





Patient Name : Mrs.YOGITA NAYAK

Age/Gender : 30 Y 1 M 1 D/F

UHID/MR No : CINR.0000165526 Visit ID : CINROPV224518

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8948572808 Collected : 06/Apr/2024 09:06AM Received : 06/Apr/2024 10:53AM

: 06/Apr/2024 11:52AM Reported

: Final Report : ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF HAEMATOLOGY

Status

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.2	g/dL	12-15	Spectrophotometer
PCV	34.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.65	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	94.7	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	15.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,340	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)	-		
NEUTROPHILS	73.2	%	40-80	Electrical Impedance
LYMPHOCYTES	17.8	%	20-40	Electrical Impedance
EOSINOPHILS	1.1	%	1-6	Electrical Impedance
MONOCYTES	7.9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6836.88	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1662.52	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	102.74	Cells/cu.mm	20-500	Calculated
MONOCYTES	737.86	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	4.11		0.78- 3.53	Calculated
PLATELET COUNT	193000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	43	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: Predominantly normocytic normochromic.

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

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WBCs: Normal in number, distribution and morphology.

Platelets: Normal in number.

Hemoparasites: Are not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Kindly corelate clinically

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 Page 2 of 14



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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 FACT	OR , WHOLE BLOOD EDT	TA .		
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	Positive			Forward & Reverse Grouping with Slide/Tube Agglutination

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

SIN No:BED240095480

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

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

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

APOLLO CLINICS NETWORK









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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
GLUCOSE, FASTING , NAF PLASMA	104	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
- 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)	160	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

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), V	VHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC

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



SIN No:EDT240044140

Govinda Raju N L

MSc,MPhil,(Phd)

Consultant Biochemist

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ESTIMATED AVERAGE GLUCOSE	111	mg/dL	Calculated
(eAG)			

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 Page 5 of 14



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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	230	mg/dL	<200	CHO-POD		
TRIGLYCERIDES	307	mg/dL	<150	GPO-POD		
HDL CHOLESTEROL	55	mg/dL	40-60	Enzymatic Immunoinhibition		
NON-HDL CHOLESTEROL	176	mg/dL	<130	Calculated		
LDL CHOLESTEROL	114.1	mg/dL	<100	Calculated		
VLDL CHOLESTEROL	61.4	mg/dL	<30	Calculated		
CHOL / HDL RATIO	4.19		0-4.97	Calculated		
ATHEROGENIC INDEX (AIP)	0.39		<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:

1) Measurements in the same patient on different days can show physiological and analytical variations.

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Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:SE04688934

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

- 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 Page 7 of 14



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

Test Name	Result	Unit	Bio. Ref. Range	Method
IVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.29	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	93.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.11	g/dL	6.6-8.3	Biuret
ALBUMIN	3.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		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 Page 8 of 14



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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.42	mg/dL	0.51-0.95	Jaffe's, Method
UREA	10.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.82	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.79	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.11	g/dL	6.6-8.3	Biuret
ALBUMIN	3.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		0.9-2.0	Calculated

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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

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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)	1.24	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.85	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.917	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	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

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



SIN No:SPL24064623

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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

APOLLO CLINICS NETWORK









: Mrs.YOGITA NAYAK

Age/Gender

: 30 Y 1 M 1 D/F

UHID/MR No

: CINR.0000165526

Visit ID

: CINROPV224518

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 8948572808 Collected

: 06/Apr/2024 09:06AM

Received

: 06/Apr/2024 11:10AM

Reported

: 06/Apr/2024 12:09PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priva Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 12 of 14



SIN No:SPL24064623

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory this test has been performed at Apollo Health and Lifstyle Limited- RRL BANGALORE

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

APOLLO CLINICS NETWORK









: Mrs.YOGITA NAYAK

Age/Gender

: 30 Y 1 M 1 D/F

UHID/MR No

: CINR.0000165526

Visit ID

: CINROPV224518

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 8948572808 Collected

: 06/Apr/2024 09:06AM

Received

: 06/Apr/2024 01:07PM

Reported

: 06/Apr/2024 03:23PM

Status

: Final Report

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
OMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
рН	6.0		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	POSITIVE ++		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	10-15	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/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 Page 13 of 14



SIN No:UR2326321

THE PRINCE LANGARD REPORT OF THE PRINCE PRIN









: Mrs.YOGITA NAYAK

Age/Gender

: 30 Y 1 M 1 D/F

UHID/MR No

: CINR.0000165526

Visit ID

: CINROPV224518

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 8948572808 Collected

: 06/Apr/2024 09:06AM

Received

: 06/Apr/2024 01:07PM

Reported

: 06/Apr/2024 03:24PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

lest 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)				

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR

Page 14 of 14

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

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

SIN No:UF011610

THE PLEST HOUSE POPULATION THE PROPERTY OF THE





Name : Mrs. Yogita Nayak

Age: 30 Y

Sex: F

Address: BANGALORE

Plan

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:CINR.0000165526

OP Number: CINROPV224518

Bill No : CINR-OCR-96254

Date : 06.04.2024 08:49

Sno	Sorivo Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO	O - PAN INDIA - FY2324
1	GAMMA GLUTAMYL TRANFERASE (GGT)	
	2 D ECHO - 9 after 9:30m	
	LIVER FUNCTION TEST (LFT)	
7 2	GLUCOSE, FASTING	
	HÉMOGRAM + PERIPHERAL SMEAR	
7	GYNAECOLOGY CONSULTATION — 3	
	DIET CONSULTATION	
	COMPLETE URINE EXAMINATION	
	PURINE GLUCOSE(POST PRANDIAL)	
L	PERIPHERAL SMEAR	
	reco Da Referre	
1	2 LBC PAP TEST- PAPSURE - 5 after Kam Kegneny	-
	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
1	4 DENTAL CONSULTATION — (DOCTIVE AL)	
	SGLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
	6 URINE GLUCOSE(FASTING)	
1	7 HbA1c, GLYCATED HEMOGLOBIN	
	8 X-RAY CHEST PA (C	
	9 ENT CONSULTATION	
	0 FITNESS BY GENERAL PHYSICIAN	
	TBLOOD GROUP ABO AND RH FACTOR	
	22 LtPID PROFILE	·
1 .	23 BODT MASS HADEX (BMT)	
	24 OPTHAL BY GENERAL PHYSICIAN 5	
1	25 ULTRASOUND - WHOLE ABDOMEN	
L	26 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	



HOSPITALS: 06-04-2024

Department

: GENERAL

MR NO

CINR.0000165526

Doctor

Name

Mrs. Yogita Nayak

Registration No

Qualification

Age/ Gender

30 Y / Female

Consultation Timing:

08:49

BMI:

Waist Circum:

Height: Temp:

56 cm

Pulse:

Weight:

Resp:

B.P:

General Examination / Allergies

History

Clinical Diagnosis & Management Plan

Boyn md: Primi (Arre at Apollo)

Byr

Blue of SA: Im + Scan - noemal

Allow of Compiants

TSH (11)

On Ison

Follow up date:

Doctor Signature

Apollo Clinic, Indiranagar

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

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BOOK YOUR APPOINTMENT TODAY!

Whatsapp Number: 970 100 3333

Toll Number : 1860 500 7788

Website

: www.apolloclinic.com

Apollo Clinic

CONSENT FORM

Patient Name:
Patient Name: 70440 Nay a 10 Age: 30 UHID Number: Company Name: BOB
I Mr/Mrs/Ms
Patient Signature:

Dear MS. PASWAN YOGITA,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at INDIRANAGAR clinic on 2024-04-06 at 08:30-08:45.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.





Patient Name : Mrs. Yogita Nayak Age/Gender : 30 Y/F

UHID/MR No. : CINR.0000165526 **OP Visit No** : CINROPV224518

 Sample Collected on
 : 06-04-2024 18:14

 LRN#
 : RAD2294545
 Specimen
 : Company of the control of the contro

Ref Doctor : SELF

Emp/Auth/TPA ID : 8948572808

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

NOT DONE.



Patient Name: Mrs. Yogita NayakAge/Gender: 30 Y/F

UHID/MR No. : CINR.0000165526 **OP Visit No** : CINROPV224518

Sample Collected on : Reported on : 06-04-2024 17:38

Ref Doctor : SELF
Emp/Auth/TPA ID : 8948572808

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

NOT DONE.

Dr. DHANALAKSHMI B MBBS, DMRD

Radiology