

Name: Mrs. Neha Bharti
Age/Gender: 32 Y/F
Address: hyd
Location: HYDERABAD, TELANGANA
Doctor: GENERAL
Department: KONDAPUR_06042023
Rate Plan: ARCOFEMI HEALTHCARE LIMITED
Sponsor:

MR No: CKON.0000419408
Visit ID: CKONOPV613821
Visit Date: 28-10-2023 08:42
Discharge Date:
Referred By: SELF

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
28-10-2023 12:03	56 Beats/min	100/70 mmHg	Rate/min	F	151 cms	50 Kgs	%	%	Years	21.93	86 cms	89 cms	86 cms		AHLL09485

Patient Name	: Mrs. Neha Bharti	Age	: 32 Y/F
UHID	: CKON.0000419408	OP Visit No	: CKONOPV613821
Reported By:	: Dr. RAMU ANKAM	Conducted Date	: 28-10-2023 16:30
Referred By	: SELF		

ECG REPORT

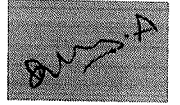
Observation :-

1. Sinus Rhythm.
2. Heart rate is 56beats 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:

SINUS BRADYCARDIA.

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



Dr. RAMU ANKAM

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

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Andhra Pradesh: **Tirupati** (Sankarambadi Circle) **Vizag** (Seethamma Peta)

Telangana: **Hyderabad** (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram)

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TO BOOK AN APPOINTMENT



1860 500 7788

Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Location:
Order Number:
Visit:

Room:

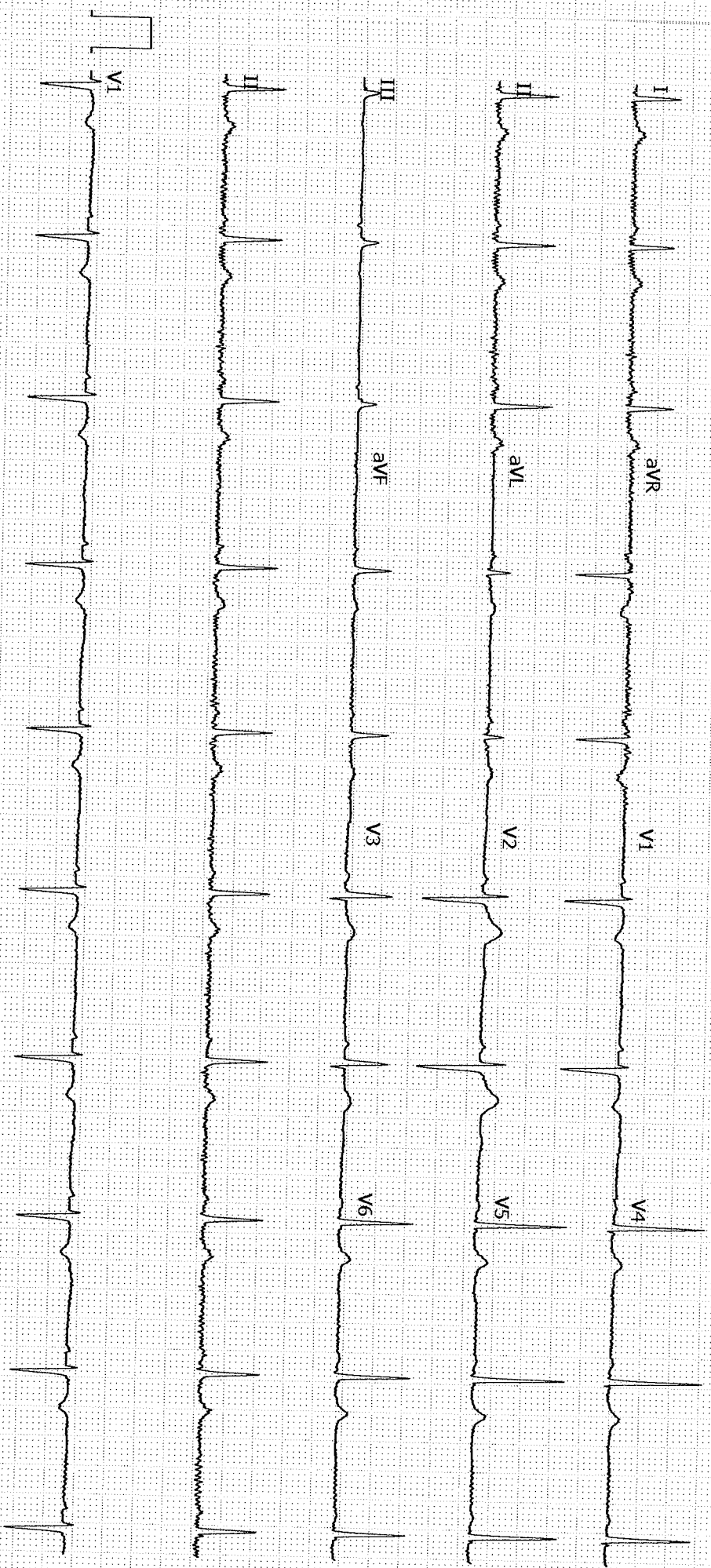
Indication:
Medication 1:
Medication 2:
Medication 3:

56 bpm
--/-- mmHg

QRS : 72 ms
QT / QTcbaz : 372 / 358 ms
PR : 130 ms
P : 70 ms
RR / PP : 1080 / 1071 ms
P / QRS / T : 29 / 47 / 18 degrees

Sinus bradycardia
Otherwise normal ECG

Sinus bradycardia



Patient Name : Mrs. Neha Bharti
UHID : CKON.0000419408
Conducted By: : Dr. RAMU ANKAM
Referred By : SELF

Age : 32 Y/F
OP Visit No : CKONOPV613821
Conducted Date : 28-10-2023 15:30

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (cd)	2.6CM
LA (cs)	3.3 CM
LVID (ed)	4.1 CM
LVID (cs)	2.7 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	66.00%
%FD	36.00%
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

COLOUR AND DOPPLER STUDIES

PJV: 0.8 m/s
AJV: 1.2 m/s
E: 0.8 m/s

A: 0.6 m/s

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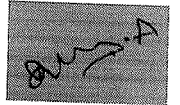
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TO BOOK AN APPOINTMENT

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IMPRESSION:-
NORMAL CHAMBERS
NO RWMA
GOOD LV/ RV SYSTOLIC FUNCTION
NO MR/ TR/ AR/ PAH
NO CLOT/ NO PE



Dr. RAMU
ANKAM



Medi@wheel.

Name	Mrs. Neha Bhatti	Date	28/10/23
Age	32y	UHID No.	419408
<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Ref. Physician	Dr. Ramu
Ref. Diagnosis			

Echocardiogram Report

Echogenicity Poor Adequate Good

Ht. _____ Wt. _____ BSA _____

DIMENSIONS		NORMAL	DIMENSIONS		NORMAL		
Ao (ed)	2.6	cm	(1.5cm / m2)	IVS (Ed)	1.0	cm	(0.6 - 1.2 cm)
LA (es)	3.3	cm	(1.5cm / m2)	LVPW (Ed)	1.0	cm	(0.6 - 1.1 cm)
RVID (ed)	3.2	cm	(0.9 cm / m2)	EF	66%		(0.62 - 0.85)
LVID (ed)	4.1	cm	(2.6 - 3.4 cm / m2)	% FD	36%		(2.8% - 42%)
LVID (es)	2.4						

MORPHOLOGICAL DATA

Mitral Valve
 AML 2
 PML 2
 Aortic Valve 2
 Tricuspid valve 2
 Pulmonary valve 2
 Right ventricle 2

Interatrial septum 2
 Interventricular septum 2
 Pulmonary artery 2
 Aorta 2
 Right atrium 2
 Left atrium 2

GLASS PRESCRIPTION

DATE: 28/10/2023

UHID: 419408

7504479506

PATIENT NAME: Mrs. Neha Bharti

32Y | F
AGE/ GENDER:

	UAVA	SPII	CYL	AXIS	ADD	BCVA
OD	666 666	0.75	—	—	2	666
OS	666 666	0.75	—	—	2	666

COLOR VISION: *CG normal*

* *RE vision Abnormal*

INSTRUCTIONS:

* *Glare ray filter lens.*

[Signature]
SIGNATURE

Customer Pending Tests
PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION

Patient Name	: Mrs. Neha Bharti	Age/Gender	: 32 Y/F
UHID/MR No.	: CKON.0000419408	OP Visit No	: CKONOPV613821
Sample Collected on	:	Reported on	: 29-10-2023 09:02
LRN#	: RAD2135706	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 25336555		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

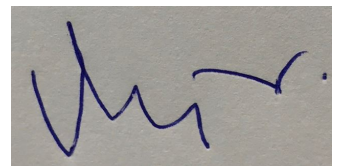
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Patient Name	: Mrs. Neha Bharti	Age/Gender	: 32 Y/F
UHID/MR No.	: CKON.0000419408	OP Visit No	: CKONOPV613821
Sample Collected on	:	Reported on	: 28-10-2023 13:45
LRN#	: RAD2135706	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 25336555		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder is well distended. **Calculus of size 13 mm.** 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 measures 105 x 43 mm. Left kidney measures 102 x 43 mm.

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 measures 62 x 52 x 32mm, It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 5 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture.

Right ovary measures 26 x 14 mm. Left ovary measures 27 x 16 mm.

IMPRESSION:-

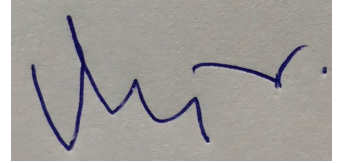
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Age/Gender : 32 Y/F

****GALL BLADDER CALCULUS.**

Suggest – clinical correlation.

(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. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Patient Name : Mrs.NEHA BHARTI	Collected : 28/Oct/2023 08:49AM
Age/Gender : 32 Y 1 M 5 D/F	Received : 28/Oct/2023 09:37AM
UHID/MR No : CKON.0000419408	Reported : 28/Oct/2023 11:24AM
Visit ID : CKONOPV613821	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 25336555	

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	37.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.24	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	32.0	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,100	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	70	%	40-80	Electrical Impedence
LYMPHOCYTES	27	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	02	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4270	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1647	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	61	Cells/cu.mm	20-500	Calculated
MONOCYTES	122	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	151000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC :Normocytic Normochromic.

WBC : TLC and DLC Within normal limits.

PLATELETS :Adequate on the smear.

SIN No:BED230263644

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Address:
The Apollo Medical Centre, 2-20/6/A, Kothaguda X Roads, Kondapur,
Hyderabad, Telangana, India - 500032



Patient Name : Mrs.NEHA BHARTI	Collected : 28/Oct/2023 08:49AM
Age/Gender : 32 Y 1 M 5 D/F	Received : 28/Oct/2023 01:57PM
UHID/MR No : CKON.0000419408	Reported : 28/Oct/2023 03:46PM
Visit ID : CKONOPV613821	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 25336555	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Negative			Microplate technology

SIN No:HA05946738

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Patient Name : Mrs.NEHA BHARTI	Collected : 28/Oct/2023 12:35PM
Age/Gender : 32 Y 1 M 5 D/F	Received : 28/Oct/2023 03:12PM
UHID/MR No : CKON.0000419408	Reported : 28/Oct/2023 03:17PM
Visit ID : CKONOPV613821	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 25336555	

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	97	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	133	mg/dL	70-140	GOD - POD
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

SIN No:PLF02046521,PLP1382229

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Patient Name : Mrs.NEHA BHARTI	Collected : 28/Oct/2023 08:49AM
Age/Gender : 32 Y 1 M 5 D/F	Received : 28/Oct/2023 12:22PM
UHID/MR No : CKON.0000419408	Reported : 28/Oct/2023 03:04PM
Visit ID : CKONOPV613821	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 25336555	

DEPARTMENT OF BIOCHEMISTRY

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

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

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- 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 HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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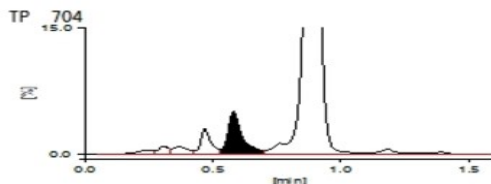
Chromatogram Report

I V5.28 1 2023-10-28 14:23:01
 ID EDT230098189
 Sample No. 10280130 SL 0010 - 04
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.24	8.03
A1B	0.6	0.31	10.53
F	0.8	0.37	13.55
LA1C+	1.7	0.47	30.80
SA1C	5.1	0.58	71.16
A0	93.2	0.89	1652.31
H-V0			
H-V1			
H-V2			

Total Area 1786.38

HbA1c 5.1 % **IFCC 33 mmol/mol**
HbA1 6.2 % **HbF 0.8 %**



SIN No:EDT230098189

Apollo Health and Lifestyle Limited, Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

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Patient Name : Mrs.NEHA BHARTI	Collected : 28/Oct/2023 08:49AM
Age/Gender : 32 Y 1 M 5 D/F	Received : 28/Oct/2023 10:34AM
UHID/MR No : CKON.0000419408	Reported : 28/Oct/2023 12:15PM
Visit ID : CKONOPV613821	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 25336555	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	169	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	225	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	34	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	135	mg/dL	<130	Calculated
LDL CHOLESTEROL	90	mg/dL	<100	Calculated
VLDL CHOLESTEROL	45	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.97		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.

SIN No:SE04523519

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APOLLO CLINICS NETWORK

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Address:
The Apollo Medical Centre, 2-20/6/A, Kothaguda X Roads, Kondapur,
Hyderabad, Telangana, India - 500032



Patient Name : Mrs.NEHA BHARTI	Collected : 28/Oct/2023 08:49AM
Age/Gender : 32 Y 1 M 5 D/F	Received : 28/Oct/2023 10:34AM
UHID/MR No : CKON.0000419408	Reported : 28/Oct/2023 12:15PM
Visit ID : CKONOPV613821	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 25336555	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	87.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.13		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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Emp/Auth/TPA ID : 25336555	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.50	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	16.20	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.30	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	135	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE

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Age/Gender : 32 Y 1 M 5 D/F	Received : 28/Oct/2023 10:34AM
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Visit ID : CKONOPV613821	Status : Final Report
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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	19.00	U/L	12-43	Glycylglycine Nitoranalide

SIN No:SE04523519

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Address:
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Patient Name : Mrs.NEHA BHARTI	Collected : 28/Oct/2023 08:49AM
Age/Gender : 32 Y 1 M 5 D/F	Received : 28/Oct/2023 09:37AM
UHID/MR No : CKON.0000419408	Reported : 28/Oct/2023 11:31AM
Visit ID : CKONOPV613821	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 25336555	

DEPARTMENT OF IMMUNOLOGY

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

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

TRI-IODOTHYRONINE (T3, TOTAL)	0.88	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.90	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.903	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

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



SIN No:SPL23152761

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Patient Name : Mrs.NEHA BHARTI	Collected : 28/Oct/2023 08:49AM
Age/Gender : 32 Y 1 M 5 D/F	Received : 28/Oct/2023 11:33AM
UHID/MR No : CKON.0000419408	Reported : 28/Oct/2023 12:52PM
Visit ID : CKONOPV613821	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 25336555	

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	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

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

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	4-5	/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

SIN No:UR2209217

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Patient Name : Mrs.NEHA BHARTI	Collected : 28/Oct/2023 08:49AM
Age/Gender : 32 Y 1 M 5 D/F	Received : 28/Oct/2023 11:33AM
UHID/MR No : CKON.0000419408	Reported : 28/Oct/2023 12:43PM
Visit ID : CKONOPV613821	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 25336555	

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

SIN No:UPP015685,UF009673

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Patient Name : Mrs.NEHA BHARTI	Collected : 28/Oct/2023 01:51PM
Age/Gender : 32 Y 1 M 5 D/F	Received : 29/Oct/2023 11:29AM
UHID/MR No : CKON.0000419408	Reported : 30/Oct/2023 06:27PM
Visit ID : CKONOPV613821	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 25336555	

DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	18256/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	INFLAMMATORY SMEAR WITH 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

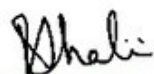
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DEPARTMENT OF CYTOLOGY

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



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Dr.R.SHALINI
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr.E.Maruthi Prasad
Msc,PhD(Biochemistry)
Consultant Biochemist



Dr.Reshma Stanly
M.B.B.S,DNB(Pathology)
Consultant Pathologist

