

| | |
|-------------------------------------|--|
| Patient Name : Mrs.MUTHUMEENAKSHI N | Collected : 10/Feb/2024 09:39AM |
| Age/Gender : 45 Y 9 M 9 D/F | Received : 10/Feb/2024 12:22PM |
| UHID/MR No : CANN.0000232866 | Reported : 10/Feb/2024 01:30PM |
| Visit ID : CANNOPV390907 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3343 | |

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

| | |
|----------------|--|
| METHODOLOGY | : Microscopic |
| RBC MORPHOLOGY | : Mild anisocytosis, predominantly normocytic normochromic RBC's noted. |
| WBC MORPHOLOGY | : Normal in number, morphology and distribution. No abnormal cells seen. |
| PLATELETS | : Adequate in number. |
| PARASITES | : No haemoparasites seen. |
| NOTE/ COMMENT | : Please correlate clinically. |



Dr. MARQUESS RAJ
M.D, DipRCPath, D.N.B(PATH)
Consultant Pathologist

SIN No:BED240033498

This test has been performed at Apollo Health and Lifestyle Ltd, Chennai, Diagnostics Laboratory.



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DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 11.3 | g/dL | 12-15 | Spectrophotometer |
| PCV | 33.60 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 3.88 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 86.6 | fL | 83-101 | Calculated |
| MCH | 29.2 | pg | 27-32 | Calculated |
| MCHC | 33.7 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.1 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 10,100 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 66.6 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 22.3 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 3.8 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 6.9 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.4 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 6726.6 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2252.3 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 383.8 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 696.9 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 40.4 | Cells/cu.mm | 0-100 | Calculated |
| PLATELET COUNT | 329000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 28 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |
| METHODOLOGY | : Microscopic | | | |
| RBC MORPHOLOGY | : Mild anisocytosis, predominantly normocytic normochromic RBC's noted. | | | |



Dr. MARQUESS RAJ
M.D, DipRCPATH, D.N.B (PATH)
Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

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

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| WBC MORPHOLOGY | : Normal in number, morphology and distribution. No abnormal cells seen. |
| PLATELETS | : Adequate in number. |
| PARASITES | : No haemoparasites seen. |
| NOTE/ COMMENT | : Please correlate clinically. |



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| Emp/Auth/TPA ID : UBOIES3343 | |

DEPARTMENT OF HAEMATOLOGY

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

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

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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

SIN No:BED240033498

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Address:

D No.30, F - Block, 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044.26224504 / 05



APOLLO CLINICS NETWORK

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

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 81 | 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.



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:PLF02103588

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| Age/Gender : 45 Y 9 M 9 D/F | Received : 10/Feb/2024 12:28PM |
| UHID/MR No : CANN.0000232866 | Reported : 10/Feb/2024 01:45PM |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 6 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 126 | 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)



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:EDT240014760

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| UHID/MR No : CANN.0000232866 | Reported : 10/Feb/2024 02:04PM |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------------|-------|-----------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 163 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 72 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 36 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 127 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 112.6 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 14.4 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.53 | | 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.



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SE04625076

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.54 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.44 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 11 | U/L | <35 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 18.0 | U/L | <35 | IFCC |
| ALKALINE PHOSPHATASE | 68.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.40 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.30 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.10 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.39 | | 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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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|-------------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.60 | mg/dL | 0.72 – 1.18 | JAFFE METHOD |
| UREA | 23.00 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 10.8 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 3.40 | mg/dL | 2.6-6.0 | Uricase PAP |
| CALCIUM | 9.00 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.40 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 137 | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 4.6 | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 105 | mmol/L | 101–109 | ISE (Indirect) |



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Phone : 044.26224504 / 05



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.MUTHUMEENAKSHI N | Collected | : 10/Feb/2024 09:39AM |
| Age/Gender | : 45 Y 9 M 9 D/F | Received | : 10/Feb/2024 12:57PM |
| UHID/MR No | : CANN.0000232866 | Reported | : 10/Feb/2024 02:00PM |
| Visit ID | : CANNOPV390907 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : UBOIES3343 | | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 15.00 | U/L | <38 | IFCC |



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SE04625076

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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

Address:
D No.30, F - Block, 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044.26224504 / 05



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.MUTHUMEENAKSHI N | Collected : 10/Feb/2024 09:39AM |
| Age/Gender : 45 Y 9 M 9 D/F | Received : 10/Feb/2024 01:00PM |
| UHID/MR No : CANN.0000232866 | Reported : 10/Feb/2024 02:55PM |
| Visit ID : CANNOPV390907 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3343 | |

DEPARTMENT OF IMMUNOLOGY

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


| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.44 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 8.86 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.360 | µIU/mL | 0.34-5.60 | CLIA |

Comment:

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

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

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



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24022040

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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D No.30, F - Block, 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone : 044.26224504 / 05

1860 500 7788
www.apolloclinic.com

APOLLO CLINICS NETWORK

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| | |
|-------------------------------------|--|
| Patient Name : Mrs.MUTHUMEENAKSHI N | Collected : 10/Feb/2024 09:39AM |
| Age/Gender : 45 Y 9 M 9 D/F | Received : 10/Feb/2024 01:31PM |
| UHID/MR No : CANN.0000232866 | Reported : 10/Feb/2024 02:25PM |
| Visit ID : CANNOPV390907 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3343 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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 | CLOUDY | | CLEAR | Visual |
| pH | 7.0 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.025 | | 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 | POSITIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 1-3 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 2-4 | /hpf | <10 | MICROSCOPY |
| RBC | 6-8 | /hpf | 0-2 | MICROSCOPY |
| CASTS | ABSENT | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

Result is rechecked. Kindly correlate clinically

*** End Of Report ***

Page 12 of 12



Dr. MARQUESS RAJ
M.D, DipRCPATH, D.N.B (PATH)
Consultant Pathologist

SIN No: UR2279472

This test has been performed at Apollo Health and Lifestyle Ltd., Chennai, Diagnostics Laboratory.



| | | | |
|----------------------------|-------------------------|--------------------|--------------------|
| Patient Name | : Mrs. MUTHUMEENAKSHI N | Age/Gender | : 45 Y/F |
| UHID/MR No. | : CANN.0000232866 | OP Visit No | : CANNOPV390907 |
| Sample Collected on | : | Reported on | : 12-02-2024 12:19 |
| LRN# | : RAD2232140 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : UBOIES3343 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.
Pancreas and spleen appear normal. Spleen measures 8.7cms.
Portal and splenic veins appear normal. No evidence of ascites or lymphadenopathy.
Diaphragmatic movements are satisfactory.
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 11.1 x 4.9cms.

Left kidney measures 10.6 x 4.8cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus is mildly bulky and measures 9.6 x 4.9 x 5.0cms and shows normal endometrial and myometrial echoes.

The endometrial thickness 9mm.

Right ovary measures 3.9 x 2.3cms.

Left ovary measures 3.5 x 1.8cms.

Both ovaries are normal in size and echotexture.

No mass lesion seen in the pelvis.

Bladder is normal in contour.

IMPRESSION:

***BULKY UTERUS.**

-SUGGESTED CLINICAL CORRELATION



Patient Name : Mrs. MUTHUMEENAKSHI N

Age/Gender : 45 Y/F

Dr. ASHIQ MOHAMMED JEFFREY
MD
Radiology

Name: Mrs. MUTHUMEENAKSHI N
Age/Gender: 45 Y/F
Address: 1/77,GANESH GARDEN 11CROSS ST PONNERI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: ANNANAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUMA RAGHURAM

MR No: CANN.0000232866
Visit ID: CANNOPV390907
Visit Date: 10-02-2024 09:35
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

Present Known Illness

No history of: **No History of diabetes / Hypertension / Heart Disease,**

Others

Others: **Thyroid Nodule - 2010 (Dr. N K Narayana),**

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: **No,**

GastroIntestinal System

Nil significant: **.,**

GenitoUrinary System

-: **Nil,**

Central Nervous System

SLEEP- : **Normal,**

Eye

Glasses : **Yes,**

Gynaecology and Obstetrics

LAST MENSTRUAL PERIOD: **10.2,**

PERIODS: **regular,**

**Weight

--->: **Stable,**

HT-HISTORY

Past Medical History

**Cancer: No,

Personal History

| | |
|-------------------|-------------|
| Marital Status | Married, |
| --> | |
| No. of Children | 1, |
| --> | |
| Diet | Mixed Diet, |
| --> | |
| Physical Activity | Active, |

Family History

| | |
|--------------|----------|
| Diabetes | mother , |
| --> | |
| Hypertension | mother , |
| --> | |
| CVA | mother , |

PHYSICAL EXAMINATION

General Examination

Height (in cms): 161,

Weight (in Kgs): 66,

Waist: 87,

Hip: 100,

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate(Per Minute):: 74,

Systolic: 140,

Diastolic: 70,

Gynaecology and Obstetrics:

Gynec Findings: DONE BY: DR. SANDHYA ,

IMPRESSION

Apollo Health check

Findings: 1. Minimal Anemia 2. HbA1c - 6 % Level 3. Low HDL 4. Minimal High LDL 5. Urine Blood (+) 6. Bulky Uterus ,

RECOMMENDATION

Advice on Diet

Diet instructions : 1. Dietary changes for Cholesterol / Prediabetic ,

Advice on Physical Activity

Advice on Physical Activity: **Daily walking to reduce weight ,**

Advice on Medication

Advice: **1. IRON SUPPLEMENT- 2 WEEKS 2. TAB. OMEGA 3 AS ADVISED ,**

Review/Follow Up

Refer to specialty : **Gynecologist follow up,**

Other Recommendations

Test/Investigation: **To do Urine Routine and Urine Culture and sensitivity ,**

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature

CAMM-232866
OAR-99855

यूनियन बैंक
of India



Union Bank
of India



नाम : एन मुथु मीनाक्षी
Name : N MUTHU MEENAKSHI
कर्मचारी क्र / Employee No. : 632955
जन्मतिथि / Date of Birth : 01-05-1978
ब्लड ग्रुप / Blood Group: A+ve

mb
हस्ताक्षर / Signature

जारी करने का स्थान : क्षेत्रीय कार्यालय, बंगलूरु
Place of Issue : RO Bengaluru
जारी करने की तारीख
Date of Issue : 04.07.2020

mb
आधिकारी प्रतिकृति / Issuing Authority

mb

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - CHENNAI NORTH
139, BROADWAY, . . Chennai- 44

To,

The Chief Medical Officer

M/S Mediwheel
https://mediwheel.in/signup011-
41195959(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup Executive Female 35+

Shri/Smt./Kum. N MUTHU MEENAKSHI,.

P.F. No. 632955 Designation : Chief Manager (Branch Head)

Checkup for Financial Year 2023-2024 Approved Charges Rs. 5000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup(for Executives) at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

(Signature of the Employee)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned

View Worklist

Previous in Worklist

Next in Worklist

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter

S/B Dr. Suresh P

Mr. Pothumenuki H S F

10/2/24

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

General Examination / Allergies
History

NEE ENT Clinically

Follow up date:



Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

In case of emergency, Please call 1066 or come directly to emergency room of the hospital

Apollo Health and Lifestyle Limited

To book an appointment

 **1860 500 7788**

Name: Mrs. Muthumanakshi
 Occupation:
 Age: 45 Sex: Male Female
 Address:
 Ph:

Date: 10/2/24 Reg. No.: 390907
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History:

Present Complaint:

ON EXAMINATION:

RE

LE

Ocular Movements :

Anterior Segment :

Intra-Ocular-Pressure :

Visual Acuity: D.V. :

Without Glass :

b/b

b/b

With Glass :

Add + 1.50 D sph N₂

Add + 1.50 D sph N₂

N.V. :

Visual Fields :

Fundus :

Impression :

Advice :

Colour Vision :

Normal

Normal

10/02/2024

MRS. MUTHU MEENAKSHI . N 45/F

232866

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

General Examination / Allergies
History

Rx Plan

→ Adv scaling

→ Adv restoration 7/7

Dr. Sanjane

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

In case of emergency, Please call 1066 or come directly to emergency room of the hospital

Apollo Health and Lifestyle Limited

To book an appointment

 **1860 500 7788**



Apollo Clinic

CONSENT FORM

Patient Name: Plutha Meenakshi Age: 45 / P
UHID Number: 232866 Company Name: ABC Firm

I Mr/Mrs/MS Employee of

(Company) Want to inform you that I am not interested in getting Pop Screen On

Tests done which is a part of my routine health check package. Review.

And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date: 10/2/2024.

Apollo Medical Centre
No. 30, F-Block, 2nd Avenue,
Anna Nagar East, Chennai-600 102
Tel: 044-26224505, Mobile: 7358392880
Toll No. 1860 500 7788

MRS MUTHU MEENAKSHI N

ID: 232866 RMC

10.02.2024 10:04:36 AM

APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

Location:

Room:

72 bpm

Order Number:

Visit:

Indication:

Medication 1:

Medication 2:

Medication 3:

-- / -- mmHg

45 Years

Female

Technician:

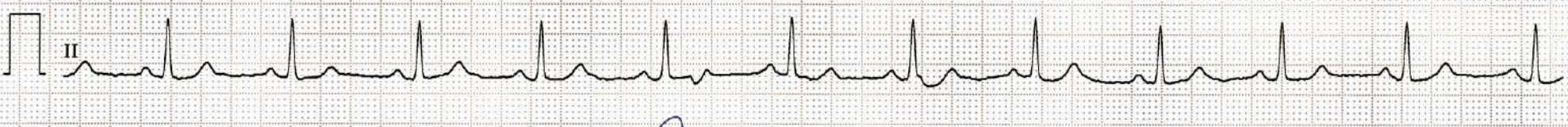
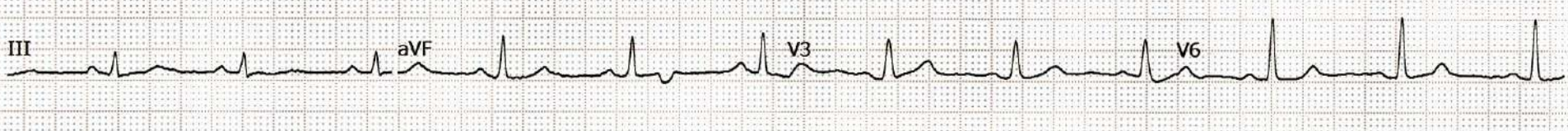
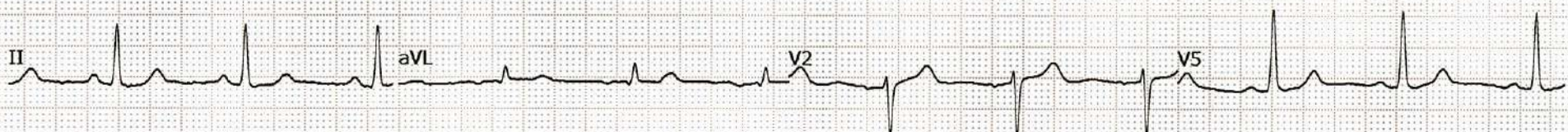
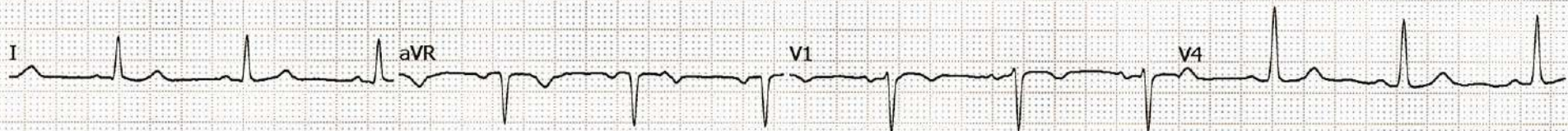
Ordering Ph:

Referring Ph:

Attending Ph:

QRS : 86 ms
 QT / QTcBaz : 388 / 424 ms
 PR : 156 ms
 P : 112 ms
 RR / PP : 828 / 833 ms
 P / QRS / T : 76 / 50 / 38 degrees

Handwritten signature



Handwritten signature

Unconfirmed

4x2.5x3_25_R1

1/1

GE MAC2000

1.1

12SL™ v241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

50 Hz

| | | | |
|--------------|----------------------------|----------------|--------------------|
| Patient Name | : Mrs. MUTHUMEENAKSHI N | Age | : 45 Y/F |
| UHID | : CANN.0000232866 | OP Visit No | : CANNOPV390907 |
| Reported By: | : Dr. ARULNITHI AYYANATHAN | Conducted Date | : 10-02-2024 16:05 |
| Referred By | : SELF | | |

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 72 beats per minutes.

Impression:

NORMAL RESTING ECG.

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

Dr. ARULNITHI AYYANATHAN



MC-2439

| | | | |
|-----------------|------------------------|--------------|-------------------------------|
| Patient Name | : Mrs.MUTHUMEENAKSHI N | Collected | : 10/Feb/2024 09:39AM |
| Age/Gender | : 45 Y 9 M 9 D/F | Received | : 10/Feb/2024 12:22PM |
| UHID/MR No | : CANN.0000232866 | Reported | : 10/Feb/2024 01:30PM |
| Visit ID | : CANNOPV390907 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : UBOIES3343 | | |

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

| | |
|----------------|--|
| METHODOLOGY | : Microscopic |
| RBC MORPHOLOGY | : Mild anisocytosis, predominantly normocytic normochromic RBC's noted. |
| WBC MORPHOLOGY | : Normal in number, morphology and distribution. No abnormal cells seen. |
| PLATELETS | : Adequate in number. |
| PARASITES | : No haemoparasites seen. |
| NOTE/ COMMENT | : Please correlate clinically. |

Dr.MARQUESS RAJ
M.D,DipRCPath,D.N.B(PATH)
Consultant Pathologist



SIN No:BED240033498

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



| | |
|-------------------------------------|--|
| Patient Name : Mrs.MUTHUMEENAKSHI N | Collected : 10/Feb/2024 09:39AM |
| Age/Gender : 45 Y 9 M 9 D/F | Received : 10/Feb/2024 12:22PM |
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| Visit ID : CANNOPV390907 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3343 | |

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---------------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 11.3 | g/dL | 12-15 | Spectrophotometer |
| PCV | 33.60 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 3.88 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 86.6 | fL | 83-101 | Calculated |
| MCH | 29.2 | pg | 27-32 | Calculated |
| MCHC | 33.7 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.1 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 10,100 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 66.6 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 22.3 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 3.8 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 6.9 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.4 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 6726.6 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2252.3 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 383.8 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 696.9 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 40.4 | Cells/cu.mm | 0-100 | Calculated |
| PLATELET COUNT | 329000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 28 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Mild anisocytosis, predominantly normocytic normochromic RBC's noted.

Dr.MARQUESS RAJ
M.D,DipRCPath,D.N.B(PATH)
Consultant Pathologist





| | |
|-------------------------------------|--|
| Patient Name : Mrs.MUTHUMEENAKSHI N | Collected : 10/Feb/2024 09:39AM |
| Age/Gender : 45 Y 9 M 9 D/F | Received : 10/Feb/2024 12:22PM |
| UHID/MR No : CANN.0000232866 | Reported : 10/Feb/2024 01:30PM |
| Visit ID : CANNOPV390907 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3343 | |

DEPARTMENT OF HAEMATOLOGY

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

| | |
|----------------|--|
| WBC MORPHOLOGY | : Normal in number, morphology and distribution. No abnormal cells seen. |
| PLATELETS | : Adequate in number. |
| PARASITES | : No haemoparasites seen. |
| NOTE/ COMMENT | : Please correlate clinically. |

Dr.MARQUESS RAJ
M.D,DipRCPath,D.N.B(PATH)
Consultant Pathologist

SIN No:BED240033498

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.





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|-------------------------------------|--|
| Patient Name : Mrs.MUTHUMEENAKSHI N | Collected : 10/Feb/2024 09:39AM |
| Age/Gender : 45 Y 9 M 9 D/F | Received : 10/Feb/2024 12:22PM |
| UHID/MR No : CANN.0000232866 | Reported : 10/Feb/2024 04:47PM |
| Visit ID : CANNOPV390907 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3343 | |

DEPARTMENT OF HAEMATOLOGY

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

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

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY

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



SIN No:BED240033498

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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|-------------------------------------|--|
| Patient Name : Mrs.MUTHUMEENAKSHI N | Collected : 10/Feb/2024 09:39AM |
| Age/Gender : 45 Y 9 M 9 D/F | Received : 10/Feb/2024 12:47PM |
| UHID/MR No : CANN.0000232866 | Reported : 10/Feb/2024 01:14PM |
| Visit ID : CANNOPV390907 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3343 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 81 | mg/dL | 70-100 | HEXOKINASE |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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



DR.R.SRIVATSAN
M.D.(Biochemistry)





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|-------------------------------------|--|
| Patient Name : Mrs.MUTHUMEENAKSHI N | Collected : 10/Feb/2024 09:39AM |
| Age/Gender : 45 Y 9 M 9 D/F | Received : 10/Feb/2024 12:28PM |
| UHID/MR No : CANN.0000232866 | Reported : 10/Feb/2024 01:45PM |
| Visit ID : CANNOPV390907 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3343 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 6 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 126 | 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)

DR.R.SRIVATSAN
M.D.(Biochemistry)



| | |
|-------------------------------------|--|
| Patient Name : Mrs.MUTHUMEENAKSHI N | Collected : 10/Feb/2024 09:39AM |
| Age/Gender : 45 Y 9 M 9 D/F | Received : 10/Feb/2024 12:57PM |
| UHID/MR No : CANN.0000232866 | Reported : 10/Feb/2024 02:04PM |
| Visit ID : CANNOPV390907 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3343 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------------|-------|-----------------|--------------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 163 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 72 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 36 | mg/dL | 40-60 | Enzymatic Immuno-inhibition |
| NON-HDL CHOLESTEROL | 127 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 112.6 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 14.4 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.53 | | 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.



DR. R. SRIVATSAN
M.D.(Biochemistry)



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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.54 | mg/dL | 0.3–1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.44 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 11 | U/L | <35 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 18.0 | U/L | <35 | IFCC |
| ALKALINE PHOSPHATASE | 68.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.40 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.30 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.10 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.39 | | 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.



DR.R.SRIVATSAN
M.D.(Biochemistry)



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| UHID/MR No : CANN.0000232866 | Reported : 10/Feb/2024 02:04PM |
| Visit ID : CANNOPV390907 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3343 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|-------------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.60 | mg/dL | 0.72 – 1.18 | JAFFE METHOD |
| UREA | 23.00 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 10.8 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 3.40 | mg/dL | 2.6-6.0 | Uricase PAP |
| CALCIUM | 9.00 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.40 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 137 | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 4.6 | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 105 | mmol/L | 101–109 | ISE (Indirect) |



DR.R.SRIVATSAN
M.D.(Biochemistry)



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|-------------------------------------|--|
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| Age/Gender : 45 Y 9 M 9 D/F | Received : 10/Feb/2024 12:57PM |
| UHID/MR No : CANN.0000232866 | Reported : 10/Feb/2024 02:00PM |
| Visit ID : CANNOPV390907 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3343 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 15.00 | U/L | <38 | IFCC |



DR.R.SRIVATSAN
M.D.(Biochemistry)





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|-------------------------------------|--|
| Patient Name : Mrs.MUTHUMEENAKSHI N | Collected : 10/Feb/2024 09:39AM |
| Age/Gender : 45 Y 9 M 9 D/F | Received : 10/Feb/2024 01:00PM |
| UHID/MR No : CANN.0000232866 | Reported : 10/Feb/2024 02:55PM |
| Visit ID : CANNOPV390907 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3343 | |

DEPARTMENT OF IMMUNOLOGY

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


| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.44 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 8.86 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.360 | µIU/mL | 0.34-5.60 | CLIA |

Comment:

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

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

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


DR. R. SRIVATSAN
 M.D.(Biochemistry)



SIN No:SPL24022040

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



MC-2439

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|-------------------------------------|--|
| Patient Name : Mrs.MUTHUMEENAKSHI N | Collected : 10/Feb/2024 09:39AM |
| Age/Gender : 45 Y 9 M 9 D/F | Received : 10/Feb/2024 01:31PM |
| UHID/MR No : CANN.0000232866 | Reported : 10/Feb/2024 02:25PM |
| Visit ID : CANNOPV390907 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3343 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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 | CLOUDY | | CLEAR | Visual |
| pH | 7.0 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.025 | | 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 | POSITIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 1-3 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 2-4 | /hpf | <10 | MICROSCOPY |
| RBC | 6-8 | /hpf | 0-2 | MICROSCOPY |
| CASTS | ABSENT | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

Result is rechecked. Kindly correlate clinically

*** End Of Report ***

Page 12 of 12

Dr.MARQUESS RAJ
M.D,DipRCPath,D.N.B(PATH)
Consultant Pathologist



SIN No:UR2279472

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.