

Patient Name	: Mrs.P MANASA	Collected	: 25/Nov/2023 08:15AM
Age/Gender	: 31 Y 10 M 14 D/F	Received	: 25/Nov/2023 11:30AM
UHID/MR No	: CHSR.0000153413	Reported	: 25/Nov/2023 12:44PM
Visit ID	: CHSROPV288332	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 275079		

DEPARTMENT OF HAEMATOLOGY

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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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	14.2	g/dL	12-15	Spectrophotometer
PCV	43.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.76	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	75.2	fL	83-101	Calculated
MCH	24.7	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	47.2	%	40-80	Electrical Impedence
LYMPHOCYTES	42.2	%	20-40	Electrical Impedence
EOSINOPHILS	2.2	%	1-6	Electrical Impedence
MONOCYTES	8.1	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2737.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2447.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	127.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	469.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.4	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	274000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westgren method
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PERIPHERAL SMEAR

RBCs: are normocytic normochromic
 WBCs: are normal in total number with mild increase in lymphocytes.
 PLATELETS: appear adequate in number.
 HEMOPARASITES: negative

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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Suggested Iron profile in view of reduced RBC indices and increased RBC count.

Kindly correlate clinically.



SIN No:BED230289137

NABL renewal accreditation under process

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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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mrs.P MANASA	Collected : 25/Nov/2023 11:28AM
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DEPARTMENT OF BIOCHEMISTRY

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

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GLUCOSE, FASTING , NAF PLASMA	84	mg/dL	70-100	HEXOKINASE
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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:

- 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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	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.



SIN No:PLF02059136,PLP1390150

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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	114	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)



SIN No:EDT230105880

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

TOTAL CHOLESTEROL	168	mg/dL	<200	CHO-POD
TRIGLYCERIDES	176	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	87.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.73		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.66	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	72.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.88	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		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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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.60	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	10.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.44	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.43	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	100	mmol/L	101–109	ISE (Indirect)



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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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

Patient Name : Mrs.P MANASA	Collected : 25/Nov/2023 08:15AM
Age/Gender : 31 Y 10 M 14 D/F	Received : 25/Nov/2023 12:21PM
UHID/MR No : CHSR.0000153413	Reported : 25/Nov/2023 01:33PM
Visit ID : CHSROPV288332	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 275079	

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	21.00	U/L	<38	IFCC



SIN No:SE04549652

NABL renewal accreditation under process

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

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

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)

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



Patient Name : Mrs.P MANASA	Collected : 25/Nov/2023 08:15AM
Age/Gender : 31 Y 10 M 14 D/F	Received : 25/Nov/2023 12:22PM
UHID/MR No : CHSR.0000153413	Reported : 25/Nov/2023 01:57PM
Visit ID : CHSROPV288332	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 275079	

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
-----------	--------	------	-----------------	--------

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.34	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.86	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.244	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



SIN No:SPL23167278

NABL renewal accreditation under process

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

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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)

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



Patient Name : Mrs.P MANASA	Collected : 25/Nov/2023 08:15AM
Age/Gender : 31 Y 10 M 14 D/F	Received : 25/Nov/2023 05:05PM
UHID/MR No : CHSR.0000153413	Reported : 25/Nov/2023 07:09PM
Visit ID : CHSROPV288332	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 275079	

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
-----------	--------	------	-----------------	--------

COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2226443

NABL renewal accreditation under process

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

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

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

Patient Name : Mrs.P MANASA	Collected : 25/Nov/2023 08:15AM
Age/Gender : 31 Y 10 M 14 D/F	Received : 25/Nov/2023 05:05PM
UHID/MR No : CHSR.0000153413	Reported : 25/Nov/2023 05:56PM
Visit ID : CHSROPV288332	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 275079	

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



SIN No:UPP015826,UF009827

NABL renewal accreditation under process

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034



Patient Name : Mrs.P MANASA	Collected : 25/Nov/2023 01:27PM
Age/Gender : 31 Y 10 M 14 D/F	Received : 26/Nov/2023 04:20PM
UHID/MR No : CHSR.0000153413	Reported : 27/Nov/2023 07:44PM
Visit ID : CHSROPV288332	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 275079	

DEPARTMENT OF CYTOLOGY

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


LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	19757/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY


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 *****

Result/s to Follow:
PERIPHERAL SMEAR



DR. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST



DR. SHIVARAJA SHETTY
M.B.B.S, M.D (Biochemistry)
CONSULTANT BIOCHEMIST



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



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

Page 14 of 14



SIN No:CS070542

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

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


Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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APOLLO CLINICS NETWORK

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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

Name : Mrs. P MANASA Address : HSR Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 31 Y Sex : F	UHID :CHSR.0000153413  OP Number :CHSR0PV288332 Bill No :CHSR-OCR-63975 Date : 25.11.2023 08:10
---	---	---

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	SONO MAMOGRAPHY - SCREENING	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2 D ECHO	
6	LIVER FUNCTION TEST (LFT)	
7	X-RAY CHEST PA - 13	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNAECOLOGY CONSULTATION ✓ S	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	EKG	
18	BLOOD GROUP ABO AND RH FACTOR	
19	LIPID PROFILE	
20	BODY MASS INDEX (BMI)	
21	LBC PAP TEST- PAPSURE ✓ S	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN - 14	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

28) Audio - 8

Personal Details
Patient ID: 01NB19FG6Q1001E
Phone: 153413
Address: manasa
Age: 11
Gender: Female
Phone: 9553697778

Pre-Existing Medical Conditions

Vitals

Measurements
HR: 70 BPM
PR: 163 ms
PD: 121 ms
QRS: 101 ms
QRS Axis: 37 deg
QT/QTc: 370/400 ms

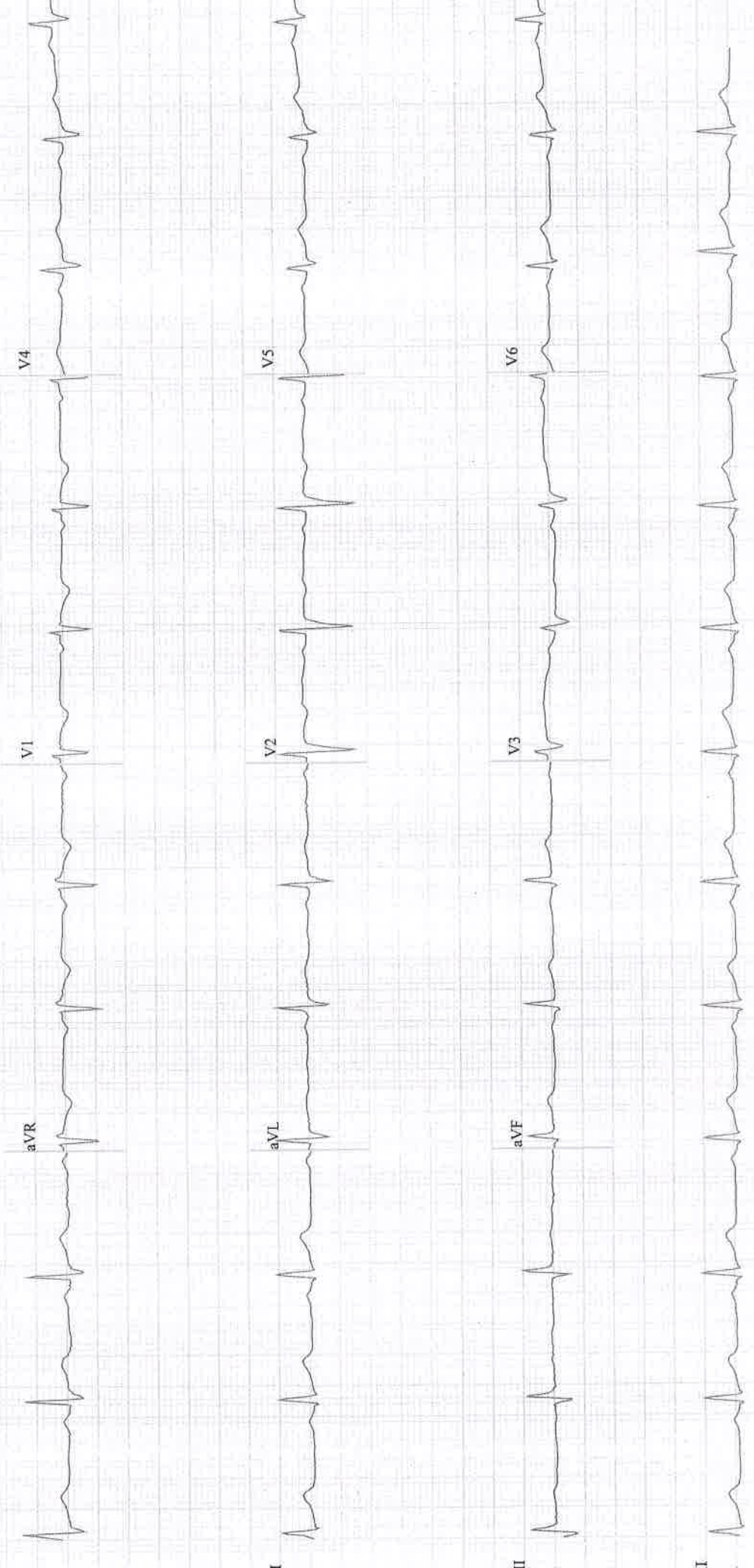
Interpretation

Normal sinus rhythm
Normal axis

Authorized by
Yogesh K

Dr. Yogesh Kothari
MD, DNB, FESC, FEP
Reg No- KMC 44065

This trace is generated by **KardiScreen**: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from **IMEDIX**



Mrs. Manasa

31y / Female

28/11/23

PH-7899787828

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

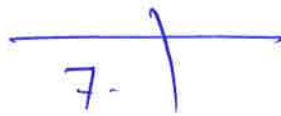
**General Examination / Allergies
History**

Pt has come
for regular
dental check
up.

Clinical Diagnosis & Management Plan

O/E.

Pt has old RCT treated tooth



which was fractured

calculus ++ stained ++

Follow up date:


Doctor Signature

Date : 25-11-2023
 MR NO : CHSR.0000153413
 Name : Mrs. P MANASA
 Age/ Gender : 31 Y / Female

Department : GENERAL
 Doctor : *Suguna*
 Registration No : *30834*
 Qualification :

Consultation Timing: 08:10

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

General Examination / Allergies
 History

Clinical Diagnosis & Management Plan

*OH: - MH - Aur
 PIA
 AD - aur } uses
 MH: - regular cycle.
 30 - 32 day - dmp - 10/11/23
 Both Breast - (n)
 PIA - soft
 RBC p up (scales)*

Follow up date:

Suguna

Doctor Signature

Date : 25-11-2023
MR NO : CHSR.0000153413

Department : GENERAL
Doctor :

Name : Mrs. P MANASA

Registration No :

Age/ Gender : 31 Y / Female

Qualification :

Consultation Timing: 08:10

Height : 153	Weight : 69kg	BMI :	Waist Circum :
Temp :	Pulse : 74	Resp :	B.P : 106/79

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Ophthalm.

6/6 without 6/6
u 6/6
6/6
colour vision
17
17
17
17

Follow up date:

Doctor Signature

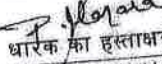


नाम P.MANASA
Name

कर्मचारी कुट क्र 115326
E.C. No.


जारीकर्ता प्राधिकारी
Issuing Authority




धारक का हस्ताक्षर
Signature of Holder

Patient Name	: Mrs. P MANASA	Age/Gender	: 31 Y/F
UHID/MR No.	: CHSR.0000153413	OP Visit No	: CHSR0PV288332
Sample Collected on	:	Reported on	: 26-11-2023 10:23
LRN#	: RAD2159381	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 275079		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Bilateral lung fields appear normal.

Cardiac size and shape are normal.

No mediastinal pathology is seen.

Both hila are normal in size and density.

Both CP angles are normal.

Both domes of diaphragm are normal.

IMPRESSION : NORMAL STUDY.

(The 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.

Dr. VIGNESH K
MBBS, MD Radio-Diagnosis
Radiology

Patient Name	: Mrs. P MANASA	Age/Gender	: 31 Y/F
UHID/MR No.	: CHSR.0000153413	OP Visit No	: CHSR0PV288332
Sample Collected on	:	Reported on	: 25-11-2023 12:04
LRN#	: RAD2159381	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 275079		

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Both breast parenchymal echotexture appear normal.

No ductal dilatation was noted.

No focal lesion was noted.

Nipples and subareolar region appear normal.

Skin and subcutaneous tissue is normal.

No axillary lymphadenopathy was appreciated.

IMPRESSION:

- **NORMAL STUDY.**
- **BI-RADS CLASSIFICATIONS:Category 1: Negative**

(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.

Dr. M SONIA PAVANI
MBBS, M.D (Radio-Diagnosis)
Radiology

Patient Name	: Mrs. P MANASA	Age/Gender	: 31 Y/F
UHID/MR No.	: CHSR.0000153413	OP Visit No	: CHSR0PV288332
Sample Collected on	:	Reported on	: 25-11-2023 09:01
LRN#	: RAD2159381	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 275079		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size(15.6 cm) and echotexture.No intra hepatic biliary / venous radicular dilation.No focal lesion seen.CBD and Main Portal vein appear normal.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal. **multiple caluli (10 to 15) noted largest measuring 8 mm**

SPLEEN : Normal in size and echotexture. No focal lesion is seen. No evidence of splenic hilar varices/collaterals.

PANCREAS : Only head and body visualized, appear normal.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

UTERUS : Normal in size and echotexture. It measures cm. Uniform myometrial echoes are normal. Endometrial thickness is normal and measures 8.6 mm.

OVARIES : Both ovaries are normal in size and echotexture.

Right ovary measures Vol: 28 cc. Left ovary measures Vol: 15 cc.

Both ovaries are enlarged in size with multiple peripherally arranged follicles with central echogenic stroma.

No free fluid is seen in the peritoneum.

IMPRESSION

- **Cholelithiasis**
- **Polycystic pattern of Ovaries as described.**

(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.

Dr. VIGNESH K
MBBS, MD Radio-Diagnosis
Radiology

Name: Mrs. P MANASA
Age/Gender: 31 Y/F
Address: HSR
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: HSR LAYOUT_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KAVYA J

MR No: CHSR.0000153413
Visit ID: CHSROPV288332
Visit Date: 25-11-2023 08:10
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. P MANASA
Age/Gender: 31 Y/F
Address: HSR
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: HSR LAYOUT_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. MRIDULA V AMARNATH

MR No: CHSR.0000153413
Visit ID: CHSROPV288332
Visit Date: 25-11-2023 08:10
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. P MANASA
Age/Gender: 31 Y/F
Address: HSR
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: HSR LAYOUT_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ARPITA SUBHASH

MR No: CHSR.0000153413
Visit ID: CHSROPV288332
Visit Date: 25-11-2023 08:10
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. P MANASA
Age/Gender: 31 Y/F
Address: HSR
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: HSR LAYOUT_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KARISHMA PATEL

MR No: CHSR.0000153413
Visit ID: CHSROPV288332
Visit Date: 25-11-2023 08:10
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. P MANASA
Age/Gender: 31 Y/F
Address: HSR
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: HSR LAYOUT_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VANITA VAISHNAV

MR No: CHSR.0000153413
Visit ID: CHSROPV288332
Visit Date: 25-11-2023 08:10
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
25-11-2023 17:47	74 Beats/min	106/79 mmHg	22 Rate/min	98.3 F	153 cms	69 Kgs	%	%	Years	29.48	cms	cms	cms		AHLL10116

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

Vitals

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Established Patient: No

Vitals

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25-11-2023 17:47	74 Beats/min	106/79 mmHg	22 Rate/min	98.3 F	153 cms	69 Kgs	%	%	Years	29.48	cms	cms	cms		AHLL10116

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
25-11-2023 17:47	74 Beats/min	106/79 mmHg	22 Rate/min	98.3 F	153 cms	69 Kgs	%	%	Years	29.48	cms	cms	cms		AHLL10116

Patient Name	: Mrs. P MANASA	Age	: 31 Y/F
UHID	: CHSR.0000153413	OP Visit No	: CHSROPV288332
Conducted By:	:	Conducted Date	: 25-11-2023 18:15
Referred By	: SELF		

- **:2D Echo Cardiography**
- **Chambers**

- Left Ventricle :Normal in size, **NO RWMA at Rest**
- Left Atrium : Normal
- Right Ventricle : Normal
- Right Atrium : Normal

- **Septa**

IVS: Intact

- IAS : Intact

Valves

- Mitral Valve : Normal.
- Tricuspid Valve : Normal , Trace TR, No PAH
- Aortic Valve : Tricuspid, Normal mobility
- Pulmonary Valve : Normal

Great Valves

- Aorta : Normal
- Pulmonary Artery : Normal

Patient Name : Mrs. P MANASA Age : 31 Y/F
UHID : CHSR.0000153413 OP Visit No : CHSR0PV288332
Conducted By: : Conducted Date : 25-11-2023 18:15
Referred By : SELF

Pericardium : Normal

Doppler Echocardiograph

Mitral Valve	E	0.83	m/sec	<u>A</u>	0.6	m/sec	e/a 1.39
Aortic Valve	Vmax	1.26	m/sec	PG	6.4	mm	

Distolic Dysfunction None

M – Mode Measurement

Parameter	Observed Valve	Normal Range	
Aorta	25	26- 36	mm
Left Atrium	26	27-38	mm
IVS- Diastole	11	09-11	mm
Left Ventricle –Diastole	44	42-59	mm
Posterior wall-Diastole	11	09-11	mm
IVS-Systole	15	13-15	mm
Left Ventricle- Systole	26	21-40	mm
Posterior wall- Systole	15	13-15	mm
Ejection Fraction	60%	->50	%

IMPRESSION

- **NORMAL SIZED CARDIAC VALVES AND CHAMBERS**

Patient Name : Mrs. P MANASA Age : 31 Y/F
UHID : CHSR.0000153413 OP Visit No : CHSROPV288332
Conducted By: : Conducted Date : 25-11-2023 18:15
Referred By : SELF

- **NO RWMA'S AT REST**
- **NORMAL LV & RV SYSTOLIC FUNCTION LVEF – 60%**
- **NORMAL LV DIASTOLIC FUNCTION**
- **NO PERICARDIAL EFFUSION / VEGETATION / CLOT.**

Dr RAMNARESH SOUDRI
MD, DM (CARDIOLOGY), FSCAI
Consultant Interventional Cardiologist

Patient Name	: Mrs.P MANASA	Collected	: 25/Nov/2023 08:15AM
Age/Gender	: 31 Y 10 M 14 D/F	Received	: 25/Nov/2023 11:30AM
UHID/MR No	: CHSR.0000153413	Reported	: 25/Nov/2023 12:44PM
Visit ID	: CHSROPV288332	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 275079		

DEPARTMENT OF HAEMATOLOGY

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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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	14.2	g/dL	12-15	Spectrophotometer
PCV	43.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.76	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	75.2	fL	83-101	Calculated
MCH	24.7	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	47.2	%	40-80	Electrical Impedence
LYMPHOCYTES	42.2	%	20-40	Electrical Impedence
EOSINOPHILS	2.2	%	1-6	Electrical Impedence
MONOCYTES	8.1	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2737.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2447.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	127.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	469.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.4	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	274000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westegren method
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PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are normal in total number with mild increase in lymphocytes.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

Patient Name	: Mrs.P MANASA	Collected	: 25/Nov/2023 08:15AM
Age/Gender	: 31 Y 10 M 14 D/F	Received	: 25/Nov/2023 11:30AM
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Visit ID	: CHSROPV288332	Status	: Final Report
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DEPARTMENT OF HAEMATOLOGY

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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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Suggested Iron profile in view of reduced RBC indices and increased RBC count.

Kindly correlate clinically.



Patient Name	: Mrs.P MANASA	Collected	: 25/Nov/2023 08:15AM
Age/Gender	: 31 Y 10 M 14 D/F	Received	: 25/Nov/2023 11:30AM
UHID/MR No	: CHSR.0000153413	Reported	: 25/Nov/2023 02:13PM
Visit ID	: CHSROPV288332	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 275079		

DEPARTMENT OF HAEMATOLOGY

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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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mrs.P MANASA	Collected : 25/Nov/2023 11:28AM
Age/Gender : 31 Y 10 M 14 D/F	Received : 25/Nov/2023 04:08PM
UHID/MR No : CHSR.0000153413	Reported : 25/Nov/2023 05:07PM
Visit ID : CHSROPV288332	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 275079	

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	84	mg/dL	70-100	HEXOKINASE
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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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	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.



Patient Name	: Mrs.P MANASA	Collected	: 25/Nov/2023 08:15AM
Age/Gender	: 31 Y 10 M 14 D/F	Received	: 25/Nov/2023 11:39AM
UHID/MR No	: CHSR.0000153413	Reported	: 25/Nov/2023 12:20PM
Visit ID	: CHSROPV288332	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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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 , <i>WHOLE BLOOD EDTA</i>	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , <i>WHOLE BLOOD EDTA</i>	114	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)



Patient Name	: Mrs.P MANASA	Collected	: 25/Nov/2023 08:15AM
Age/Gender	: 31 Y 10 M 14 D/F	Received	: 25/Nov/2023 12:21PM
UHID/MR No	: CHSR.0000153413	Reported	: 25/Nov/2023 01:33PM
Visit ID	: CHSROPV288332	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 275079		

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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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	168	mg/dL	<200	CHO-POD
TRIGLYCERIDES	176	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	87.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.73		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Patient Name	: Mrs.P MANASA	Collected	: 25/Nov/2023 08:15AM
Age/Gender	: 31 Y 10 M 14 D/F	Received	: 25/Nov/2023 12:21PM
UHID/MR No	: CHSR.0000153413	Reported	: 25/Nov/2023 01:33PM
Visit ID	: CHSROPV288332	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 275079		

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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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.66	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	72.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.88	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		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.

Patient Name	: Mrs.P MANASA	Collected	: 25/Nov/2023 08:15AM
Age/Gender	: 31 Y 10 M 14 D/F	Received	: 25/Nov/2023 12:21PM
UHID/MR No	: CHSR.0000153413	Reported	: 25/Nov/2023 01:33PM
Visit ID	: CHSROPV288332	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 275079		

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



Patient Name	: Mrs.P MANASA	Collected	: 25/Nov/2023 08:15AM
Age/Gender	: 31 Y 10 M 14 D/F	Received	: 25/Nov/2023 12:21PM
UHID/MR No	: CHSR.0000153413	Reported	: 25/Nov/2023 01:33PM
Visit ID	: CHSROPV288332	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 275079		

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/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.60	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	10.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.44	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.43	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	100	mmol/L	101–109	ISE (Indirect)



Patient Name	: Mrs.P MANASA	Collected	: 25/Nov/2023 08:15AM
Age/Gender	: 31 Y 10 M 14 D/F	Received	: 25/Nov/2023 12:21PM
UHID/MR No	: CHSR.0000153413	Reported	: 25/Nov/2023 01:33PM
Visit ID	: CHSROPV288332	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 275079		

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	21.00	U/L	<38	IFCC



Patient Name	: Mrs.P MANASA	Collected	: 25/Nov/2023 08:15AM
Age/Gender	: 31 Y 10 M 14 D/F	Received	: 25/Nov/2023 12:22PM
UHID/MR No	: CHSR.0000153413	Reported	: 25/Nov/2023 01:57PM
Visit ID	: CHSROPV288332	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 275079		

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, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.34	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.86	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.244	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



Patient Name	: Mrs.P MANASA	Collected	: 25/Nov/2023 08:15AM
Age/Gender	: 31 Y 10 M 14 D/F	Received	: 25/Nov/2023 05:05PM
UHID/MR No	: CHSR.0000153413	Reported	: 25/Nov/2023 07:09PM
Visit ID	: CHSROPV288332	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 275079		

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 (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name	: Mrs.P MANASA	Collected	: 25/Nov/2023 08:15AM
Age/Gender	: 31 Y 10 M 14 D/F	Received	: 25/Nov/2023 05:05PM
UHID/MR No	: CHSR.0000153413	Reported	: 25/Nov/2023 05:56PM
Visit ID	: CHSROPV288332	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 275079		

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





MC-2438



Patient Name : Mrs.P MANASA	Collected : 25/Nov/2023 01:27PM
Age/Gender : 31 Y 10 M 14 D/F	Received : 26/Nov/2023 04:20PM
UHID/MR No : CHSR.0000153413	Reported : 27/Nov/2023 07:44PM
Visit ID : CHSROPV288332	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 275079	


DEPARTMENT OF CYTOLOGY**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324****LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**


	CYTOLOGY NO.	19757/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. 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

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 *****

Result/s to Follow:
PERIPHERAL SMEAR


DR. K. RAMA KRISHNA REDDY
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CONSULTANT PATHOLOGIST


DR. SHIVARAJA SHETTY
M.B.B.S, M.D (Biochemistry)
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Consultant Pathologist

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SIN No:CS070542

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad