


<b>Name</b> : Mrs. Gnana Soundari K  <b>Address</b> : bangalore  <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 41 Y  <b>Sex</b> : F	<b>UHID</b> :CINR.0000156561  <small>* CINR . 0000156561 *</small> <b>OP Number</b> :CINROPV204890 <b>Bill No</b> :CINR-OCR-88717 <b>Date</b> : 14.09.2023 09:24
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>2</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
3	SONO MAMOGRAPHY - SCREENING <span style="float:right">-15</span>	
<del>4</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
5	2D ECHO <span style="float:right">-9 11:30 AM</span>	
<del>6</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
7	X-RAY CHEST PA <span style="float:right">-10</span>	
<del>8</del>	<del>GLUCOSE, FASTING</del>	
<del>9</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
10	ENT CONSULTATION	
<del>11</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
12	GYNAECOLOGY CONSULTATION <span style="float:right">-3</span>	
13	DIET CONSULTATION	
<del>14</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>15</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>16</del>	<del>PERIPHERAL SMEAR</del>	
<del>17</del>	<del>ECG</del>	
<del>18</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>19</del>	<del>LIPID PROFILE</del>	
<del>20</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>21</del>	<del>LBC PAP TEST- PAPSURE</del> <span style="float:right">-3</span>	
<del>22</del>	<del>OPHTHAL BY GENERAL PHYSICIAN</del> <span style="float:right">-5</span>	
<del>23</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
24	ULTRASOUND - WHOLE ABDOMEN <span style="float:right">-9 After 2 Pm</span>	
<del>25</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	
26	DENTAL CONSULTATION <span style="float:right">-1</span>	
<del>27</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>	

Date : 14-09-2023

Department : GENERAL

MR NO : CINR.0000156561

Doctor :

Name : Mrs. Gnana Soundari K

Registration No :

Age/ Gender : 41 Y / Female

Qualification :

Consultation Timing: 09:23

Height : 150 cm	Weight : 67.90 kg	BMI : 30.2	Waist Circum : 89/98-c
Temp : 98.6°F	Pulse : 86 bpm	Resp : 18 bpm	B.P : 119/81 mmHg

General Examination / Allergies  
History

Sept 14/2023

Clinical Diagnosis & Management Plan

Atypical P2 C2 Myocardial infarction - Sept 1st  
 Dysrhythmia + PE  
 xcv PA. soft  
 mild  
 M/Cx healthy  
 Hbc pap don't

CBA  
 CA 125

Follow up date:

Doctor Signature

## OPHTHAL PRESCRIPTION

PATIENT NAME : Mrs. Gnana Sunderi. K.      DATE : 14/9/23  
UHID NO : 156561      AGE : 44y  
OPTOMETRIST NAME: Mr Gowtham M H      GENDER: F


This is to certify that I have examined  
years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	+0.25	-2.25	160	6/6	+1.00	-0.75	10	6/6
Add	+1.00	-2.25	160	6/6	+1.00	-0.75	10	6/6

PD – RE: \_\_\_\_\_ LE: \_\_\_\_\_

Colour Vision: Normal (BR)

Remarks:

  
Apollo Clinic Indiranagar

Ghana  
ID: 156561

15.08.1982  
41 Years

Female

14.09.2023 10:10:42  
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

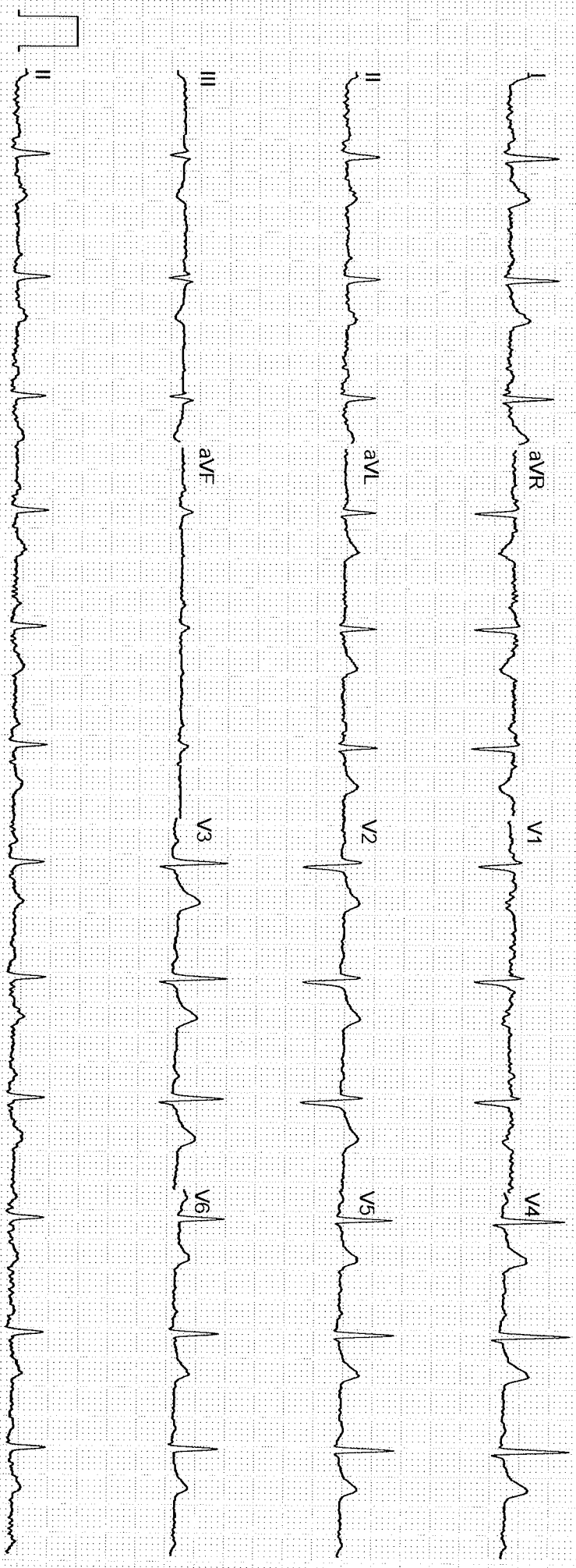
Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

76 bpm  
- / - mmHg

QRS : 76 ms  
QT / QTcBaz : 390 / 438 ms  
PR : 162 ms  
P : 96 ms  
RR / PP : 790 / 789 ms  
P / QRS / T : 14 / 20 / 8 degrees

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*1.08.23*  
*[Signature]*



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3 25 R1 1/1

Unconfirmed

Fwd: Health Check up Booking Confirmed Request(bobE46204),Package Code-  
PKG10000313, Beneficiary Code-81537

gnana soundari <gnanasoundari.k@gmail.com>

Wed 13-09-2023 17:05

To: vjmsri <vjmsri@bankofbaroda.com>

क डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें य  
AIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OF

----- Forwarded message -----

From: **Mediwheel** <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>

Date: Wed, 13 Sep, 2023, 4:28 pm

Subject: Health Check up Booking Confirmed Request(bobE46204),Package Code-PKG10000313,

Beneficiary Code-81537

To: <[gnanasoundari.k@gmail.com](mailto:gnanasoundari.k@gmail.com)>

Cc: <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>

011-41195959  
[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)

Dear **MS. K GNANA SOUNDARI**,

Please find the confirmation for following request.

**Booking Date** : 12-09-2023

**Package Name** : Arcofemi MediWheel Full Body Annual Plus Check Advanced Female  
2D ECHO (Metro)

**Name of Diagnostic/Hospital** : Apollo Clinic - Indiranagar

**Address of Diagnostic/Hospital** : Plot 2012, 1st floor, Above vision express, Next to Starbucks, 100 feet  
road, HAL 2nd stage, Indiranagar - 560038

**Contact Details** : (080) 2521 4614 - 15

**City** : Bangalore

**State** : Karnataka

**Pincode** : 560038

**Appointment Date** : 14-09-2023

**Confirmation Status** : Confirmed

**Preferred Time** : 8:00am-9:00am

**Comment** : APPOINTMENT TIME 9:00AM

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.



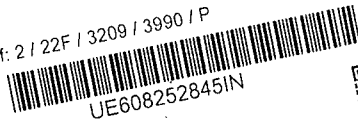
ಭಾರತ ಸರ್ಕಾರ  
Unique Identification Authority of India  
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No 1096/01294/01183

To,  
ಜ್ಞಾನ ಸುಂದರಿ  
Gnana Soundari  
W/O M Kumar  
#T S 16, 1st Cross, Muneshwara Block Palace Guttahalli  
Bangalore  
Malleswaram Bangalore  
Karnataka 560003  
9480050800

13/12/2011

Ref: 2 / 22F / 3209 / 3990 / P



UE608252845IN



ನಿಮ್ಮ ಅಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :  
**5479 0355 5727**

ಅಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ  
GOVERNMENT OF INDIA



ಜ್ಞಾನ ಸುಂದರಿ  
Gnana Soundari  
ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1982  
ಸ್ತ್ರೀ / Female



**5479 0355 5727**

ಅಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

**Patient Name** : Mrs. Gnana Soundari K

**Age/Gender** : 41 Y/F

**UHID/MR No.** : CINR.0000156561

**OP Visit No** : CINROPV204890

**Sample Collected on** :

**Reported on** : 14-09-2023 16:16

**LRN#** : RAD2098545

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9886028279

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

**SPLEEN:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Obscured by bowel gas. However, the visualized portion appear normal.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**UTERUS:** Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 8 mm.

**OVARIES:** Both ovaries appear normal in size and echopattern.

No free fluid is seen.

#### IMPRESSION:

**NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.**



**Dr. DHANALAKSHMI B**  
MBBS, DMRD  
Radiology



**Patient Name** : Mrs. Gnana Soundari K

**Age/Gender** : 41 Y/F

**UHID/MR No.** : CINR.0000156561

**OP Visit No** : CINROPV204890

**Sample Collected on** :

**Reported on** : 14-09-2023 15:31

**LRN#** : RAD2098545

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9886028279

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**DEPARTMENT OF RADIOLOGY**

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**SONO MAMOGRAPHY - SCREENING**

**ULTRASOUND OF BOTH BREASTS**

Bilateral breast shows predominantly fatty and glandular breast parenchyma.

No evidence of abnormal focal lesions.

No evidence of any architectural distortion noted.

No ductal ectasia noted.

Skin and Subcutaneous tissue appears normal.

**Right and left axilla:** No significant lymphadenopathy .

**IMPRESSION : NO SIGNIFICANT PATHOLOGY NOTED IN BILATERAL  
BREAST PARENCHYMA.**



**Dr. DHANALAKSHMI B**  
**MBBS, DMRD**  
Radiology

**Patient Name** : Mrs. Gnana Soundari K

**Age/Gender** : 41 Y/F

**UHID/MR No.** : CINR.0000156561

**OP Visit No** : CINROPV204890

**Sample Collected on** :

**Reported on** : 14-09-2023 15:27

**LRN#** : RAD2098545

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9886028279

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**DEPARTMENT OF RADIOLOGY**

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**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. DHANALAKSHMI B**  
**MBBS, DMRD**  
Radiology

Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 12:07PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 05:10PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs: Show microcytic hypochromic RBCs, moderate anisopoikilocytosis with presence of good number of elliptocytes and few target cells.

WBCs: are normal in total number with increase in eosinophilia.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA WITH MILD EOSINOPHILIA.

Note: Kindly evaluate for iron deficiency status



Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 12:07PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 05:10PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

**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**

<b>HAEMOGLOBIN</b>	<b>9.6</b>	g/dL	12-15	Spectrophotometer
PCV	<b>29.90</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.28	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	<b>69.9</b>	fL	83-101	Calculated
MCH	<b>22.6</b>	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,620	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	46.5	%	40-80	Electrical Impedence
LYMPHOCYTES	30.4	%	20-40	Electrical Impedence
EOSINOPHILS	<b>16.5</b>	%	1-6	Electrical Impedence
MONOCYTES	5.8	%	2-10	Electrical Impedence
BASOPHILS	0.8	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	3078.3	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2012.48	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	<b>1092.3</b>	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	383.96	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	52.96	Cells/cu.mm	0-100	Electrical Impedence

**PLATELET COUNT**

PLATELET COUNT	272000	cells/cu.mm	150000-410000	Electrical impedence
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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	<b>48</b>	mm at the end of 1 hour	0-20	Modified Westergren
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**PERIPHERAL SMEAR**

RBCs: Show microcytic hypochromic RBCs, moderate anisopoikilocytosis with presence of good number of elliptocytes and few target cells.

WBCs: are normal in total number with increase in eosinophilia.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA WITH MILD EOSINOPHILIA.**

Note: Kindly evaluate for iron deficiency status

Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 12:07PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 05:10PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

**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



SIN No:BED230222172

NABL renewal accreditation under process

Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 12:07PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 04:48PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

**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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination





Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 12:23PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 01:20PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

**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
GLUCOSE, FASTING , NAF PLASMA	111	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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.GNANA SOUNDARI K	Collected : 14/Sep/2023 12:05PM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 01:57PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 02:34PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

**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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	140	mg/dL	70-140	HEXOKINASE

**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.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 12:19PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 01:23PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

**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
<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	<b>6.1</b>	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	128	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.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 12:19PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 01:23PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

**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.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 01:18PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 02:48PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

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	233	mg/dL	<200	CHO-POD
TRIGLYCERIDES	76	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	56	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	177	mg/dL	<130	Calculated
LDL CHOLESTEROL	161.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.16		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.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 01:18PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 02:48PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

**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



SIN No:SE04481284

NABL renewal accreditation under process

Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 01:18PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 02:48PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

**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	0.30	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.24	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	72.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.92	g/dL	6.6-8.3	Biuret
ALBUMIN	3.78	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.14	g/dL	2.0-3.5	Calculated
A/G RATIO	1.2		0.9-2.0	Calculated





Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 01:18PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 02:48PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

**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	<b>0.52</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>16.90</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.9</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.75	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.18	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)



Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 01:18PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 02:48PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

**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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	24.00	U/L	<38	IFCC



Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 12:51PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 02:28PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

**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)	1.41	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	10.40	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.810	µIU/mL	0.35-4.94	CMIA

**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
Low	N	High	High	Thyroiditis, Interfering Antibodies



Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 12:51PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 02:28PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

**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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes			
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma			



Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 01:29PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 02:50PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

**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	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	5-6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	8-10	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2183856

NABL renewal accreditation under process

Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 11:31AM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 12:02PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

**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



Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 12:44PM
Age/Gender : 41 Y 0 M 30 D/F	Received : 15/Sep/2023 01:54PM
UHID/MR No : CINR.0000156561	Reported : 17/Sep/2023 10:42AM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

DEPARTMENT OF CYTOLOGY

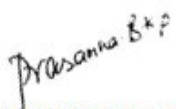
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324


LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

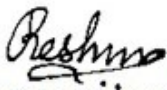
	CYTOLOGY NO.	15558/23
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	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 \*\*\*

  
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CONSULTANT BIOCHEMIST

  
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SIN No:CS067830

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