

Visit ID





Patient Name : Mrs.SHINY D

Age/Gender : 35 Y 4 M 23 D/F

UHID/MR No : CVEL.0000139329

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 96044 Collected : 11/Nov/2023 08:57AM

Received : 11/Nov/2023 10:56AM Reported : 11/Nov/2023 01:00PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

: CVELOPV193384

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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

PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen.

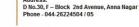
IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.

Page 1 of 15









Visit ID





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ARCOFEMI - MEDIWHEEL - FULL BOD	V HEALTH ANNUAL	DI LIS CHECK -	FEMALE - 2D ECHO - E	DAN INDIA - EV2324
ANCOI LIMI - MILDIWITELE - I OLL BOD	I IILALIII ANNOAL	I LOS CIILON -	I LIVIALL - 2D LCITO - I	AN INDIA - 1 12324
Test Name	Result	Unit	Rio Ref Range	Method

HAEMOGLOBIN	12	g/dL	12-15	Spectrophotometer
PCV	35.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.36	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	82.1	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	52.0	%	40-80	Electrical Impedance
LYMPHOCYTES	37.8	%	20-40	Electrical Impedance
EOSINOPHILS	1.6	%	1-6	Electrical Impedance
MONOCYTES	7.8	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2964	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2154.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	91.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	444.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	45.6	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	260000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-20	Modified Westergre

METHODOLOGY

: Microscopic.

RBC MORPHOLOGY

: Predominantly normocytic normochromic RBC's noted.

WBC MORPHOLOGY

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

PLATELETS

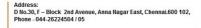
: Adequate in number.

PARASITES

: No haemoparasites seen.

Page 2 of 15

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR











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DEPARTMENT OF HAEMATOLOGY

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

Test Name Result Unit Bio. Ref. Range Method

IMPRESSION

: Normocytic normochromic blood picture.

NOTE/ COMMENT

: Please correlate clinically.

Page 3 of 15







SIN No:BED230277103
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Emp/Auth/TPA ID





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: CVELOPV193384

Sponsor Name

: Final Report : ARCOFEMI HEALTHCARE LIMITED

: 11/Nov/2023 08:57AM

: 11/Nov/2023 10:56AM

: 11/Nov/2023 01:52PM

DEPARTMENT OF HAEMATOLOGY

Collected

Received

Reported

Status

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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	A	Microplate Hemagglutination			
Rh TYPE	Positive	Microplate Hemagglutination			

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.

Page 4 of 15





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Ref Doctor

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Emp/Auth/TPA ID

: Dr.SELF

: 96044

Collected

: 11/Nov/2023 08:57AM

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: 11/Nov/2023 01:15PM

Reported

: 11/Nov/2023 01:41PM

Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

DEPARTMENT OF BIOCHEMISTRY						
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name Result Unit Bio. Ref. Range Method						

GLUCOSE, 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	- W

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
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2	95	mg/dL	70-140	HEXOKINASE
HOURS , SODIUM FLUORIDE PLASMA (2 HR)				

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.

Page 5 of 15











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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324					
Test Name	Result	Unit	Bio. Ref. Range	Method	
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.4	%		HPLC	
ESTIMATED AVERAGE GLUCOSE (eAG),	108	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.

- 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)

Page 6 of 15







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DEPARTMENT OF BIOCHEMISTRY

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

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	153	mg/dL	<200	CHO-POD
TRIGLYCERIDES	75	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	110	mg/dL	<130	Calculated
LDL CHOLESTEROL	95	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.56		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.

Page 7 of 15



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SIN No:SE04537315
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory. Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)





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Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 96044 Collected : 11/Nov/2023 08:57AM

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

DEPARTMENT OF BIOGRAMMOTIVE						
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		

LIVER FUNCTION TEST (LFT), SERUM						
BILIRUBIN, TOTAL	0.48	mg/dL	0.3–1.2	DPD		
BILIRUBIN CONJUGATED (DIRECT)	0.40		<0.2	DPD		
, ,		mg/dL				
BILIRUBIN (INDIRECT)	0.38	mg/dL	0.0-1.1	Dual Wavelength		
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC		
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC		
ALKALINE PHOSPHATASE	45.00	U/L	30-120	IFCC		
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret		
ALBUMIN	4.00	g/dL	3.5-5.2	BROMO CRESOL GREEN		
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated		
A/G RATIO	1.33		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.

Page 8 of 15











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DEPARTMENT OF BIOCHEMISTRY

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

Test Name

Result

Unit

Bio. Ref. Range

Method

Page 9 of 15







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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819) www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

SIN No:SE04537315
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.





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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY	HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM						
CREATININE	0.62	mg/dL	0.72 – 1.18	JAFFE METHOD		
UREA	9.00	mg/dL	17-43	GLDH, Kinetic Assay		
BLOOD UREA NITROGEN	4.2	mg/dL	8.0 - 23.0	Calculated		
URIC ACID	3.30	mg/dL	2.6-6.0	Uricase PAP		
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III		
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	Phosphomolybdate Complex		
SODIUM	138	mmol/L	136–146	ISE (Indirect)		
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)		
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)		

Page 10 of 15







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DEPARTMENT OF BIOCHEMISTRY								
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324								
Test Name Result Unit Bio. Ref. Range Method								
GAMMA GLUTAMYL TRANSPEPTIDASE	12.00	U/L	<38	IFCC				

Page 11 of 15







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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

THYROID PROFILE TOTAL (T3, T4, TSH), SERUM						
TRI-IODOTHYRONINE (T3, TOTAL)	0.97	ng/mL	0.7-2.04	CLIA		
THYROXINE (T4, TOTAL)	10.56	μg/dL	5.48-14.28	CLIA		
THYROID STIMULATING HORMONE (TSH)	1.880	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	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

Page 12 of 15













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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY	Y HEALTH ANNUAL	PLUS CHECK -	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	8.0		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	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	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 15











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: 11/Nov/2023 08:57AM

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: 11/Nov/2023 11:45AM

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: 11/Nov/2023 12:22PM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

-						
DEPARTMENT OF CLINICAL PATHOLOGY						
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick		
LIPINE GLUCOSE(EASTING)	NEGATIVE		NEGATIVE	Dinetick		

Page 14 of 15

1860



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

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: 12/Nov/2023 11:42AM

Reported Status

: 14/Nov/2023 12:09PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

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

	CYTOLOGY NO.	19037/23	
_		10001720	
Ι	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	
П	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology.	
		Inflammatory cells, predominantly neutrophils	
		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

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

DR.R.SRIVATSAN M.D.(Biochemistry) *** End Of Report ***

Dr THILAGA

M.B.B.S,M.D(Pathology) Consultant Pathologist

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

Page 15 of 15

SIN No: CS070076
This test has been performed at Apollo Health and Lifestyle Ltd. - RRL ASHOK NAGAR
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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