



Patient Name : Mrs.RAJNI GUPTA
Age/Gender : 46 Y 9 M 12 D/F
UHID/MR No : CBEL.0000164875

Visit ID : CKOROPV386774

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobS48869 Collected : 06/Nov/2023 12:21PM
Received : 06/Nov/2023 02:22PM
Reported : 06/Nov/2023 05:28PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO	- PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

HAEMOGLOBIN	11.3	g/dL	12-15	Spectrophotometer
PCV	35.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.29	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	81.9	fL	83-101	Calculated
MCH	26.4	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,240	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (E	LC)			
NEUTROPHILS	63.1	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	9.2	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5830.44	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2310	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	212.52	Cells/cu.mm	20-500	Calculated
MONOCYTES	850.08	Cells/cu.mm	200-1000	Calculated
BASOPHILS	36.96	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	166000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	57	mm at the end of 1 hour	0-20	Modified Westegren method

RBCs: are predominantly normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

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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

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA

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SIN No:BED230272616

NABL renewal accreditation under process

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







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Received : 06/Nov/2023 02:22PM Reported : 06/Nov/2023 05:13PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### 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

BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD EDTA					
BLOOD GROUP TYPE	0	Microplate Hemagglutination			
Rh TYPE	Positive	Microplate Hemagglutination			

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Visit ID Ref Doctor : CKOROPV386774

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: Dr.SELF : bobS48869 Collected

: 06/Nov/2023 12:21PM

Received

: 06/Nov/2023 03:09PM : 06/Nov/2023 03:37PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### 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	88	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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2	139	mg/dL	70-140	HEXOKINASE
HR)				

#### **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.

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SIN No:PLF02051595,PLP1385033 NABL renewal accreditation under process





Patient Name : Mrs.RAJNI GUPTA
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Visit ID : CKOROPV386774
Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : bobS48869

Collected : 06/Nov/2023 12:21PM
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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### 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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN,	5.8	%		HPLC

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.8	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	120	mg/dL	Calculated

#### **Comment:**

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

REFERENCE GROUP	нва1С %
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.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. 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.
- 4. 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.
- 5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
  - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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SIN No:EDT230101078

NABL renewal accreditation under process





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Received : 06/Nov/2023 02:23PM
Reported : 06/Nov/2023 03:17PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### 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

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	182	mg/dL	<200	CHO-POD
TRIGLYCERIDES	91	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	63	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	119	mg/dL	<130	Calculated
LDL CHOLESTEROL	100.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.89		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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SIN No:SE04532779

NABL renewal accreditation under process

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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

LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.42	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.36	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	99.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.85	g/dL	6.6-8.3	Biuret
ALBUMIN	4.06	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

#### 2. Cholestatic Pattern:

- ALP Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

#### 3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

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#### DEPARTMENT OF BIOCHEMISTRY

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

Test Name Result Unit Bio. Ref. Range Method

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#### **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO -	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM					
CREATININE	0.54	mg/dL	0.72 – 1.18	JAFFE METHOD	
UREA	20.30	mg/dL	17-43	GLDH, Kinetic Assay	
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated	
URIC ACID	4.81	mg/dL	2.6-6.0	Uricase PAP	
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III	
PHOSPHORUS, INORGANIC	3.48	mg/dL	2.5-4.5	Phosphomolybdate Complex	
SODIUM	140	mmol/L	136–146	ISE (Indirect)	
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)	
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)	

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DEPARTMENT OF BIOCHEMISTRY

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

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

GAMMA GLUTAMYL TRANSPEPTIDASE 13.00 U/L **IFCC** <38 (GGT) , SERUM

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Visit ID : CKOROPV386774

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Received : 06/Nov/2023 02:21PM

Reported : 06/Nov/2023 03:55PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF IMMUNOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK 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)	1.3	ng/mL	0.64-1.52	CMIA	
THYROXINE (T4, TOTAL)	10.90	μg/dL	4.87-11.72	CMIA	
THYROID STIMULATING HORMONE (TSH)	5.370	μIU/mL	0.35-4.94	CMIA	

#### **Comment:**

For pregnant females  Bio Ref Range for TSH in uIU/ml (As per Ame 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	Т3	Т4	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

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SIN No:SPL23157328

NABL renewal accreditation under process

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Patient Name : Mrs.RAJNI GUPTA

Age/Gender : 46 Y 9 M 12 D/F UHID/MR No : CBEL.0000164875

Visit ID : CKOROPV386774

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobS48869 Collected : 06/Nov/2023 12:20PM Received : 06/Nov/2023 02:54PM

Reported : 06/Nov/2023 03:40PM

: Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

Status

ARCOFEMI - MEDIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO -	- PAN INDIA - FY2324
/				
Test Name	Result	Unit	Bio. Ref. Range	Method

COMPLETE URINE EXAMINATION (C	UE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY			
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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SIN No:UR2215101

NABL renewal accreditation under process

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: 06/Nov/2023 12:20PM

Received

: 06/Nov/2023 02:54PM

Reported Status : 06/Nov/2023 03:26PM

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

: Final Report

DEPARTMENT	L VE CI INICAL	DATHOLOGY
DEPARTMENT	I OF CLINICAL	PAIHULUGY

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

URINE GLUCOSE(FASTING) NEGATIVE NEGATIVE Dipstick

\*\*\* End Of Report \*\*\*

Result/s to Follow:

PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)

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

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

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SIN No:UPP015729,UF009733 NABL renewal accreditation under process



**Patient Name** : Mrs. RAJNI GUPTA Age/Gender : 46 Y/F

UHID/MR No.

: CBEL.0000164875

**OP Visit No** Reported on : CKOROPV386774

Sample Collected on :

: RAD2143271

: 06-11-2023 16:05

**Ref Doctor** 

LRN#

: DR.AISHWARYA

Specimen

: bobS48869 Emp/Auth/TPA ID

#### DEPARTMENT OF RADIOLOGY

#### X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

**IMPRESSION: NORMAL STUDY.** 

DR. VIGNESH. K **CONSULTANT RADIOLOGIST**