

Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 11:00AM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 237784966050	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic
RBC : Mild Hypochromasia, Mild Microcyte
WBC : Normal in number, morphology and distribution. No abnormal cells seen
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Mild Hypochromasia, Mild Microcyte blood picture
Note/Comment : Please Correlate clinically



SIN No:BED230230902

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

HAEMOGLOBIN	11.9	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	37.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.47	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	82.8	fL	83-101	Calculated
MCH	26.6	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	22	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	09	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3640	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1232	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	224	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	504	Cells/cu.mm	200-1000	Electrical Impedance

PLATELET COUNT	242000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren

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Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

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



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Visit ID : STAROPV63403	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	88	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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.



Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 01:16PM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 01:27PM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 02:05PM
Visit ID : STAROPV63403	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	72	mg/dL	70-140	GOD - POD

Comment:

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

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



Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 03:15PM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 07:26PM
Visit ID : STAROPV63403	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	103	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:EDT230087371

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DEPARTMENT OF BIOCHEMISTRY

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

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

TOTAL CHOLESTEROL	167	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	89	mg/dL	<150	
HDL CHOLESTEROL	58	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	109	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.88		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04490025

Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
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UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 12:30PM
Visit ID : STAROPV63403	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	80.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		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, Wilsons'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:

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Test Name	Result	Unit	Bio. Ref. Range	Method
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- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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Begumpet, Hyderabad, Telangana - 500016

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Ph: 022 4332 4500

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.65	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	16.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.10	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98-107	Direct ISE



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

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

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

TRI-iodothyronine (T3, TOTAL)	1.08	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.28	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	48.320	µIU/mL	0.25-5.0	ELFA

Result is rechecked. Kindly correlate clinically

Comment:

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

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

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



SIN No:SPL23135517

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

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

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

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



SIN No:UR2189228

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156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 24/Sep/2023 08:38PM
UHID/MR No : STAR.0000058760	Reported : 28/Sep/2023 04:10PM
Visit ID : STAROPV63403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 237784966050	

DEPARTMENT OF CYTOLOGY


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

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

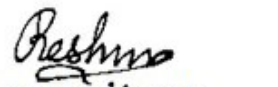
	CYTOLOGY NO.	16210/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY,INFLAMMATORY SMEAR

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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



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



SIN No:CS068183

Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 11:00AM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 237784966050	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic
 RBC : Mild Hypochromasia, Mild Microcyte
 WBC : Normal in number, morphology and distribution. No abnormal cells seen
 Platelets : Adequate in Number
 Parasites : No Haemoparasites seen
IMPRESSION : Mild Hypochromasia, Mild Microcyte blood picture
 Note/Comment : Please Correlate clinically



Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 11:00AM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	11.9	g/dL	12-15	CYANIDE FREE COLOURIMETER
PCV	37.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.47	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	82.8	fL	83-101	Calculated
MCH	26.6	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	22	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	09	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3640	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1232	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	224	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	504	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	242000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY

ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

Methodology : Microscopic
RBC : Mild Hypochromasia, Mild Microcyte
WBC : Normal in number, morphology and distribution. No abnormal cells seen
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Mild Hypochromasia, Mild Microcyte blood picture
Note/Comment : Please Correlate clinically



Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 11:00AM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 12:00PM
Visit ID : STAROPV63403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 237784966050	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

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



Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 11:01AM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 12:37PM
Visit ID : STAROPV63403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 237784966050	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	88	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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.



Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 01:16PM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 01:27PM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 02:05PM
Visit ID : STAROPV63403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 237784966050	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	72	mg/dL	70-140	GOD - POD

Comment:

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

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



TOUCHING LIVES

Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 03:15PM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 07:26PM
Visit ID : STAROPV63403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 237784966050	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	103	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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 03:15PM
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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method



TOUCHING LIVES

Expertise. Empowering you.

Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 12:34PM
Visit ID : STAROPV63403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	167	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	89	mg/dL	<150	
HDL CHOLESTEROL	58	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	109	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.88		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 12:34PM
Visit ID : STAROPV63403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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TOUCHING LIVES

Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 12:30PM
Visit ID : STAROPV63403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 237784966050	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	80.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		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:

TOUCHING LIVES

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



TOUCHING LIVES

Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.65	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	16.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.10	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98-107	Direct ISE



Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 12:30PM
Visit ID : STAROPV63403	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	16-73	Glycylglycine Kinetic method



Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 02:16PM
Visit ID : STAROPV63403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 237784966050	

DEPARTMENT OF IMMUNOLOGY

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

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

TRI-IODOTHYRONINE (T3, TOTAL)	1.08	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.28	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	48.320	µIU/mL	0.25-5.0	ELFA

Result is rechecked. Kindly correlate clinically

Comment:

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

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

TOUCHING LIVES

Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 02:16PM
Visit ID : STAROPV63403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
Low N High High	Thyroiditis, Interfering Antibodies			
N/Low High N N	T3 Thyrotoxicosis, Non thyroidal causes			
High High High High	Pituitary Adenoma; TSHoma/Thyrotropinoma			



Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 11:19AM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 237784966050	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION


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

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

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

*** End Of Report ***

Result/s to Follow:
LBC PAP TEST (PAPSURE)



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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

Patient Name : Mrs.AJI T	Collected : 23/Sep/2023 09:00AM
Age/Gender : 31 Y 6 M 24 D/F	Received : 23/Sep/2023 11:19AM
UHID/MR No : STAR.0000058760	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 237784966050	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------





To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	AJI T
DATE OF BIRTH	28-02-1992
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-09-2023
BOOKING REFERENCE NO.	23S180654100069916S
SPOUSE DETAILS	
EMPLOYEE NAME	DAS JITHIN
EMPLOYEE EC NO.	180654
EMPLOYEE DESIGNATION	TREASURY FRONT OFFICE FX_MERCHANT DEALER
EMPLOYEE PLACE OF WORK	MUMBAI,SPECIAL TREASURY
EMPLOYEE BIRTHDATE	27-06-1991

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **20-09-2023** till **31-03-2024**.The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



सत्यमेव जयते
भारत सरकार



आधार

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

இந்திய அரசாங்கம்
Unique Identification Authority of India
Government of India

பதிவு அடையாளம் / Enrollment No. : 2043/88307/07428

To
Aji Thankamuthu
அஜி தங்கமுத்து
D/O: Thankamuthu
NO 13/5
13/06/2015
AMBEDKAR STREET
SADANANDHAPURAM
PERUNGALATHUR
Srinivasanagar, Kancheepuram
Tamil Nadu - 600063
8148112337



KH449346025FT
44934602



உங்கள் ஆதார் எண் / Your Aadhaar No. :

2377 8496 6050

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



இந்திய அரசாங்கம்
Government of India



அஜி தங்கமுத்து
Aji Thankamuthu

பிறந்த நாள் / DOB: 28/02/1993
பெண்பால் / Female

2377 8496 6050



ஆதார் - சாதாரண மனிதனின் அதிகாரம்

Date: 23/9/2023 **OUT-PATIENT RECORD**
 MRNO: 58760
 Name: Mrs. Ajit
 Age/Gender: 31/48 / female
 Mobile No:
 Passport No:
 Aadhar number:

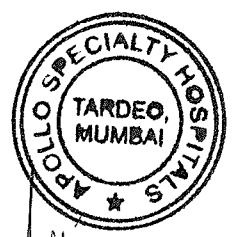
Pulse: 66/min	B.P: 100/70	Resp: 22/min	Temp: (N)
Weight: 60.4	Height: 165	BMI: 22.2	Waist Circum: 78 cm

General Examination / Allergies History

Clinical Diagnosis & Management Plan

married, Nonvegetarian
 Sleep: (N) B/B (N) No Allergy.
 No addiction mc 2-3 / 30 days
 Moderately Active
 FH: Father: HTDM

Dr. (Mrs.) CHHAYA P. VAJA
 M.D. (MUM)
 Physician & Cardiologist
 Reg. No. 56442



Doctor Signature

Follow up date:

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
 Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
 (Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
 Ph No: 040 - 4904 7777 | www.apollohl.com

Specialists in Surgery

Mrs Aji. T.

31 yrs

23/9/23.

NO Gynae complaints.

M/H - $\frac{2-3}{327-30}$

4/9/23

O/H - Nil.

P/H - Nil

F/H - Father - DM

OLE
Cx vag | (M)

discharge +

CBC taken



[Signature]

EYE REPORT

Name: *Ajith*

Date: *23/09/2013*

Age / Sex: *31 yr / M*

Ref No.:

Complaint: *No ocular obs*
no H/O 39/20

Examination

U/E 6/6
6/6

Neur U & N2

Spectacle Rx

	Right Eye				Vision	Sphere	Cyl.	Axis
	Vision	Sphere	Cyl.	Axis				
Distance								
Read								

Remarks: *Color U & vision*

Medications: *As Km*

Trade Name	Frequency	Duration

Follow up: *As Km*

Consultant:



[Handwritten signature]

Name : Mrs. Aji T
Age : 31 Year(s)

Date : 23/09/2023
Sex : Female
Visit Type : OPD

ECHO Cardiography

Comments:

Normal cardiac dimensions.
Structurally normal valves.
No evidence of LVH.
Intact IAS/IVS.
No evidence of regional wall motion abnormality.
Normal LV systolic function (LVEF 60%).
No diastolic dysfunction.
Normal RV systolic function.
No intracardiac clots / vegetation/ pericardial effusion.
No evidence of pulmonary hypertension.PASP=30mmHg.
IVC 12 mm collapsing with respiration.

No evidence of regional wall motion abnormality

Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT.


DR. CHHAYA P. VAJA. M. D. (MUM)
NONINVASIVE CARDIOLOGIST

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
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Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mrs. Aji T
Age : 31 Year(s)

Date : 23/09/2023
Sex : Female
Visit Type : OPD

Dimension:

EF Slope	130mm/sec
EPSS	05mm
LA	26mm
AO	24mm
LVID (d)	33mm
LVID(s)	21mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


DR. CHHAYA P. VAJA. M. D. (MUM)
NONINVASIVE CARDIOLOGIST

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Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Patient Name	: Mrs. AJI T	Age	: 31 Y F
UHID	: STAR.0000058760	OP Visit No	: STAROPV63403
Reported on	: 23-09-2023 11:09	Printed on	: 23-09-2023 11:10
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:23-09-2023 11:09

---End of the Report---



Dr. VINOD SHETTY
Radiology

Patient Name : MRS. AJI T
Ref. By : HEALTH CHECK UP

Date : 23-09-2023
Age : 31 years

SONOGRAPHY OF ABDOMEN AND PELVIS

- LIVER** : The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.
- GALL BLADDER** : The gall bladder is normal in size with a normal wall thickness and there are no calculi seen in it.
- PANCREAS** : The pancreas is normal in size and echotexture. No focal mass lesion is seen.
- SPLEEN** : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.
- KIDNEYS** : The **RIGHT KIDNEY** measures 10.0 x 4.1 cms and the **LEFT KIDNEY** measures 10.1 x 4.2 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.
- The para-aortic & iliac fossa regions appear normal. There is no free fluid or any lymphadenopathy seen in the abdomen.
- URINARY BLADDER** : The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.
- UTERUS** : The uterus is retroverted & it appears normal in size, shape and echotexture. It measures 7.4 x 3.8 x 3.6 cms.
- CERVIX** : The cervix is normal in size and echotexture. No focal mass lesion is seen. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 7.1 mms. No focal mass lesion is noted within the uterus.
- OVARIES** : Both ovaries reveal normal size, shape and echopattern.
Right ovary measures 3.1 x 1.5 cms.
Left ovary measures 2.8 x 1.8 cms
There is no free fluid seen in cul de sac.

IMPRESSION : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.


DR. VINOD V. SHETTY

MD, D.M.R.D.
CONSULTANT SONOLOGIST
Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

InBody

ID 0 ms. Ajit

Age 31

Height 165cm

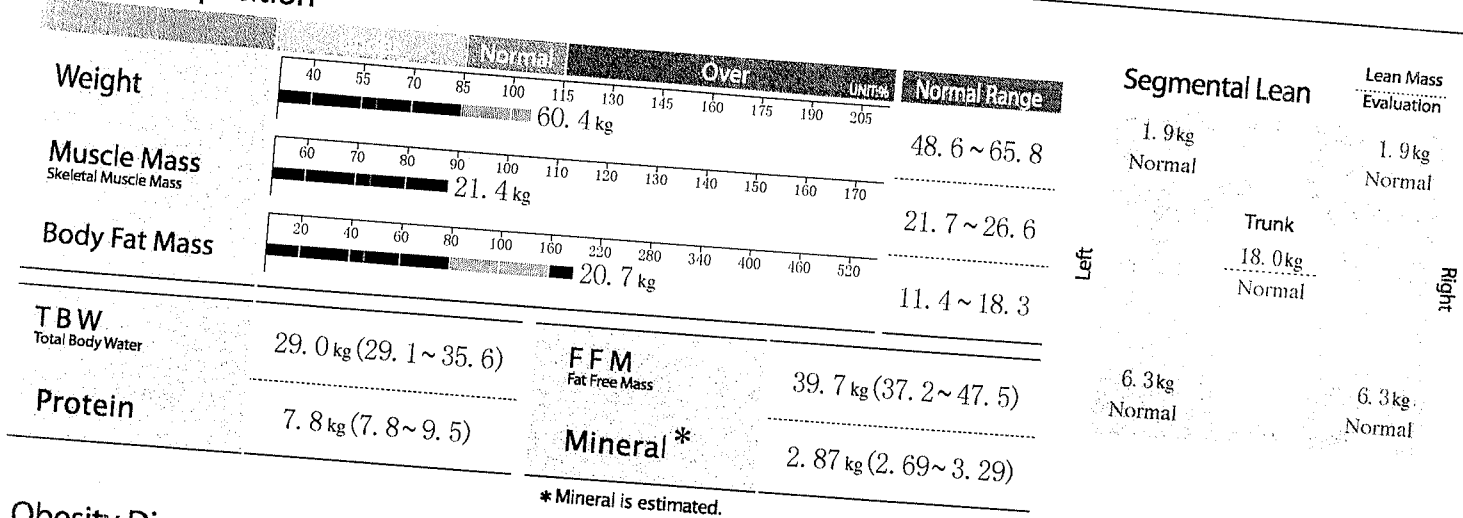
Gender Female

Date 23. 9. 2023

Time 09:10:10

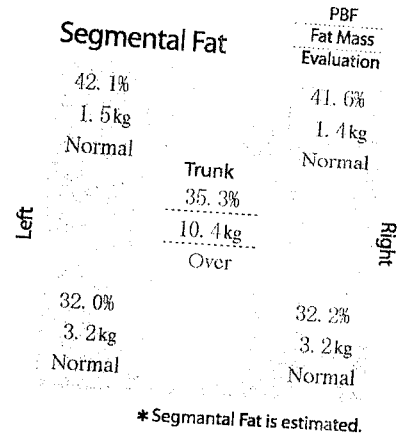
APOLLO SPECTRA HOSPITAL

Body Composition



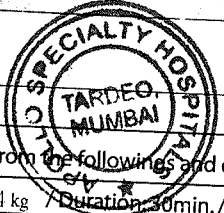
Obesity Diagnosis

BMI Body Mass Index (kg/m ²)	22.2	Normal Range: 18.5 ~ 25.0	Nutritional Evaluation
PBF Percent Body Fat (%)	34.3	Normal Range: 18.0 ~ 28.0	Protein <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Deficient
WHR Waist-Hip Ratio	0.91	Normal Range: 0.75 ~ 0.85	Mineral <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient
BMR Basal Metabolic Rate (kcal)	1227	Normal Range: 1274 ~ 1475	Fat <input type="checkbox"/> Normal <input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive
			Weight Management
			Weight <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Over
			SMM <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Under <input type="checkbox"/> Strong
			Fat <input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
			Obesity Diagnosis
			BMI <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Over
			PBF <input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
			WHR <input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over



Muscle-Fat Control

Muscle Control + 4.4 kg Fat Control - 7.6 kg Fitness Score 68



Impedance

Z	RA	LA	TR	RL	LL
20kHz	429.0	435.6	29.3	317.1	310.0
100kHz	393.3	398.8	25.6	288.5	283.1

* Use your results as reference when consulting with your physician or fitness trainer.

Exercise Planner

Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 60.4 kg / Duration: 30min. / unit: kcal)

Walking: 121	Jogging: 211	Bicycle: 181	Swim: 211	Mountain Climbing: 197	Aerobic: 211
Table tennis: 137	Tennis: 181	Football: 211	Oriental Fencing: 302	Gate ball: 115	Badminton: 137
Racket ball: 302	Tae-kwon-do: 302	Squash: 302	Basketball: 181	Rope jumping: 211	Golf: 106
Push-ups development of upper body	Sit-ups abdominal muscle training	Weight training backache prevention	Dumbbell exercise muscle strength	Elastic band muscle strength	Squats maintenance of lower body muscle

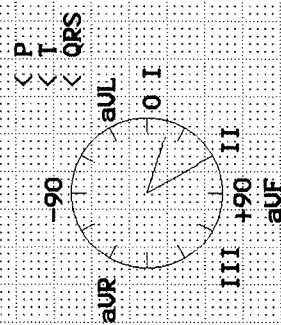
- How to do**
 1. Choose practicable and preferable activities from the left.
 2. Choose exercises that you are going to do for 7 days.
 3. Calculate the total energy expenditure for a week.
 4. Estimate expected total weight loss for a month using the formula shown below.
- Recommended calorie intake per day**
1600 kcal

*Calculation for expected total weight loss for 4 weeks: **Total energy expenditure (kcal/week) X 4weeks ÷ 7700**

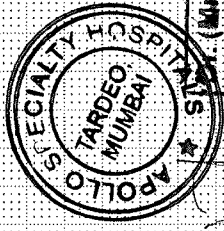
Measurement Results:

QRS	:	92 ms
QT/QTcB	:	398 / 420 ms
PR	:	168 ms
P	:	112 ms
RR/PP	:	882 / 895 ms
P/QRS/T	:	18 / 61 / 19 degrees

Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Low voltage QRS
 Borderline ECG

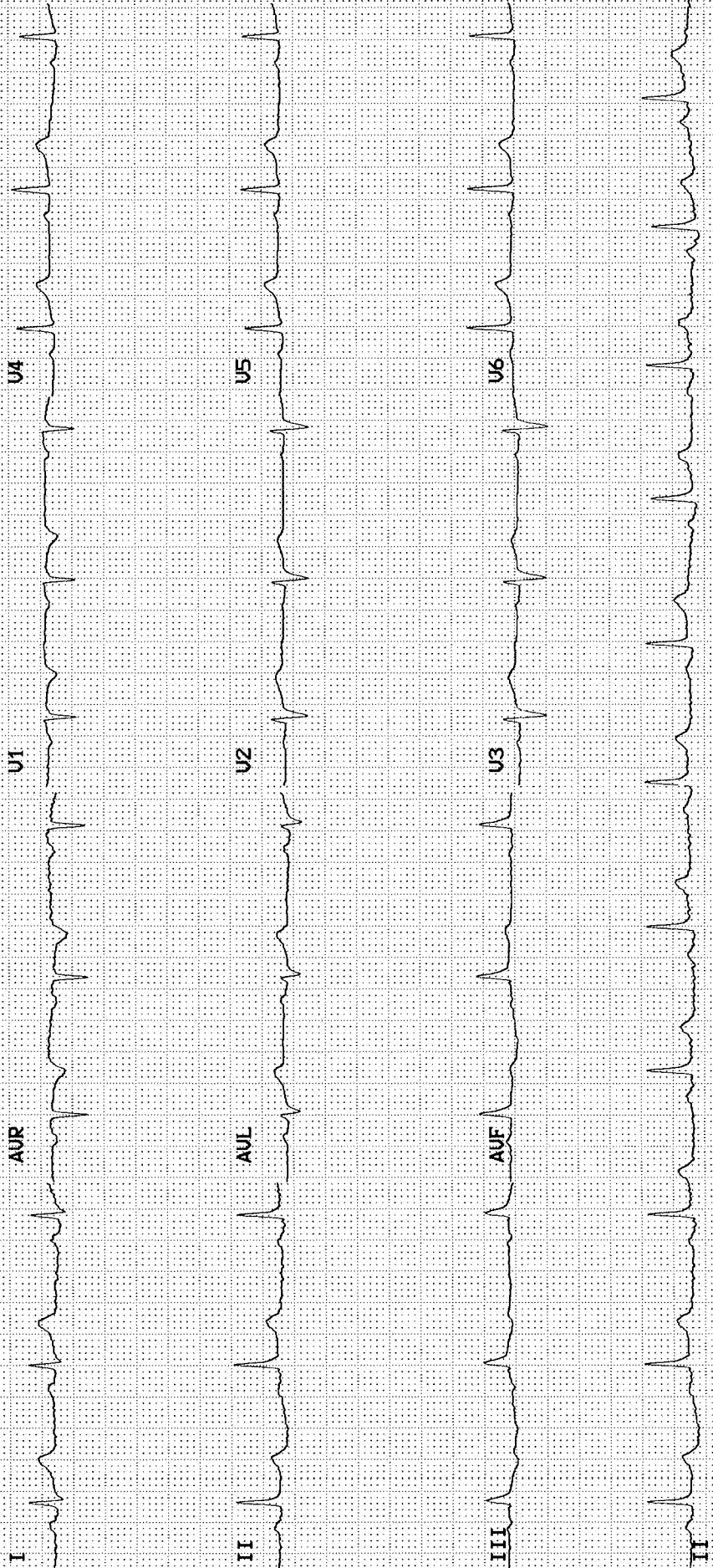


Within Normal limits



(Mrs.) CHHAYA P. VAJA
 M. B. (MUM)
 Physician & Cardiologist
 Reg. No. 60942

Unconfirmed report.



Patient Name	: Mrs. AJI T	Age/Gender	: 31 Y/F
UHID/MR No.	: STAR.0000058760	OP Visit No	: STAROPV63403
Sample Collected on	:	Reported on	: 23-09-2023 11:41
LRN#	: RAD2106244	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 237784966050		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

GALL BLADDER : The gall bladder is normal in size with a normal wall thickness and there are no calculi seen in it.

PANCREAS : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

KIDNEYS : The **RIGHT KIDNEY** measures 10.0 x 4.1 cms and the **LEFT KIDNEY** measures 10.1 x 4.2 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appear normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

URINARY **The urinary bladder distends well and is normal in shape and contour No intrinsic**

BLADDER: lesion or calculus is seen in it. The bladder wall is normal in thickness.

UTERUS : The uterus is retroverted & it appears normal in size, shape and echotexture. It measures 7.4 x 3.8 x 3.6 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 7.1 mms. No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 3.1 x 1.5 cms. Left ovary measures 2.8 x 1.8 cms. There is no free fluid seen in cul de.

IMPRESSION : **Normal Ultrasound examination of the Abdomen and Pelvis.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Patient Name : Mrs. AJI T

Age/Gender : 31 Y/F



Dr. VINOD SHETTY
Radiology

Patient Name	: Mrs. AJI T	Age/Gender	: 31 Y/F
UHID/MR No.	: STAR.0000058760	OP Visit No	: STAROPV63403
Sample Collected on	:	Reported on	: 23-09-2023 11:10
LRN#	: RAD2106244	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 237784966050		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Dr. VINOD SHETTY
Radiology