

Patient Name : Mrs.KASTHURI BAI B .	Collected : 27/Mar/2023 09:16AM
Age/Gender : 53 Y 1 M 30 D/F	Received : 27/Mar/2023 10:55AM
UHID/MR No : SALW.0000130251	Reported : 27/Mar/2023 12:35PM
Visit ID : SALWOPV186102	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 53982.	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: 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
IMPRESSION	: Normocytic Normochromic blood picture
NOTE/ COMMENT	: Please correlate clinically.



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DEPARTMENT OF HAEMATOLOGY

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

HAEMOGLOBIN	11.3	g/dL	12-15	Spectrophotometer
PCV	33.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.01	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83.7	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	70.2	%	40-80	Electrical Impedance
LYMPHOCYTES	20.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.7	%	1-6	Electrical Impedance
MONOCYTES	4.6	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6949.8	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2069.1	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	366.3	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	455.4	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	59.4	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	240000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	51	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

WBC MORPHOLOGY : Normal in number, morphology and distribution. No abnormal cells seen.

Page 2 of 14

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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PLATELETS	: Adequate in number.			
PARASITES	: No haemoparasites seen			
IMPRESSION	: Normocytic Normochromic blood picture			
NOTE/ COMMENT	: Please correlate clinically.			



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Age/Gender : 53 Y 1 M 30 D/F	Received : 27/Mar/2023 10:55AM
UHID/MR No : SALW.0000130251	Reported : 27/Mar/2023 02:42PM
Visit ID : SALWOPV186102	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- 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	A			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.KASTHURI BAI B .	Collected : 27/Mar/2023 11:52AM
Age/Gender : 53 Y 1 M 30 D/F	Received : 27/Mar/2023 04:14PM
UHID/MR No : SALW.0000130251	Reported : 27/Mar/2023 05:36PM
Visit ID : SALWOPV186102	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 53982.	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	123	mg/dL	70-100	HEXOKINASE
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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	201	mg/dL	70-140	HEXOKINASE
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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.KASTHURI BAI B .	Collected : 27/Mar/2023 09:16AM
Age/Gender : 53 Y 1 M 30 D/F	Received : 27/Mar/2023 11:48AM
UHID/MR No : SALW.0000130251	Reported : 27/Mar/2023 01:11PM
Visit ID : SALWOPV186102	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 53982.	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	113	mg/dL	<200	CHO-POD
TRIGLYCERIDES	119	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	77	mg/dL	<130	Calculated
LDL CHOLESTEROL	53.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.14		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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- 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	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	68.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	3.70	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.16		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS 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	0.77	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	20.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	68.00	U/L	30-120	IFCC

CALCIUM , <i>SERUM</i>	9.10	mg/dL	8.8-10.6	Arsenazo III
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Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

C-REACTIVE PROTEIN CRP (QUANTITATIVE) , <i>SERUM</i>	13.6	mg/L	<5	IMMUNO-TURBIDIMETRY
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Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

ELECTROLYTES - <i>SERUM</i> , <i>SERUM</i>				
SODIUM	135	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)

GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	12.00	U/L	<38	IFCC
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PHOSPHORUS, INORGANIC , <i>SERUM</i>	4.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS 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)	1.17	ng/mL	0.7-2.04	CLIA
Thyroxine (T4, TOTAL)	10.39	µg/dL	6.09-12.23	CLIA
Thyroid Stimulating Hormone (TSH)	3.887	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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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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VITAMIN D (25 - OH VITAMIN D) , SERUM	19.42	ng/mL		CLIA
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Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs)

The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D.

Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.

VITAMIN B12 , SERUM	105	pg/mL	120-914	CLIA
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Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

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DEPARTMENT OF IMMUNOLOGY

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Patient Name : Mrs.KASTHURI BAI B .	Collected : 27/Mar/2023 09:16AM
Age/Gender : 53 Y 1 M 30 D/F	Received : 27/Mar/2023 11:44AM
UHID/MR No : SALW.0000130251	Reported : 27/Mar/2023 12:14PM
Visit ID : SALWOPV186102	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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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	1.025		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	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY





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UHID/MR No : SALW.0000130251	Reported : 27/Mar/2023 12:47PM
Visit ID : SALWOPV186102	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY



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

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

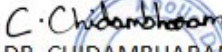
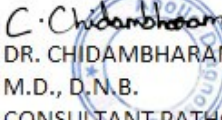
*** End Of Report ***

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

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

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



Patient Name	: Mrs. KASTHURI BAI B .	Age/Gender	: 53 Y/F
UHID/MR No.	: SALW.0000130251	OP Visit No	: SALWOPV186102
Sample Collected on	:	Reported on	: 28-03-2023 15:03
LRN#	: RAD1960536	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 53982.		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size, Shows fatty changes(Grade I).
Intra and extra hepatic biliary passages are not dilated.

Gall bladder - Partially distended, No calculi imaged.
Wall thickness appear normal.

Pancreas appears normal.

Spleen measures 10.7cm and shows normal echotexture.

Visualised aorta and IVC are normal.

No evidence of ascites or lymphadenopathy.

Right kidney measures 10.5 x 4.3cm.

Left kidney measures 10.6 x 4.3cm.

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

Uterus anteverted and bulky measures 10.0 x 5.7cm. Endometrial thickness - Not clearly differentiated.

Myometrium appears hetrogenous.

Both ovaries - Not clearly visualised.

Bladder is normal in contour.

IMPRESSION:

FATTY LIVER.

BULKY UTERUS WITH HETROGENOUS MYOMETRIUM.

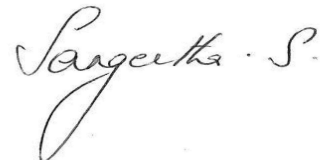
Patient Name : Mrs. KASTHURI BAI B .

Age/Gender : 53 Y/F

SUGGESTED TVS.

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

Patient Name	: Mrs. KASTHURI BAI B .	Age/Gender	: 53 Y/F
UHID/MR No.	: SALW.0000130251	OP Visit No	: SALWOPV186102
Sample Collected on	:	Reported on	: 28-03-2023 02:52
LRN#	: RAD1960536	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 53982.		

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

Patient Name	: Mrs. KASTHURI BAI B .	Age/Gender	: 53 Y/F
UHID/MR No.	: SALW.0000130251	OP Visit No	: SALWOPV186102
Sample Collected on	:	Reported on	: 27-03-2023 18:32
LRN#	: RAD1960536	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 53982.		

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Both breasts show a uniform echotexture.

The glandular and connective tissues are normal.

A simple cyst of size 9 x 4 mm is seen in 10 'o' clock position of right breast.

No evidence of calcification.

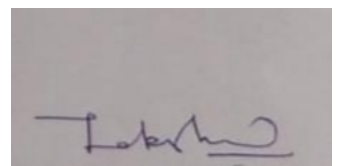
The sub areolar tissues are normal.

No evidence of retro mammary pathology is seen.

The axillary tails are normal.

IMPRESSION:

Right simple breast cyst - BIRADS - 2 - Benign.



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