

Patient Name : Mrs.LATHA M	Collected : 28/Sep/2024 09:37AM
Age/Gender : 35 Y 7 M 27 D/F	Received : 28/Sep/2024 11:54AM
UHID/MR No : CKOR.0000258539	Reported : 28/Sep/2024 12:26PM
Visit ID : CKOROPV426750	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7624	

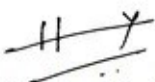
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

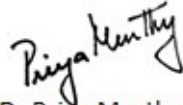
Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.2	g/dL	12-15	Spectrophotometer
PCV	39.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.59	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.8	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,840	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.4	%	40-80	Electrical Impedance
LYMPHOCYTES	36	%	20-40	Electrical Impedance
EOSINOPHILS	2.8	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3652.56	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2462.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	191.52	Cells/cu.mm	20-500	Calculated
MONOCYTES	519.84	Cells/cu.mm	200-1000	Calculated
BASOPHILS	13.68	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.48		0.78- 3.53	Calculated
PLATELET COUNT	272000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.



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Consultant Pathologist



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Consultant Pathologist



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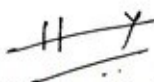
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

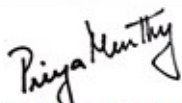
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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Patient Name : Mrs.LATHA M	Collected : 28/Sep/2024 09:37AM
Age/Gender : 35 Y 7 M 27 D/F	Received : 28/Sep/2024 11:54AM
UHID/MR No : CKOR.0000258539	Reported : 28/Sep/2024 02:10PM
Visit ID : CKOROPV426750	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7624	

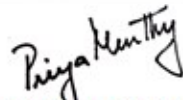
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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mrs.LATHA M	Collected : 28/Sep/2024 09:37AM
Age/Gender : 35 Y 7 M 27 D/F	Received : 28/Sep/2024 12:12PM
UHID/MR No : CKOR.0000258539	Reported : 28/Sep/2024 12:44PM
Visit ID : CKOROPV426750	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7624	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

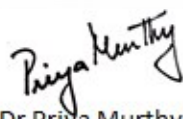
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE
SIN No:KOR240902853

Apollo Health and Lifestyle Limited

(CIN - U061107C2800PHG115819)

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APOLLO CLINICS NETWORK

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Patient Name : Mrs.LATHA M	Collected : 28/Sep/2024 09:37AM
Age/Gender : 35 Y 7 M 27 D/F	Received : 28/Sep/2024 11:59AM
UHID/MR No : CKOR.0000258539	Reported : 28/Sep/2024 12:51PM
Visit ID : CKOROPV426750	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7624	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.


4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

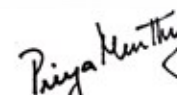
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: KOR240902852

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(CIN - U061107C2800PH6115849)

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Patient Name : Mrs.LATHA M	Collected : 28/Sep/2024 09:37AM
Age/Gender : 35 Y 7 M 27 D/F	Received : 28/Sep/2024 11:55AM
UHID/MR No : CKOR.0000258539	Reported : 28/Sep/2024 12:31PM
Visit ID : CKOROPV426750	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7624	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	146	mg/dL	<200	CHO-POD
TRIGLYCERIDES	89	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	83.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.31		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


Comment:

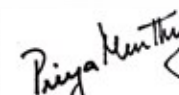
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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 HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.09	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.89	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.5		<1.15	Calculated
ALKALINE PHOSPHATASE	94.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.29	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		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. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.


2. Cholestatic Pattern:

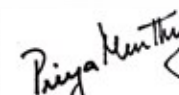
*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.


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

SIN No:KOR240902849

Apollo Health and Lifestyle Limited

(CIN - U06110TC2800PH6115819)
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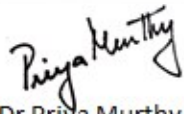
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Emp/Auth/TPA ID : 35E7624	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



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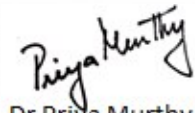
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.75	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	13.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.79	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.29	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated


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 Consultant Pathologist



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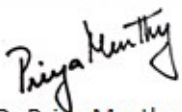

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.00	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.92	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.8	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.653	µIU/mL	0.34-5.60	CLIA

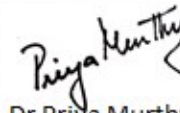
Comment:

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

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

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


Dr. Govinda Raju N L
 MSc, PhD (Biochemistry)
 Consultant Biochemistry


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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: KOR240902851

Apollo Health and Lifestyle Limited (CIN - U061107C2800PH6115849)
 This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
 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

Address:
 Apollo Health and Lifestyle Limited, Apollo Health and Lifestyle Ltd, RRL BANGALORE Laboratory, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034


1860 500 7788
 www.apolloclinic.com

Patient Name : Mrs.LATHA M	Collected : 28/Sep/2024 09:37AM
Age/Gender : 35 Y 7 M 27 D/F	Received : 28/Sep/2024 11:53AM
UHID/MR No : CKOR.0000258539	Reported : 28/Sep/2024 12:44PM
Visit ID : CKOROPV426750	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7624	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--

Govinda Raju
Dr.Govinda Raju N L
 MSc,PhD(Biochemistry)
 Consultant Biochemistry

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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No:KOR240902851

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 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Address:
 32/100/125, Doddabangla Village, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka- 560034

 **1860 500 7788**
www.apolloclinic.com

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.LATHA M	Collected : 28/Sep/2024 09:37AM
Age/Gender : 35 Y 7 M 27 D/F	Received : 28/Sep/2024 05:25PM
UHID/MR No : CKOR.0000258539	Reported : 28/Sep/2024 06:33PM
Visit ID : CKOROPV426750	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7624	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.005		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6-8	/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

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

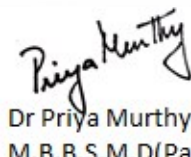
*** End Of Report ***

Result/s to Follow:

Page 13 of 14



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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

AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mrs.LATHA M	Collected : 28/Sep/2024 09:37AM
Age/Gender : 35 Y 7 M 27 D/F	Received : 28/Sep/2024 05:25PM
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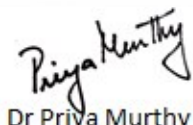
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

PERIPHERAL SMEAR, LBC PAP SMEAR



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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

AND LIFESTYLE LIMITED- RRL BANGALORE



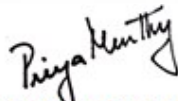
Patient Name	: Mrs.LATHA M	Collected	: 28/Sep/2024 09:37AM
Age/Gender	: 35 Y 7 M 27 D/F	Received	: 28/Sep/2024 05:25PM
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Visit ID	: CKOROPV426750	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7624		

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies. Laboratories not be responsible for any interpretation whatsoever. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient. Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received. This report is not valid for medico legal purposes.



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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

AND LIFESTYLE LIMITED- RRL BANGALORE



Regd. Office: CKOR.0000258539, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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

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



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: Ghazlabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Patient Name	: Mrs. LATHA M	Age	: 35Yrs 7Mths 30Days
UHID	: CKOR.0000258539	OP Visit No.	: CKOROPV426750
Printed On	: 30-09-2024 09:51 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35E7624		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Tachycardia.
2. Heart rate is 104 beats per minutes.
3. No pathological Q wave or ST-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.

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH FOR FUTURE REFERENCE IF NEEDED

---End Of The Report---



Dr.MOHAN MURALI
MBBS, DNB General Medicine, DrNB Cardiology
ANP20130001911KTK
Cardiology

8123680658

Name : Mrs. LATHA M
 Address : Koramangala Vi Bk Bangalore Karnataka INDIA 560095
 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC
 CREDIT PAN INDIA OP AGREEMENT

Age : 35Y 7M 27D
 sex : Female

UHID : CKOR.0000258539



OP No: CKOROPV426750
 Bill No: CKOR-OCR-84416
 Date: Sep 28th, 2024, 9:24 AM

Sno.	Service Type/Service Name	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
1	GYNACEOLOGY CONSULTATION	Consultation
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry
3	LBC PAP TEST- PAPSURE 15 (63)	Histopathology
4	COMPLETE URINE EXAMINATION	Clinical Pathology
5	HEMOGRAM + PERIPHERAL SMEAR	Haematology
6	PERIPHERAL SMEAR	Haematology
7	DIET CONSULTATION	General
8	BODY MASS INDEX (BMI)	General
9	ECG (4)	Cardiology
10	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry
11	LIPID PROFILE	Biochemistry
12	ULTRASOUND - WHOLE ABDOMEN 2nd floor R.m (18)	Ultrasound Radiology
13	ENT CONSULTATION → (23) Dr. Vijayalaxmi	Consultation
14	BLOOD GROUP ABO AND RH FACTOR	Blood Bank
15	DENTAL CONSULTATION (15) (L)	Consultation
16	GLUCOSE, FASTING - Room - 12	Biochemistry
17	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry
18	FITNESS BY GENERAL PHYSICIAN	Consultation
19	LIVER FUNCTION TEST (LFT)	Biochemistry
20	OPHTHAL BY GENERAL PHYSICIAN	Consultation
21	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry

Handwritten signature

→ Nilamai - opp - 11
 → (L) Dental → 1st floor R.m (15)
 2nd floor R.m (17) physio #2
 2nd floor R.m (19) Audio

BP → 109/72 mmHg
 P → 92
 Ht - 152cm
 Wt - 68.7kg

LUCK 4 LALLI@GMAIL.COM

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of
Wahid on *29-9-24* After reviewing the medical history and on
 clinical examination it has been found that ~~he~~/she is

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

6 Thyloverne xt

Wahid Ar

Dr. **BAENDRAN SHARMA**
 Medical Officer
 The Apollo Clinic (Location)
 MBBS, MD (General Medicine)
 PDI, DIABETES/CARDIAC (PHEI)
 DIABETES, THYROID, SPECIALIST
 AC : 33095. MOB : 9740199006

This certificate is not meant for medico-legal purposes.

Apollo Clinic

Consent Form

Patient Name: *Latha M* Age: *35*

UHID Number: Company Name:

I Mr/Mrs/Miss: Employee of

(Company) want to inform you that I am not getting the..... *Consultation*

Test which is a part of health check package.

Reason If any:

And I claim the above statement in my full consciousness.

Patient Signature: Date:

HEALTH CHECK

Date : 28/9/20
MRNO :
Name : mm: Catra
Age/Gender: 30yr

Department : OBSTERICS & GYNAECOLOGY
Consultant : DR JYOTHI RAJESH
KMC NO-42823
Qualification : DGO (DNB)
Consultation Timings: 9.30am to 12.00pm
Phone No : 9972044580

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

No gynae complaint
mm. PMC - regular mfp - 4/9
034. P2L2 40-6yr USC
past 4-200
family 4-200
O/E. P/A full-
pls. Co
vaginal @ CBC tabs

Follow up date:

Doctor Signature



DR . MAHABALESHWAR.M
MBBS.(MYS), MD(AIIMS DELHI)FICS
D.O (JIPMER)
REG.NO:KMC:9748

DATE: 28/2/24
OP NO:

THE APOLLO MEDICAL CENTER KORAMANGALA

NAME: La The.M.

AGE : 35

GENDER: F

OPHTHALMIC REPORT

RIGHT EYE

LEFT EYE

GENERAL APPEARANCE

VISION - DISTANCE

WITHOUT GLASS

WITH GLASS

GLASS POWER

6/6 / 6/6
-9 (amb)

NEAR

WITHOUT GLASS

WITH GLASS

GLASS POWER

NS / NS

COLOUR

normal

ANTERIOR SEGMENT:-

FUNDUS

I.O.P: DIGITAL

con & Myopia

DOCTOR SIGNATURE



DR. SHUBH CHAND KEDIA
MBBS, MS (ENT)
KMC REG NO. 119251

DR. VIJAYALAKSHMI M
ENT consult

28/09/24

HEALTH CHECK - ENT

NAME:	AGE:
EAR:	RE:
EXTERNAL EAR	
MIDDLE EAR	
INNER EAR (FN)	
HEARING ASSESSMENT:	RE:
RHINNE	
WEBER	
ABC	
NOSE	THROAT
AIRWAY	ORAL CAVITY
SEPTUM	OROPHARYNX
TURBINATES	PHARYNX
OTHERS	LARYNX
NECK	
NECK NODES	
OTHER	
AUDIOMETRY	

Handwritten notes: Normal, Normal, Microspurs (B.I.)

IMPRESSION

*Adenoids
x-ray PVS*

Signature
SIGNATURE
(Dr. VIJAYALAKSHMI M)

Patient Name : Mrs. Latha M

Patient ID: 258539

Age : 35 Year(s)

Sex: Female

Referring Doctor : H/C

Date: 28.09.2024

ULTRASOUND ABDOMEN AND PELVIS

Liver is normal in size and shows normal echo pattern. No biliary dilatation. No focal lesion.

Portal vein is normal in size, course and caliber. CBD is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity.

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesion.

Right kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. Wall thickness is normal. No internal echoes.

Uterus: is normal in size. Endometrial echoes are normal.

Endometrium: measures 5.0mm.

Both ovaries normal in size and echopattern.

Both adnexa: Normal, no mass seen.

There is no ascites.

There is a 1.6 x 0.9 cm left paraumbilical subcutaneous lipoma.

IMPRESSION: LEFT PARAUMBILICAL SUBCUTANEOUS LIPOMA


DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

Patient Name : Mrs.LATHA M	Collected : 28/Sep/2024 09:37AM
Age/Gender : 35 Y 7 M 27 D/F	Received : 28/Sep/2024 11:54AM
UHID/MR No : CKOR.0000258539	Reported : 28/Sep/2024 12:26PM
Visit ID : CKOROPV426750	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7624	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.2	g/dL	12-15	Spectrophotometer
PCV	39.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.59	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.8	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,840	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.4	%	40-80	Electrical Impedance
LYMPHOCYTES	36	%	20-40	Electrical Impedance
EOSINOPI ILS	2.8	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3652.56	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2462.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	191.52	Cells/cu.mm	20-500	Calculated
MONOCYTES	519.84	Cells/cu.mm	200-1000	Calculated
BASOPHILS	13.68	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.48		0.78- 3.53	Calculated
PLATELET COUNT	272000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

Dr Harshitha Y
M.B.B.S,M.D(Pathology)
Consultant Pathologist

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





Patient Name : Mrs.LATHA M	Collected : 28/Sep/2024 09:37AM
Age/Gender : 35 Y 7 M 27 D/F	Received : 28/Sep/2024 11:54AM
UHID/MR No : CKOR.0000258539	Reported : 28/Sep/2024 12:26PM
Visit ID : CKOROPV426750	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7624	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Dr. Harshitha Y

M.B.B.S,M.D(Pathology)
Consultant Pathologist

Dr Priya Murthy

M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No: KOR240902850

Apollo Health and Lifestyle Limited
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
(CIN: U85110KA2006PLC040089) Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500 038 | Email ID: enquiry@apollohi.com

APOLLO CLINICS NETWORK KARNATAKA
Bangalore (Basavanagudi | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Keramangala | Sarjapur Road) Mysore (Kalidasa Road)
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788



Patient Name : Mrs.LATHA M	Collected : 28/Sep/2024 09:37AM
Age/Gender : 35 Y 7 M 27 D/F	Received : 28/Sep/2024 11:54AM
UHID/MR No : CKOR.0000258539	Reported : 28/Sep/2024 02:10PM
Visit ID : CKOROPV426750	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7624	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Opall
Dr. Vidya Aniket Gore

M.B.B.S, M.D (Pathology)

Priya Murthy
Dr Priya Murthy

M.B.B.S, M.D (Pathology)
Consultant Pathologist



Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor | Ameerpet, Hyderabad, Telangana - 500 038 | Email ID: enquiry@apollohi.com

APOLLO CLINICS NETWORK KARNATAKA

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.LATHA M	Collected : 28/Sep/2024 09:37AM
Age/Gender : 35 Y 7 M 27 D/F	Received : 28/Sep/2024 11:59AM
UHID/MR No : CKOR.0000258539	Reported : 28/Sep/2024 12:51PM
Visit ID : CKOROPV426750	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7624	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Interval	-Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC -
ESTIMATED AVERAGE GLUCOSE (eAG)	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

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Patient Name : Mrs.LATHA M
 Age/Gender : 35 Y 7 M 27 D/F
 UHID/MR No : CKOR.0000258539
 Visit ID : CKOROPV426750
 Ref Doctor : Self
 Emp/Auth/TPA ID : 35E7624

Collected : 28/Sep/2024 09:37AM
 Received : 28/Sep/2024 11:59AM
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DEPARTMENT OF BIOCHEMISTRY

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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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Collected : 28/Sep/2024 09:37AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Blo. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	146	mg/dL	<200	CHO-POD
TRIGLYCERIDES	89	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	83.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.31		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	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 HC STARTER FEMALE - PAN INDIA - FY2324

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Visit ID : CKOROPV426750	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7624	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.75	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	13.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.79	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.29	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.00	U/L	<38	IFCC

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SIN No:KOR240902849

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Age/Gender : 35 Y 7 M 27 D/F	Received : 28/Sep/2024 11:53AM
UHID/MR No : CKOR.0000258539	Reported : 28/Sep/2024 12:44PM
Visit ID : CKOROPV426750	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7624	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.92	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.8	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.653	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

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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Patient Name : Mrs.LATHA M	Collected : 28/Sep/2024 09:37AM
Age/Gender : 35 Y 7 M 27 D/F	Received : 28/Sep/2024 05:25PM
UHID/MR No : CKOR.0000258539	Reported : 28/Sep/2024 06:33PM
Visit ID : CKOROPV426750	Status : Final Report
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Emp/Auth/TPA ID : 35E7624	

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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.005		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6-8	/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

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

Result/s to Follow:

Page 13 of 14

Chal
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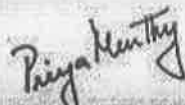
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

PERIPHERAL SMEAR, LBC PAP SMEAR



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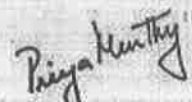
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