radiology
Radiology

| | | | |
|--------------|-----------------------------------|----------------|--------------------|
| Patient Name | : Mrs. Jainti Monika Surya Kumari | Age | : 26 Y/F |
| UHID | : CVIS.0000117212 | OP Visit No | : CVISOPV111733 |
| Reported By: | : Dr. SHASHANKA CHUNDURI | Conducted Date | : 24-06-2023 15:57 |
| Referred By | : SELF | | |

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 68 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

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

Dr. SHASHANKA CHUNDURI

| | | | |
|---------------|-----------------------------------|----------------|--------------------|
| Patient Name | : Mrs. Jainti Monika Surya Kumari | Age | : 26 Y/F |
| UHID | : CVIS.0000117212 | OP Visit No | : CVISOPV111733 |
| Conducted By: | : Dr. SHASHANKA CHUNDURI | Conducted Date | : 24-06-2023 15:00 |
| Referred By | : SELF | | |

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

| | |
|-----------|--------|
| Ao (ed) | 2.4 CM |
| LA (es) | 2.5 CM |
| LVID (ed) | 4.2 CM |
| LVID (es) | 2.9 CM |
| IVS (Ed) | 0.7 CM |
| LVPW (Ed) | 0.7 CM |
| EF | 62.00% |
| %FD | 33.00% |

| | |
|--------------------------|--------|
| MITRAL VALVE : | NORMAL |
| AML | NORMAL |
| PML | NORMAL |
| AORTIC VALVE | NORMAL |
| TRICUSPID VALVE | NORMAL |
| RIGHT VENTRICLE | NORMAL |
| INTER ATRIAL SEPTUM | INTACT |
| INTER VENTRICULAR SEPTUM | INTACT |
| AORTA | NORMAL |
| RIGHT ATRIUM | NORMAL |
| LEFT ATRIUM | NORMAL |
| Pulmonary Valve | NORMAL |
| PERICARDIUM | NORMAL |
| LEFT VENTRICLE: | |

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES :

PF:1.0m/sec.
MF:E>A
AF:0.9m/sec.

IMPRESSION :
NORMAL CARDIAC SIZE.
NO RWMA.
GOOD LV/ RV FUNCTION.
TRIVIALMR/NO AR/NO TR/NO PAH. NO CLOT.
NO PERICARDIAL EFFUSION.
LVEF:62%.

Dr. SHASHANKA
CHUNDURI

| | | | |
|-----------------|----------------------------------|--------------|-------------------------------|
| Patient Name | : Mrs.JAINTI MONIKA SURYA KUMARI | Collected | : 24/Jun/2023 10:31AM |
| Age/Gender | : 26 Y 6 M 0 D/F | Received | : 24/Jun/2023 01:50PM |
| UHID/MR No | : CVIS.0000117212 | Reported | : 24/Jun/2023 03:53PM |
| Visit ID | : CVISOPV111733 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 9490545306 | | |

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



| | |
|---|--|
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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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

HEMOGRAM , WHOLE BLOOD-EDTA

| | | | | |
|-----------------------------|-------|---------------|------------|--------------------------------|
| HAEMOGLOBIN | 12.6 | g/dL | 12-15 | Spectrophotometer |
| PCV | 40.70 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.6 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 88 | fL | 83-101 | Calculated |
| MCH | 27.4 | pg | 27-32 | Calculated |
| MCHC | 33.3 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.4 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,600 | cells/cu.mm | 4000-10000 | Electrical Impedance |

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

| | | | | |
|-------------|------|---|-------|----------------------|
| NEUTROPHILS | 58.6 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 34.5 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 2.9 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 3.9 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.1 | % | <1-2 | Electrical Impedance |

ABSOLUTE LEUCOCYTE COUNT

| | | | | |
|-------------|--------|-------------|-----------|----------------------|
| NEUTROPHILS | 3867.6 | Cells/cu.mm | 2000-7000 | Electrical Impedance |
| LYMPHOCYTES | 2277 | Cells/cu.mm | 1000-3000 | Electrical Impedance |
| EOSINOPHILS | 191.4 | Cells/cu.mm | 20-500 | Electrical Impedance |
| MONOCYTES | 257.4 | Cells/cu.mm | 200-1000 | Electrical Impedance |
| BASOPHILS | 6.6 | Cells/cu.mm | 0-100 | Electrical Impedance |

PLATELET COUNT

| | | | | |
|----------------|--------|-------------|---------------|----------------------|
| PLATELET COUNT | 211000 | cells/cu.mm | 150000-410000 | Electrical impedance |
|----------------|--------|-------------|---------------|----------------------|

ERYTHROCYTE SEDIMENTATION RATE (ESR)

| | | | | |
|--------------------------------------|----|-------------------------|------|---------------------|
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 15 | mm at the end of 1 hour | 0-20 | Modified Westergren |
|--------------------------------------|----|-------------------------|------|---------------------|

PERIPHERAL SMEAR



| | |
|---|--|
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| Emp/Auth/TPA ID : 9490545306 | |

| 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 |

| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA | | | | |
|--|----------|--|--|--|
| BLOOD GROUP TYPE | O | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |



| | |
|---|--|
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| UHID/MR No : CVIS.0000117212 | Reported : 24/Jun/2023 02:58PM |
| Visit ID : CVISOPV111733 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9490545306 | |

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 | 87 | mg/dL | 70-100 | GOD - POD |
|-------------------------------|----|-------|--------|-----------|

Comment:

As per American Diabetes Guidelines

| Fasting Glucose Values in mg/d L | Interpretation |
|----------------------------------|----------------|
| <100 mg/dL | Normal |
| 100-125 mg/dL | Prediabetes |
| ≥126 mg/dL | Diabetes |

| | |
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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 | 5.6 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA | 114 | mg/dL | | Calculated |

Comment:

Reference Range as per American Diabetes Association (ADA):

| REFERENCE GROUP | HBA1C IN % |
|-------------------------------|------------|
| NON DIABETIC ADULTS >18 YEARS | <5.7 |
| AT RISK (PREDIABETES) | 5.7 – 6.4 |
| DIAGNOSING 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.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 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. Fructosamine may be used as an alternate measurement of glycemic control



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| Emp/Auth/TPA ID : 9490545306 | |

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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

LIPID PROFILE , SERUM

| | | | | |
|---------------------|------|-------|--------|-------------|
| TOTAL CHOLESTEROL | 164 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 173 | mg/dL | <150 | Enzymatic |
| HDL CHOLESTEROL | 34 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 130 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 95.4 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 34.6 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.82 | | 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 can show physiological and analytical variations.
NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
|---------------------------------------|-------|-------|-----------|-------------------------|
| BILIRUBIN, TOTAL | 0.90 | mg/dL | 0.20-1.20 | DIAZO METHOD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | 0.0-0.3 | Calculated |
| BILIRUBIN (INDIRECT) | 0.80 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 14 | U/L | <35 | Visible with P-5-P |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 21.0 | U/L | 14-36 | UV with P-5-P |
| ALKALINE PHOSPHATASE | 77.00 | U/L | 38-126 | p-nitrophenyl phosphate |
| PROTEIN, TOTAL | 7.60 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.30 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 3.30 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.3 | | 0.9-2.0 | Calculated |



| | |
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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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
|--|--------|--------|-----------------|---------------------------|
| Test Name | Result | Unit | Bio. Ref. Range | Method |
| CREATININE | 0.60 | mg/dL | 0.5-1.04 | Creatinine amidohydrolase |
| UREA | 19.70 | mg/dL | 15-36 | Urease |
| BLOOD UREA NITROGEN | 9.2 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.90 | mg/dL | 2.5-6.2 | Uricase |
| CALCIUM | 9.70 | mg/dL | 8.4 - 10.2 | Arsenazo-III |
| PHOSPHORUS, INORGANIC | 3.80 | mg/dL | 2.5-4.5 | PMA Phenol |
| SODIUM | 140 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.6 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 103 | 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 | 13.00 | U/L | 12-43 | Glycylcycine Nitoranalide |



| | |
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| 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 |

| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
|---|--------|--------|-----------|------|
| TRI-iodothyronine (T3, TOTAL) | 1.41 | ng/ml | 0.69-2.15 | CLIA |
| THYROXINE (T4, TOTAL) | 115.00 | ng/ml | 52-127 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.580 | µIU/mL | 0.3-4.5 | CLIA |

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

| 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 |



| | |
|---|--|
| Patient Name : Mrs.JAINTI MONIKA SURYA KUMARI | Collected : 24/Jun/2023 10:31AM |
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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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

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 | 1.010 | | 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 | 3-5 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 2-3 | /hpf | <10 | MICROSCOPY |
| RBC | 0.00 | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 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(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |
|------------------------|----------|--|----------|----------|

*** End Of Report ***

Result/s to Follow:
LBC PAP TEST (PAPSURE), GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL), GLUCOSE (POST PRANDIAL) - URINE



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



| | | | |
|--------------------|-----------------------------------|-------------|--------------------|
| Patient Name | : Mrs. Jainti Monika Surya Kumari | Age | : 26 Y F |
| UHID | : CVIS.0000117212 | OP Visit No | : CVISOPV111733 |
| Reported on | : 24-06-2023 14:35 | Printed on | : 24-06-2023 14:38 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

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

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

Right kidney : 9.6 x 4.3 cm

Left kidney : 8.6 x 3.4 cm

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

Uterus appears normal in size. It shows normal shape and echo pattern. It measures 8.1 x 4.5 x 5.4 cm. Endometrial echo-complex appears normal and measures 5.8 mm. No intra/extra uterine gestational sac seen.

Both ovaries

Multiple small follicles arranged peripherally with central echogenic stroma noted in both ovaries.

Right ovary : 3.8 x 2.7 cm (12 cc)

| | | | |
|--------------------|-----------------------------------|-------------|--------------------|
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Left ovary : 3.4 x 2.7 cm (11 cc)

There is no evidence of ascites/ pleural effusion seen.


IMPRESSION:-

- *FATTY INFILTRATION OF LIVER.
- *PCOS (POLY CYSTIC OVARIES).

**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**

Printed on:24-06-2023 14:35

---End of the Report---


Dr. ARUNA PEBBILI
DMRD Radiology
Radiology