

Physical Medical Examination Format

NAME:- <u>Ch. Padma</u>	DATE:- <u>9/12/22</u>
DESIGNATION:- <u>-</u>	AGE:- <u>30/f</u>
EMP CODE:- <u>-</u>	UNIT/DEPARTMENT:-
BLOOD GROUP:- <u>-</u>	MARTIAL STATUS:-MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	<u>Nil</u>
Personal /family history	<u>Nil</u>
Past Medical /Surgical	<u>Nil</u>
Sensitivity/Allergy (if any)	<u>Nil</u>
Habits	<u>Nil</u>
Occupational History	<u>-</u>

Height:- <u>167</u>	Weight:- <u>62</u>	BMI <u>22.2</u>	Pulse <u>90</u>
Temp:- <u>98.6</u>	SPO2 <u>99%</u>	Resp:- <u>18</u>	B.P <u>130/67</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms.....Ch. Padma.....for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically.....

Fit

Unfit

Ch. Padma
Signature Of Employee

Dr.G. INDIRA PRIYADARSHINI
MBBS

Regd.No. 63148
Apollo Family Physician
Apollo Clinic, Seethammapuram, Vizag

Signature & Seal Of Medical Examiner With

Registration No:-.....

ID: 121965

ch padma

Female 30Years

Req. No. :

09-12-2023 13:08:19

HR	: 90	bpm
P	: 108	ms
PR	: 156	ms
QRS	: 82	ms
QT/QTcBz	: 350/429	ms
P/QRS/T	: 77/80/22	°
RV5/SV1	: 1.268/0.780	mV

Diagnosis Information:

Sinus arrhythmia

Normal ECG

Report Confirmed by:



Name: Mrs. Challa Padma .
 Age/Gender: 30 Y/F
 Address: VSKP
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000121965
 Visit ID: CVISOPV118911
 Visit Date: 09-12-2023 09:21
 Discharge Date:
 Referred By: SELF

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
09-12-2023 14:29	90 Beats/min	130/67 mmHg	18 Rate/min	98.6 F	167 cms	62 Kgs	%	%	Years	22.23	cms	cms	cms		AHLL09094



Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046039) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Dr Namratha B
M.B.B.S., DGO
Consultant Gynaecologist

Ms. Padma
36 yrs

9/12/23

CMP - 13/12/23

PMH - Preg 28/4/21

P₂L₂

LCB - Syc

O/E - G.C.F.

ins/AS - NAD

P/A - 8 off

Neck - no LMP

Breast - no lumps

Part of family hx -
Not Significant

P.

Pap Smear - Dine

- Tab Alo Z - (10)¹⁰⁰
- 0 -



AM/

Patient Name	: Mrs. Challa Padma .	Age	: 30 Y F
UHID	: CVIS.0000121965	OP Visit No	: CVISOPV118911
Reported on	: 09-12-2023 14:31	Printed on	: 09-12-2023 15:03
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

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.

Printed on:09-12-2023 14:31

---End of the Report---



Dr. ARUNA PEBBILI
DMRD Radiology
Radiology



BANK OF BARODA

Apollo Clinic
Expertise. Closer to you.

Name: MVS. Ch. PADMA

Gender: F Age: 30

Test Done Date: 9/12/23

OPHTHALMOLOGY SCREENING REPORT

VISION	:	(OD) 6/6	(OS) 6/6
DISTANCE	:	26	26
NEAR VISION	:		
COLOUR VISION	:	- WNL	-
ANT. SEGMENT	:	-	-
Conjunctiva	:	- clear	-
Cornea	:	- R/L/R	-
Pupil	:		
FUNDUS	:	WNL	
IMPRESSION	:		

[Signature]
Signature



Ph:0891-2585511/12

Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name: Mrs. Ch. Padma Age/Sex: F 30y Date: 9/12/23

For routine checkup

O/E

Both Ears, Nose, Throat } NAD

Healthy walk clinically with TF

nil ENT.

NMR



Patient Name	: Mrs. Challa Padma .	Age	: 30 Y/F
UHID	: CVIS.0000121965	OP Visit No	: CVISOPV118911
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 09-12-2023 15:14
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 90 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. SHASHANKA CHUNDURI



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Patient Name	: Mrs. Challa Padma .	Age	: 30 Y/F
UHID	: CVIS.0000121965	OP Visit No	: CVISOPV118911
Conducted By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 09-12-2023 15:04
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.1 CM
LA (es)	2.9 CM
LVID (ed)	3.1 CM
LVID (es)	1.6 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	60.00%
%FD	33.00%

MITRAL VALVE : NORMAL

AML MYXOMATOUS
PML

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES:

PF:0.8 m/sec.
MF:E>A. MILD MR
AF:0.7 m/sec.



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 **1860 500 7788**

IMPRESSION :

MITRAL VALVE PROLAPSE. ✓
MILD MR.
NO RWMA.
GOOD LV SYSTOLIC FUNCTION.
LVEF:60%

Dr. SHASHANKA
CHUNDURI



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs. Challa Padma .	Age	: 30 Y F
UHID	: CVIS.0000121965	OP Visit No	: CVISOPV118911
Reported on	: 09-12-2023 15:48	Printed on	: 09-12-2023 16:03
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder : is well distended. Normal in size and echopattern. No focal lesions. Wall thickness normal.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney : 9.2 x 4.3 cm

Left kidney : 10.6 x 4.1 cm

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size. It shows normal shape and echo pattern. It measures 7.2 x 4.5 x 5.1 cm. Endometrial echo-complex appears normal and measures 8.8 mm. No intra/extra uterine gestational sac seen.

Both ovaries : Normal in size and echotexture.

Right ovary: 3.8 x 1.6 cm.

Left ovary: 3.7 x 1.9 cm.



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Page 1 of 2
TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs. Challa Padma .	Age	: 30 Y F
UHID	: CVIS.0000121965	OP Visit No	: CVISOPV118911
Reported on	: 09-12-2023 15:48	Printed on	: 09-12-2023 16:03
Adm/Consult Doctor	:	Ref Doctor	: SELF

There is no evidence of ascites/ pleural effusion seen.


IMPRESSION:-

***No significant abnormality detected.**

**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**

Printed on:09-12-2023 15:48

---End of the Report---


Dr. ARUNA PEBBILI
DMRD Radiology
Radiology



Patient Name : Mrs.CHALLA PADMA .	Collected : 09/Dec/2023 09:25AM
Age/Gender : 30 Y 6 M 0 D/F	Received : 09/Dec/2023 12:46PM
UHID/MR No : CVIS.0000121965	Reported : 09/Dec/2023 02:15PM
Visit ID : CVISOPV118911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 287765	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
 TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
 PLATELETS ARE ADEQUATE.
 NO HEMOPARASITES SEEN



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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
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	12.2	g/dL	12-15	Spectrophotometer
PCV	37.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.80	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	16.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,200	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	56.3	%	40-80	Electrical Impedance
LYMPHOCYTES	33.2	%	20-40	Electrical Impedance
EOSINOPHILS	4.6	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4053.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2390.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	331.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	424.8	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	259000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



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Age/Gender : 30 Y 6 M 0 D/F	Received : 09/Dec/2023 12:46PM
UHID/MR No : CVIS.0000121965	Reported : 09/Dec/2023 04:01PM
Visit ID : CVISOPV118911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 287765	

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
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BLOOD GROUP ABO AND RH FACTOR , <i>WHOLE BLOOD EDTA</i>				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mrs.CHALLA PADMA .	Collected : 09/Dec/2023 09:25AM
Age/Gender : 30 Y 6 M 0 D/F	Received : 09/Dec/2023 12:46PM
UHID/MR No : CVIS.0000121965	Reported : 09/Dec/2023 04:16PM
Visit ID : CVISOPV118911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 287765	

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
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GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	GOD - POD
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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)	101	mg/dL	70-140	GOD - POD
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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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	117	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

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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
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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)



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UHID/MR No : CVIS.0000121965	Reported : 09/Dec/2023 03:35PM
Visit ID : CVISOPV118911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

TOTAL CHOLESTEROL	162	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	115	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	53	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	109	mg/dL	<130	Calculated
LDL CHOLESTEROL	86	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.06		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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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	62.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.96		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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Emp/Auth/TPA ID : 287765	

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
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.50	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	21.40	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	10.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.60	mg/dL	2.5-6.2	Uricase
CALCIUM	9.50	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE



Patient Name : Mrs.CHALLA PADMA .	Collected : 09/Dec/2023 09:25AM
Age/Gender : 30 Y 6 M 0 D/F	Received : 09/Dec/2023 12:46PM
UHID/MR No : CVIS.0000121965	Reported : 09/Dec/2023 03:35PM
Visit ID : CVISOPV118911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 287765	

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 (GGT) , SERUM	14.00	U/L	12-43	Glycylcysteine Nitoranalide



Patient Name : Mrs.CHALLA PADMA .	Collected : 09/Dec/2023 09:25AM
Age/Gender : 30 Y 6 M 0 D/F	Received : 09/Dec/2023 12:46PM
UHID/MR No : CVIS.0000121965	Reported : 09/Dec/2023 05:02PM
Visit ID : CVISOPV118911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 287765	

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
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.25	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	82.40	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	1.500	µIU/mL	0.3-4.5	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.CHALLA PADMA .	Collected : 09/Dec/2023 09:25AM
Age/Gender : 30 Y 6 M 0 D/F	Received : 09/Dec/2023 01:11PM
UHID/MR No : CVIS.0000121965	Reported : 09/Dec/2023 04:06PM
Visit ID : CVISOPV118911	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 287765	

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
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
LBC PAP TEST (PAPSURE)



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



UNFIT EXPLANATION

Date: 9/12/2023
Patient Name: Ch. Padma
UHID: 921965
Corporate Name: Accofemi

The above-mentioned client unfit given due to doctor advised some tests

As per physician advice it was hold not given FIT, once client met with Physician, we will update closure remarks.

Regards,

Apollo clinic,

Vizag

Ph:0891-2585511/12.