Patient Name	: Mrs.VINODAMMA K	Collected	: 06/Apr/2024 09:36AM
Age/Gender	: 51 Y 10 M 12 D/F	Received	: 06/Apr/2024 12:29PM
UHID/MR No	: CMAR.0000346222	Reported	: 06/Apr/2024 03:33PM
Visit ID	: CMAROPV795721	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175994		

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
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	13.3	g/dL	12-15	Spectrophotometer
PCV	39.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.48	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87.9	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	**15.4**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,760	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62.1	%	40-80	Electrical Impedance
LYMPHOCYTES	28.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4818.96	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2188.32	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	225.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	504.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.28	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.2		0.78- 3.53	Calculated
PLATELET COUNT	295000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

Dr.Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240095703

THIS TEST HAS BEEN PERFORMED AT Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Patient Name	: Mrs.VINODAMMA K	Collected	: 06/Apr/2024 09:36AM
Age/Gender	: 51 Y 10 M 12 D/F	Received	: 06/Apr/2024 12:29PM
UHID/MR No	: CMAR.0000346222	Reported	: 06/Apr/2024 03:33PM
Visit ID	: CMAROPV795721	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175994		

DEPARTMENT OF HAEMATOLOGY

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

RBCs : Predominantly normocytic normochromic.

WBCs : Normal in number, distribution and morphology.

Platelets : Normal in number.

Hemoparasites : Are not seen.

IMPRESSION : NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Dr.Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240095703

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Patient Name	: Mrs.VINODAMMA K	Collected	: 06/Apr/2024 09:36AM
Age/Gender	: 51 Y 10 M 12 D/F	Received	: 06/Apr/2024 12:29PM
UHID/MR No	: CMAR.0000346222	Reported	: 06/Apr/2024 04:29PM
Visit ID	: CMAROPV795721	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175994		

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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Dr.Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240095703

THIS TEST HAS BEEN PERFORMED AT Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Patient Name	: Mrs.VINODAMMA K	Collected	: 06/Apr/2024 09:36AM
Age/Gender	: 51 Y 10 M 12 D/F	Received	: 06/Apr/2024 01:38PM
UHID/MR No	: CMAR.0000346222	Reported	: 06/Apr/2024 04:17PM
Visit ID	: CMAROPV795721	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175994		

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*	90	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	71	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				

Govinda Raju N L
MSc,MPhil,(Phd)
Consultant Biochemist

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:EDT240044284

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Patient Name	: Mrs.VINODAMMA K	Collected	: 06/Apr/2024 09:36AM
Age/Gender	: 51 Y 10 M 12 D/F	Received	: 06/Apr/2024 01:38PM
UHID/MR No	: CMAR.0000346222	Reported	: 06/Apr/2024 04:17PM
Visit ID	: CMAROPV795721	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175994		

DEPARTMENT OF BIOCHEMISTRY

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

HBA1C, GLYCATED HEMOGLOBIN	**5.8**	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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)

Govinda Raju N L
MSc,MPhil,(Phd)
Consultant Biochemist

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:EDT240044284

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Patient Name	: Mrs.VINODAMMA K	Collected	: 06/Apr/2024 09:36AM
Age/Gender	: 51 Y 10 M 12 D/F	Received	: 06/Apr/2024 12:42PM
UHID/MR No	: CMAR.0000346222	Reported	: 06/Apr/2024 02:22PM
Visit ID	: CMAROPV795721	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175994		

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	169	mg/dL	<200	CHO-POD
TRIGLYCERIDES	73	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	**109.2**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.75		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

Govinda Raju N L
MSc,MPhil,(Phd)
Consultant Biochemist

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SE04689166

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Patient Name	: Mrs.VINODAMMA K	Collected	: 06/Apr/2024 09:36AM
Age/Gender	: 51 Y 10 M 12 D/F	Received	: 06/Apr/2024 12:42PM
UHID/MR No	: CMAR.0000346222	Reported	: 06/Apr/2024 02:22PM
Visit ID	: CMAROPV795721	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175994		

DEPARTMENT OF BIOCHEMISTRY

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

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 400 mg/dl. When
Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

Govinda Raju N L
MSc,MPhil,(Phd)
Consultant Biochemist

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SE04689166
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Patient Name	: Mrs.VINODAMMA K	Collected	: 06/Apr/2024 09:36AM
Age/Gender	: 51 Y 10 M 12 D/F	Received	: 06/Apr/2024 12:42PM
UHID/MR No	: CMAR.0000346222	Reported	: 06/Apr/2024 02:22PM
Visit ID	: CMAROPV795721	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175994		

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	0.90	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.75	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	99.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.63	g/dL	6.6-8.3	Biuret
ALBUMIN	4.01	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	**3.62**	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		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.

Govinda Raju N L
MSc,MPhil,(Phd)
Consultant Biochemist

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SE04689166

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Patient Name	: Mrs.VINODAMMA K	Collected	: 06/Apr/2024 09:36AM
Age/Gender	: 51 Y 10 M 12 D/F	Received	: 06/Apr/2024 12:42PM
UHID/MR No	: CMAR.0000346222	Reported	: 06/Apr/2024 02:22PM
Visit ID	: CMAROPV795721	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175994		

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.95	mg/dL	0.51-0.95	Jaffe's, Method
UREA	27.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.62	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.18	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	**110**	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.63	g/dL	6.6-8.3	Biuret
ALBUMIN	4.01	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	**3.62**	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated

Govinda Raju N L
MSc,MPhil,(Phd)
Consultant Biochemist

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SE04689166

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Patient Name	: Mrs.VINODAMMA K	Collected	: 06/Apr/2024 09:36AM
Age/Gender	: 51 Y 10 M 12 D/F	Received	: 06/Apr/2024 12:42PM
UHID/MR No	: CMAR.0000346222	Reported	: 06/Apr/2024 02:22PM
Visit ID	: CMAROPV795721	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175994		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	15.00	U/L	<38	IFCC

Govinda Raju N L
MSc,MPhil,(Phd)
Consultant Biochemist

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SE04689166

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Patient Name	: Mrs.VINODAMMA K	Collected	: 06/Apr/2024 09:36AM
Age/Gender	: 51 Y 10 M 12 D/F	Received	: 06/Apr/2024 12:49PM
UHID/MR No	: CMAR.0000346222	Reported	: 06/Apr/2024 01:45PM
Visit ID	: CMAROPV795721	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175994		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.12	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.24	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	**6.315**	µIU/mL	0.34-5.60	CLIA

Comment:

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

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

Govinda Raju N L
MSc,MPhil,(Phd)
Consultant Biochemist

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SPL24064807

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Patient Name	: Mrs.VINODAMMA K	Collected	: 06/Apr/2024 09:36AM
Age/Gender	: 51 Y 10 M 12 D/F	Received	: 06/Apr/2024 12:49PM
UHID/MR No	: CMAR.0000346222	Reported	: 06/Apr/2024 01:45PM
Visit ID	: CMAROPV795721	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175994		

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

Govinda Raju N L
MSc,MPhil,(Phd)
Consultant Biochemist

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SPL24064807

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Patient Name	: Mrs.VINODAMMA K	Collected	: 06/Apr/2024 09:36AM
Age/Gender	: 51 Y 10 M 12 D/F	Received	: 06/Apr/2024 01:07PM
UHID/MR No	: CMAR.0000346222	Reported	: 06/Apr/2024 03:31PM
Visit ID	: CMAROPV795721	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175994		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	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	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT 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

Dr.Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UR2326531

THIS TEST HAS BEEN PERFORMED AT Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Patient Name	: Mrs.VINODAMMA K	Collected	: 06/Apr/2024 09:36AM
Age/Gender	: 51 Y 10 M 12 D/F	Received	: 06/Apr/2024 01:07PM
UHID/MR No	: CMAR.0000346222	Reported	: 06/Apr/2024 03:25PM
Visit ID	: CMAROPV795721	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175994		

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR

Dr.Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UF011613

Patient Name	: Mrs. VINODAMMA K	**Age/Gender**	: 51 Y/F
UHID/MR No.	: CMAR.0000346222	**OP Visit No**	: CMAROPV795721
Sample Collected on	:	**Reported on**	: 06-04-2024 14:16
LRN#	: RAD2294839	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 175994		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size (15.2cm), shape and shows diffuse increase in echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: minimally distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on right side.
Right kidney measures 9.0cm and parenchymal thickness measures 1.5cm.
Left kidney measures 10.3cm and parenchymal thickness measures 1.5cm. and shows two calculi, largest in 3.8mm

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

UTERUS: appears normal in size, measuring 7.0x4.6x3.3cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 5mm.

OVARIES: Both ovaries appear normal in size and echopattern.
Right ovary measures 2.6x2.1cm.
Left ovary measures 2.5x1.6cm.

No free fluid is seen.

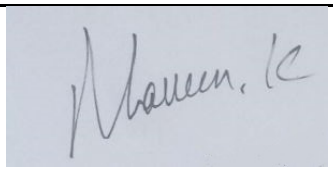
Visualized bowel loops appears normal.

IMPRESSION:
GRADE I FATTY INFILTRATION OF LIVER.
LEFT RENAL NON OBSTRUCTIVE CALCULI.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :
1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically;this report is not valid for medicolegal purpose
3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
4.Printing mistakes should immediately be brought to notice for correction.
5.This is USG Abdomen screening.

Patient Name	: Mrs. VINODAMMA K	**Age/Gender**	: 51 Y/F



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mrs. VINODAMMA K	**Age/Gender**	: 51 Y/F
UHID/MR No.	: CMAR.0000346222	**OP Visit No**	: CMAROPV795721
Sample Collected on	:	**Reported on**	: 06-04-2024 14:02
LRN#	: RAD2294839	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 175994		

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Right Breast:

Skin and subcutaneous echoes are normal.
Sub areolar echoes are normal.
Normal glandular echopattern is noted.
No focal/diffuse mass lesion is identified.
No ductal dilatation is seen.
Retro mammary fascia and pectoralis muscle echoes are normal.
There are no enlarged axillary lymph nodes.

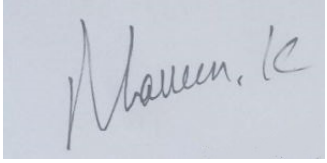
Left Breast:

Skin and subcutaneous echoes are normal.
Sub areolar echoes are normal.
Normal glandular echopattern is noted.
No focal/diffuse mass lesion is identified.
No ductal dilatation is seen.
Retro mammary fascia and pectoralis muscle echoes are normal.
There are no enlarged axillary lymph nodes.

Impression:
NO SONOGRAPHICALLY DETECTABLE ABNORMALITY NOTED IN PRESENT SCAN.

Suggested clinical correlation and follow up.

Report disclaimer :
1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2.USG scan being an investigation with technical limitation has to be correlated clinically;this report is not valid for medicolegal purpose
3.Printing mistakes should immediately be brought to notice for correction.



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mrs. VINODAMMA K	**Age/Gender**	: 51 Y/F
UHID/MR No.	: CMAR.0000346222	**OP Visit No**	: CMAROPV795721
Sample Collected on	:	**Reported on**	: 06-04-2024 17:31
LRN#	: RAD2294839	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 175994		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

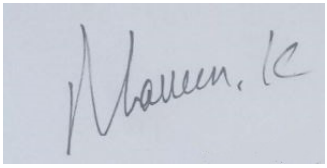
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Apollo HOSPITALS

Apollo Medical Centre
Expertise. Closer to you.

Date	: 06-04-2024	Department	: GENERAL
MR NO	: CMAR.0000346222	Doctor	:
Name	: Mrs. VINODAMMA K	Registration No	:
		Qualification	:
Age/ Gender	: 51 Y / Female		

Consultation Timing: 09:30

Height : 150 Cm.	Weight : 66.8 kg.	BMI :	Waist Circum :
Temp :	Pulse : 74 b/M.	Resp :	B.P : 135/85 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

ARROW CE

C1200 ST VINODAMMA K, 00346222, APOLLO
e, 51 Years (25.05.1972)

HR 71 bpm

rement Results:

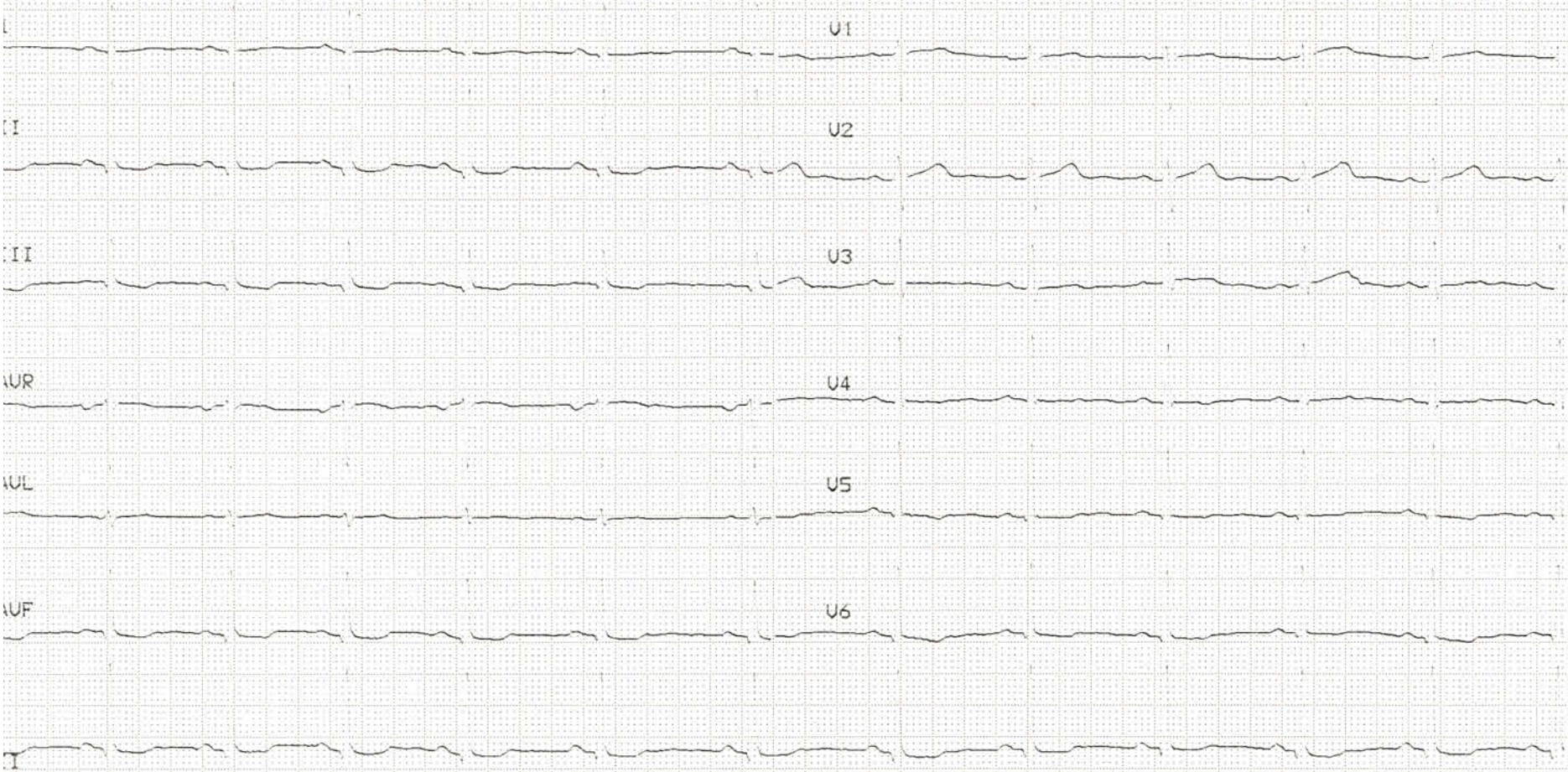
:	92	ms	
cB :	398 / 435	ms	
:	162	ms	
:	112	ms	
:	836 / 835	ms	
/T :	50/ 60/ 60	degrees	
TcBD:	92 / 101	ms	
ow :	1.9	mV	
:	10		

< P
< T
< QRS

Interpretation:

small positive T wave (lateral, inferior, anterior)
borderline ECG

Unconfirmed report.



06 Apr 2021 10:26:28 AM 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 6_F1_P Automatic V6.2 M121 (1)

Apollo HOSPITALS

Apollo Medical Centre
Expertise. Closer to you.

Patient Name	: Mrs. VINODAMMA K	Age	: 51 Y F
UHID	: CMAR.0000346222	OP Visit No	: CMAROPV795721
Reported on	: 06-04-2024 14:02	Printed on	: 06-04-2024 14:02
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Right Breast:

Skin and subcutaneous echoes are normal.
Sub areolar echoes are normal.
Normal glandular echopattern is noted.
No focal/diffuse mass lesion is identified.
No ductal dilatation is seen.
Retro mammary fascia and pectoralis muscle echoes are normal.
There are no enlarged axillary lymph nodes.

Left Breast:

Skin and subcutaneous echoes are normal.
Sub areolar echoes are normal.
Normal glandular echopattern is noted.
No focal/diffuse mass lesion is identified.
No ductal dilatation is seen.
Retro mammary fascia and pectoralis muscle echoes are normal.
There are no enlarged axillary lymph nodes.

Impression:
NO SONOGRAPHICALLY DETECTABLE ABNORMALITY NOTED IN PRESENT SCAN.

Suggested clinical correlation and follow up.

Report disclaimer :

Apollo HOSPITALS

Apollo Medical Centre
Expertise. Closer to you.

Patient Name	: Mrs. VINODAMMA K	Age	: 51 Y F
UHID	: CMAR.0000346222	OP Visit No	: CMAROPV795721
Reported on	: 06-04-2024 14:02	Printed on	: 06-04-2024 14:02
Adm/Consult Doctor	:	Ref Doctor	: SELF

1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2.USG scan being an investigation with technical limitation has to be correlated clinically;this report is not valid for medicolegal purpose
3.Printing mistakes should immediately be brought to notice for correction.

Printed on:06-04-2024 14:02 ---End of the Report---

Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mrs. VINODAMMA K	Age	: 51 Y/F
UHID	: CMAR.0000346222	OP Visit No	: CMAROPV795721
Conducted By:	:	Conducted Date	: 06-04-2024 20:14
Referred By	: SELF		

ECHO (2D & COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	25mm	25 - 37 mm	IVS(ed)	10mm	06 - 11 mm
LA(es)	32mm	19 - 40 mm	LVPW(ed)	09mm	06 - 11 mm
RVID(ed)	16mm	07 - 21 mm	EF	60 %	(50 – 70 %)
LVID(ed)	41mm	35 - 55 mm	%FD	30%	(25 – 40%)
LVID(es)	24mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal

Patient Name	: Mrs. VINODAMMA K	Age	: 51 Y/F
UHID	: CMAR.0000346222	OP Visit No	: CMAROPV795721
Conducted By:	:	Conducted Date	: 06-04-2024 20:14
Referred By	: SELF		

LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Normal cardiac chambers Normal valves Normal LV Systolic function No pulmonary hypertension No RWMA at rest Normal pericardium, No intracardiac masses / thrombi

Dr. Kapil Rangan
Consultant Cardiologist
KMC No. 88625

Patient Name	: Mrs. VINODAMMA K	Age	: 51 Y/F
UHID	: CMAR.0000346222	OP Visit No	: CMAROPV795721
Conducted By:	:	Conducted Date	: 06-04-2024 20:14
Referred By	: SELF		

ECHO (2D & COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	25mm	25 - 37 mm	IVS(ed)	10mm	06 - 11 mm
LA(es)	32mm	19 - 40 mm	LVPW(ed)	09mm	06 - 11 mm
RVID(ed)	16mm	07 - 21 mm	EF	60 %	(50 – 70 %)
LVID(ed)	41mm	35 - 55 mm	%FD	30%	(25 – 40%)
LVID(es)	24mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal

Patient Name	: Mrs. VINODAMMA K	Age	: 51 Y/F
UHID	: CMAR.0000346222	OP Visit No	: CMAROPV795721
Conducted By:	:	Conducted Date	: 06-04-2024 20:14
Referred By	: SELF		

LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Normal cardiac chambers Normal valves Normal LV Systolic function No pulmonary hypertension No RWMA at rest Normal pericardium, No intracardiac masses / thrombi

Dr. Kapil Rangan
Consultant Cardiologist
KMC No. 88625