

Name : Mrs. VEENA KUMARI

Age: 47 Y

UHID: SCHI.0000015847

Address : MUZAFFARPUR

Sex: F



OP Number: SCHIOPV22349

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No : SCHI-OCR-8428

Date : 19.10.2023 08:58

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

7/5 11.1

Height:	162 cm
Weight:	71.2 kg
B.P.:	122/80 mm
Pulse:	74/min

Spuz - 997.


भारत सरकार
 GOVERNMENT OF INDIA



वीणा कुमारी
 Veena Kumari
 जन्म तिथि/ DOB: 13/08/1976
 महिला / FEMALE



3488 7143 2864

आधार-आम आदमी का अधिकार

Aadhaar-Aam Admi ka Adhikar

3488 7143 2864

पता:
 शाखा: लक्ष्मी नारायण
 बैंक ऑफ
 बरोडा, मेहदी हसन
 चौक, ब्राह्मपुरा, एम.ओ.डी.
 मुजफ्फरपुर,
 बिहार - 842003

Address:
 D/O. Lakshmi Narayan Tivari, Bank
 of Baroda, Mehdi Hasam
 Chowk, Brahmपुरa, M.T.,
 Muzaffarpur,
 Bihar - 842003


भारतीय प्रतिष्ठान प्राधिकरण
 UNIQUE IDENTIFICATION AUTHORITY OF INDIA

PHC_Desk

From: noreply@apolloclinics.info
Sent: 18 October 2023 16:45
To: customercare@mediwheel.in
Cc: phc.klc@apollospectra.com; syamsunder.m@apollohl.com; cc.klc@apollospectra.com
Subject: Your Apollo order has been confirmed



Dear MRS. KUMARI VEENA,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **SPECTRA NEHRU ENCLAVE clinic** on **2023-10-19** at **09:05-09:10**.

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

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

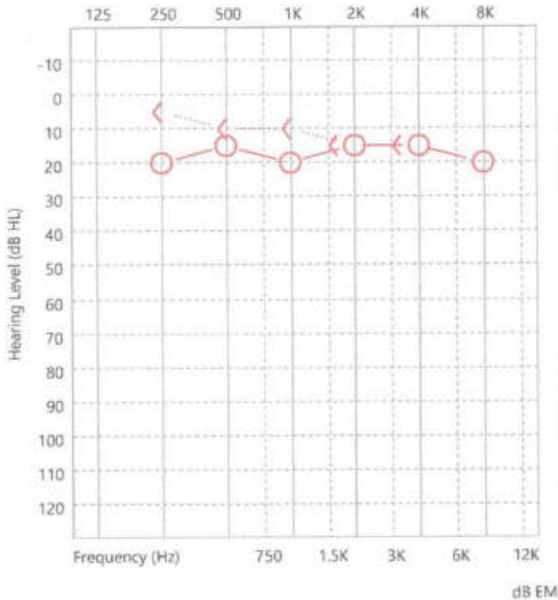
Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

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

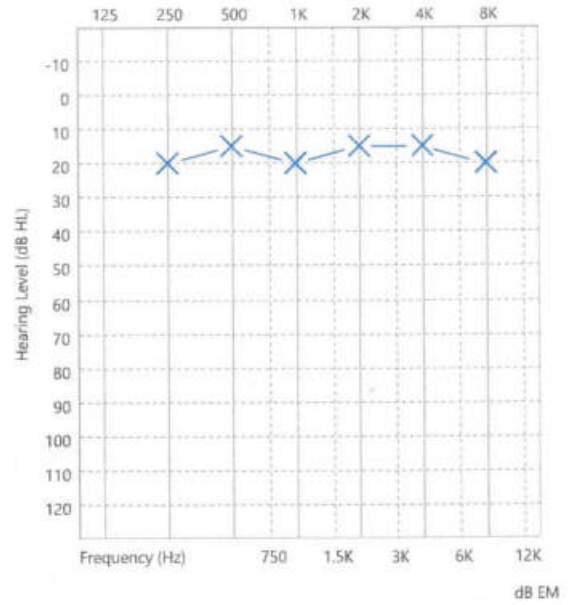


Name Veena Kumari
Patient ID 8428
Gender Female
Age 47 years

19-10-2023



	Right	Combined	Left
AC unmasked	○	○	○
AC NR	⊗	⊗	⊗
AC masked	△	△	△
AC masked NR	⊠	⊠	⊠
BC unmasked	<	>	>
BC NR	∫	∫	∫
BC masked	∫	∫	∫
BC masked NR	∫	∫	∫
Sound Field	S	S	S
Sound Field NR	S	S	S
Cochlear	□	□	□
Cochlear NR	□	□	□
MCL	M	M	M
MCL NR	M	M	M
UCL	U	U	U
UCL NR	U	U	U



AC									
BC									

AC									
BC									

Comments

Bilateral normal hearing.

PTA Average

Right Ear: 17dBHL
Left Ear: 17dBHL

Nishant Siniel
19/10/2023

19/10/23

Dr. Veena Kumar
477

Im (R) eye - 26
 (L) eye - 26

40 - Dayness (R)
 (R)

(Spectacles)

410 - no DM
 477

NC 11/10 mm

POU (R) - 0.50 / -0.75 x 90° - (R)
 (L) - 1.50 / -1.50 x 90° -
 add H 15

Ref (R) - 0.50 / -0.75 x 90° - (R)
 (L) - 1.25 / -1.50 x 90° - (R)
 add H 2.00

Col. hand (R) none

tonicity none
SLE (R) (R)

Adv - Corneal - Hy Eye Sub
 000 (R)

- Contact glc



Apollo Clinic

CONSENT FORM

Patient Name: Veena Kumari Age: 47

UHID Number: _____ Company Name: _____

I Mr/Mrs/Ms Veena Kumari Employee of Bank of Baroda

(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: 19/10/23

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

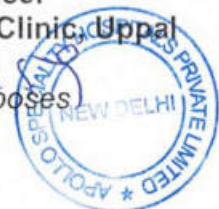
of Veene kumar on 19/08/23

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>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. Neenu
 Medical Officer
 The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes



Dr. Sheetal Agarwal

MBS, D.N.B., M.N.A.M.S
Sr. Consultant Obst. & Gynae

Specialist: High Risk Pregnancy & Infertility
DMC Regn. No. 14896



Specialists in Surgery

For Appointment: +91 11 40465555
Mob.: +91 9910995018

19/10/23

Veena Kumari, Gff.

40 Westhemus hyst. done last year

o/p - Pzr, Both side

Adel

vault sweat

A large, stylized handwritten signature in blue ink, consisting of several loops and a long horizontal stroke.

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

Dr. Nayeem Ahmad

MBBS (Patna), DLOMS (Patna)

DNB (I) New Delhi

Consultant ENT Surgeon

For Appointment : +91 11 40465555

Mob.: +91 9910995018



Specialists in Surgery

Veena Kumari
474 / F

Ear + wax
Nose + mild DNS @
Throat + mm

wax

↓
19/10/2023

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19/10/23 .

Mrs. Veena Kumari .
47 Years / F .

C/C :- Regular Dental Check - up .

M/H :- Uterine Cancer → Operated .

PDH :- N.R .

O/E :- Calculus + .
- Stains present -

Advised :- Sealing of Oral Prophyllaxis -



Patient Name : Mrs. VEENA KUMARI Age : 47 Y F
 UHID : SCHI.0000015847 OP Visit No : SCHI01PV22349
 Conducted By : Dr. MUKESH K GUPTA Conducted Date : 19-10-2023 14:40
 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	3.0 (1.9 - 4.0cm)
LV es	3.2 (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)		LVVv (ml)	
EF	58% (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

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PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=58%
- v Grade I LVDD
- 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

NAME :	VEENA KUMARI	AGE/SEX	47	YRS. /F
UHID :	15847			
REF BY :	APOLLO SPECTRA	DATE:-	19.10.2023	

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

Pancreas and Spleen: Appears normal in size and echotexture.

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

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

Uterus is not seen – Post operative status.

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

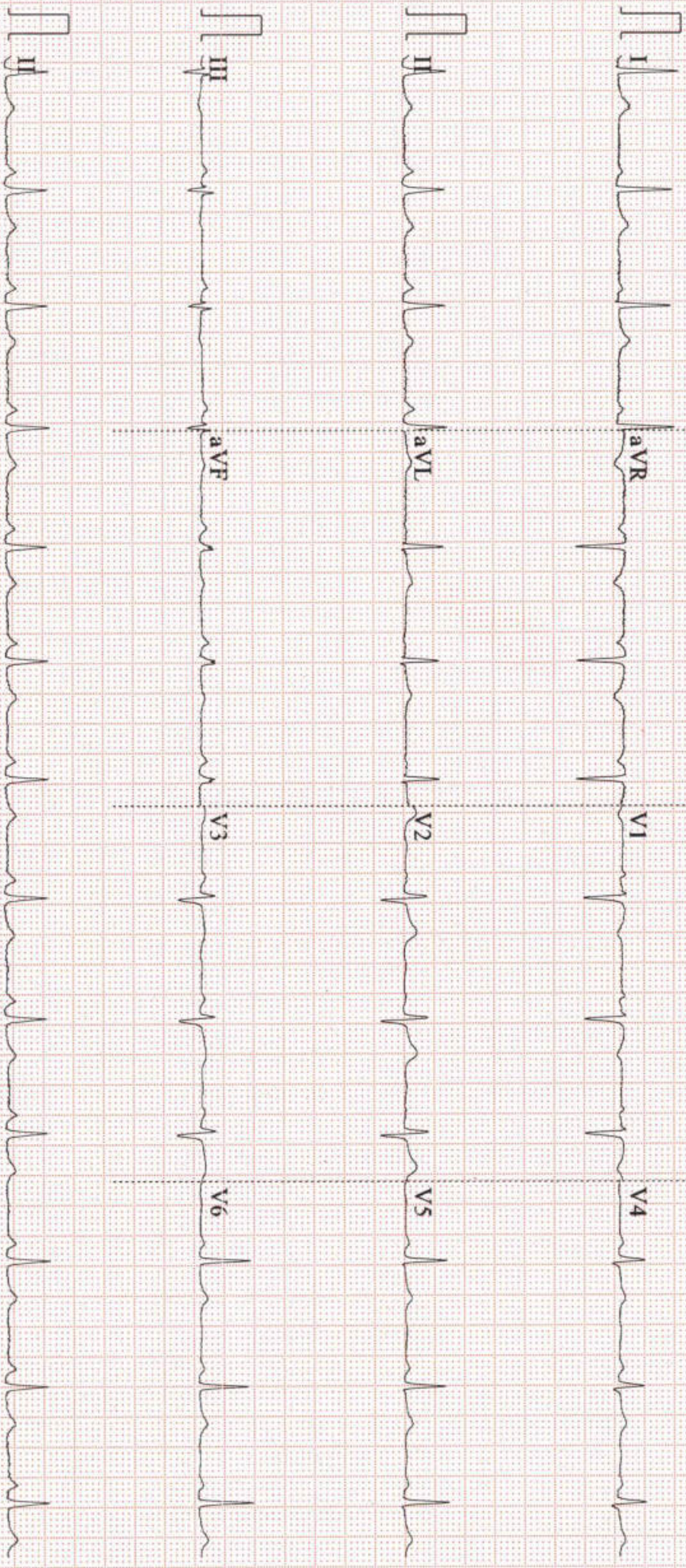
ID: 15847
Vecna kumari
Female 47Years
Req. No. :

19-10-2023 12:54:34

HR : 75 bpm
P : 94 ms
PR : 138 ms
QRS : 75 ms
QT/QTcBz : 363/407 ms
P/QRS/T : 58/30/18 °
RV5/SV1 : 0.714/0.624 mV

Diagnosis Information:
Sinus Rhythm
Low Voltage(Chest Leads)

Report Confirmed by:



0.67-25Hz AC/50 25mm/s 10mm/mV 4*2.5s+1r V2.22 SEMIP V1.92 APOLLO SPECIALTY HOSPITALS

REC'D BY DR. CHAKRA

NAME :	VEENA KUMARI	AGE/SEX	47	YRS. / F
UHID :	15847			
REF BY :	APOLLO SPECTRA	DATE:-	19.10.2023	

USG BOTH BREAST

Both breast shows normal parenchymal pattern.

Few small prominent mammary ducts seen in the retroareolar region (3-4mm)

A small 3 mm cyst seen in the right breast in the central quadrant . Skin and subcutaneous tissues are normal.

No abnormal vascularity seen on both sides.

Few small axillary nodes with preserved fatty hilum are seen bilaterally .

Advise: Clinical and MR mammogram Correlation if clinically indicated.


DR. MONICA CHHABRA
CONSULTANT RADIOLOGIST

DIGITAL X-RAY REPORT

NAME: VEENA	DATE: 19.10.2023
UHID NO : 15847	AGE: 47YRS/ 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.VEENA KUMARI	Collected : 19/Oct/2023 09:03AM
Age/Gender : 47 Y 2 M 6 D/F	Received : 19/Oct/2023 09:39AM
UHID/MR No : SCHI.0000015847	Reported : 19/Oct/2023 12:54PM
Visit ID : SCHIOPV22349	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4258	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	11.1	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	35.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.03	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.9	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	31.6	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,170	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	45.6	%	40-80	Electrical Impedance
LYMPHOCYTES	43.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.8	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	1901.52	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1813.95	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	158.46	Cells/cu.mm	20-500	Calculated
MONOCYTES	271.05	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.02	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	180000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH FEW MICROCYTIC HYPOCHROMIC CELLS.

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

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN



Patient Name : Mrs.VEENA KUMARI	Collected : 19/Oct/2023 09:03AM
Age/Gender : 47 Y 2 M 6 D/F	Received : 19/Oct/2023 09:39AM
UHID/MR No : SCHI.0000015847	Reported : 19/Oct/2023 02:37PM
Visit ID : SCHIOPV22349	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4258	

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
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

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



Patient Name : Mrs.VEENA KUMARI	Collected : 19/Oct/2023 12:41PM
Age/Gender : 47 Y 2 M 6 D/F	Received : 19/Oct/2023 01:21PM
UHID/MR No : SCHI.0000015847	Reported : 19/Oct/2023 04:47PM
Visit ID : SCHIOPV22349	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4258	

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
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GLUCOSE, FASTING , NAF PLASMA	97	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 > 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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	95	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.VEENA KUMARI	Collected : 19/Oct/2023 09:03AM
Age/Gender : 47 Y 2 M 6 D/F	Received : 19/Oct/2023 12:30PM
UHID/MR No : SCHI.0000015847	Reported : 19/Oct/2023 01:49PM
Visit ID : SCHIOPV22349	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4258	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Patient Name : Mrs.VEENA KUMARI	Collected : 19/Oct/2023 09:03AM
Age/Gender : 47 Y 2 M 6 D/F	Received : 19/Oct/2023 09:39AM
UHID/MR No : SCHI.0000015847	Reported : 19/Oct/2023 11:45AM
Visit ID : SCHIOPV22349	Status : Final Report
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Emp/Auth/TPA ID : 4258	

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
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	164	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	109	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	81	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	83	mg/dL	<130	Calculated
LDL CHOLESTEROL	61.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.02		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.



Patient Name : Mrs.VEENA KUMARI	Collected : 19/Oct/2023 09:03AM
Age/Gender : 47 Y 2 M 6 D/F	Received : 19/Oct/2023 09:39AM
UHID/MR No : SCHI.0000015847	Reported : 19/Oct/2023 11:45AM
Visit ID : SCHIOPV22349	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4258	

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
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.70	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	84.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.20	g/dL	6.3-8.2	Biuret
ALBUMIN	5.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.83		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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

CREATININE	0.60	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	17.80	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	2.5-6.2	Uricase
CALCIUM	9.80	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	5.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE



Patient Name : Mrs.VEENA KUMARI	Collected : 19/Oct/2023 09:03AM
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Visit ID : SCHIOPV22349	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.00	U/L	12-43	Glycylcysteine Nitoranalide



Patient Name : Mrs.VEENA KUMARI	Collected : 19/Oct/2023 09:03AM
Age/Gender : 47 Y 2 M 6 D/F	Received : 19/Oct/2023 09:39AM
UHID/MR No : SCHI.0000015847	Reported : 19/Oct/2023 12:50PM
Visit ID : SCHIOPV22349	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4258	

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

TRI-iodothyronine (T3, TOTAL)	1.56	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.52	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	4.370	µIU/mL	0.25-5.0	ELFA

Comment:

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Patient Name : Mrs.VEENA KUMARI	Collected : 19/Oct/2023 09:03AM
Age/Gender : 47 Y 2 M 6 D/F	Received : 19/Oct/2023 04:07PM
UHID/MR No : SCHI.0000015847	Reported : 19/Oct/2023 04:50PM
Visit ID : SCHIOPV22349	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4258	

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
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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	2-3	/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



Patient Name : Mrs.VEENA KUMARI	Collected : 19/Oct/2023 09:36AM
Age/Gender : 47 Y 2 M 6 D/F	Received : 19/Oct/2023 04:13PM
UHID/MR No : SCHI.0000015847	Reported : 19/Oct/2023 04:51PM
Visit ID : SCHIOPV22349	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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



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



Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist

