

Patient Name : Mrs.JAQULINE K	Collected : 08/Apr/2023 09:02AM
Age/Gender : 58 Y 11 M 3 D/F	Received : 08/Apr/2023 11:38AM
UHID/MR No : SALW.0000080921	Reported : 08/Apr/2023 12:13PM
Visit ID : SALWOPV186880	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 155797.	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

METHODLOGY: MICROSCOPIC

RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen.

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

IMPRESSION : Normal blood picture



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

HAEMOGLOBIN	13.2	g/dL	12-15	Spectrophotometer
PCV	40.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.69	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,700	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3819	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2345	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	201	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	335	Cells/cu.mm	200-1000	Electrical Impedance

PLATELET COUNT	285000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR				
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Patient Name : Mrs.JAQULINE K	Collected : 08/Apr/2023 09:02AM
Age/Gender : 58 Y 11 M 3 D/F	Received : 08/Apr/2023 04:40PM
UHID/MR No : SALW.0000080921	Reported : 08/Apr/2023 07:33PM
Visit ID : SALWOPV186880	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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



Patient Name : Mrs.JAQUILINE K	Collected : 08/Apr/2023 12:29PM
Age/Gender : 58 Y 11 M 3 D/F	Received : 08/Apr/2023 02:50PM
UHID/MR No : SALW.0000080921	Reported : 08/Apr/2023 03:02PM
Visit ID : SALWOPV186880	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 155797.	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	176	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	197	mg/dL	70-140	GOD - POD
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Comment:

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

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

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mrs.JAQUILINE K	Collected : 08/Apr/2023 09:02AM
Age/Gender : 58 Y 11 M 3 D/F	Received : 08/Apr/2023 01:01PM
UHID/MR No : SALW.0000080921	Reported : 08/Apr/2023 01:26PM
Visit ID : SALWOPV186880	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	8.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	209	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mrs.JAQULINE K	Collected : 08/Apr/2023 09:02AM
Age/Gender : 58 Y 11 M 3 D/F	Received : 08/Apr/2023 01:18PM
UHID/MR No : SALW.0000080921	Reported : 08/Apr/2023 01:42PM
Visit ID : SALWOPV186880	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

TOTAL CHOLESTEROL	241	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	108	mg/dL	<150	
HDL CHOLESTEROL	47	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	194	mg/dL	<130	Calculated
LDL CHOLESTEROL	172.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.13		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

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



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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	102.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.86	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	29.53	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	13.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	3.0-5.5	URICASE
CALCIUM	8.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	145	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.00	U/L	16-73	Glycylglycine Kinetic method



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Visit ID : SALWOPV186880	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

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

TRI-IODOTHYRONINE (T3, TOTAL)	0.71	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.09	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	13.727	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

Note:

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



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UHID/MR No : SALW.0000080921	Reported : 08/Apr/2023 01:16PM
Visit ID : SALWOPV186880	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY




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DEPARTMENT OF CLINICAL PATHOLOGY

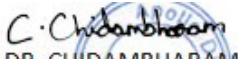
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick


*** End Of Report ***



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



DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST



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



Patient Name	: Mrs. JAQUILINE K	Age/Gender	: 58 Y/F
UHID/MR No.	: SALW.0000080921	OP Visit No	: SALWOPV186880
Sample Collected on	:	Reported on	: 10-04-2023 12:57
LRN#	: RAD1971888	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 155797.		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver measures about 17.1 cm with fatty changes (Grade I).
Intra and extra hepatic biliary passages are not dilated.

Gall bladder - Partially distended. 3mm echogenic foci noted near the wall S/o calcification.
Wall thickness appear normal.

Pancreas appears normal.

Spleen measures 7.6 cm and shows normal echotexture.

Visualised aorta and IVC are normal.

No evidence of ascites or lymphadenopathy.

Right kidney measures 10.2 x 4.4 cm.

Left kidney measures 10.1 x 5.2 cm.

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

Uterus anteverted measures 9.0 x 4.2 cm. Endometrial thickness - Not clearly differentiated.

Both ovaries - Not visualised.

Bladder - Inadequately distended.

IMPRESSION:

HEPATOMEGALY WITH FATTY CHANGES.

GALL BLADDER - S/O ? WALL CALCIFICATION.

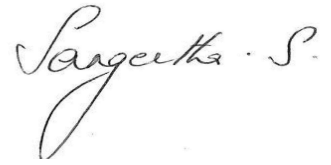
Patient Name : Mrs. JAQUILINE K

Age/Gender : 58 Y/F

UTERUS - ENDOMETRIAL THICKNESS - NOT CLEARLY DIFFERENTIATED.

TO BE CLINICALLY CORRELATED.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



Dr. S SANGEETHA
MBBS., TRAINED IN ULTRASONOGRAPHY
Radiology

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UHID/MR No.	: SALW.0000080921	OP Visit No	: SALWOPV186880
Sample Collected on	:	Reported on	: 08-04-2023 20:07
LRN#	: RAD1971888	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 155797.		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

Both breasts show a uniform echotexture.

The glandular and connective tissues are normal.

No mass or cyst is seen.

No evidence of calcification.

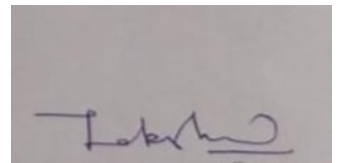
The sub areolar tissues are normal.

No evidence of retro mammary pathology is seen.

The axillary tails are normal.

IMPRESSION:

No significant abnormality detected.



Dr. LAKSHMI S
MBBS., MD (Radio Diagnosis)

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UHID/MR No.	: SALW.0000080921	OP Visit No	: SALWOPV186880
Sample Collected on	:	Reported on	: 08-04-2023 20:00
LRN#	: RAD1971888	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 155797.		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

Impression:

Normal study.



Dr. AMARESH KUMAR A
MBBS. MD (Radio Diagnosis)
Radiology