

Patient Name : Mrs.MANJOT KAUR
Age/Gender : 39 Y 3 M 11 D/F
UHID/MR No : RAMR.0000039957
Visit ID : RAMROPV149853
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8360359754

Collected : 23/Mar/2024 09:59AM
Received : 23/Mar/2024 10:47AM
Reported : 23/Mar/2024 02:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

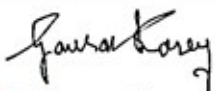
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------------|-------------------------|-----------------|---------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 11.7 | g/dL | 12-15 | CYANIDE FREE COLOURIMETER |
| PCV | 37.30 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 4.26 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 87.4 | fL | 83-101 | Calculated |
| MCH | 27.4 | pg | 27-32 | Calculated |
| MCHC | 31.4 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.1 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,750 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 56.3 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 34.1 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 4.2 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 4.6 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.8 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3800.25 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2301.75 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 283.5 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 310.5 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 54 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.65 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 186000 | cells/cu.mm | 150000-410000 | IMPEDENCE/MICROSCOPY |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 55 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

RBC :- Predominantly are Normocytic Normochromic

WBC :-TLC and DLC are within normal limits

PLATELETS:-Adequate

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Dr Gaurav Shorey
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Consultant Pathologist

SIN No:BED240079853



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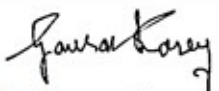
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IMPRESSION : Normocytic Normochromic Blood Picture.



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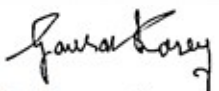
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|--|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | O | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |



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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 89 | mg/dL | 70-100 | GOD - POD |

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 |

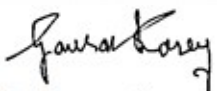
- Note:**
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
 - Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 125 | mg/dl | 70-140 | GOD, POD |

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|---------------|-------|-----------------|--------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 249 | mg/dl | 0-200 | CHOD |
| TRIGLYCERIDES | 103 | mg/dl | 0-150 | GPO, Trinder |
| HDL CHOLESTEROL | 77 | mg/dL | 40-60 | CHOD |
| NON-HDL CHOLESTEROL | 172 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 151.87 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 20.57 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.24 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | < 0.01 | | <0.11 | Calculated |

Comment:

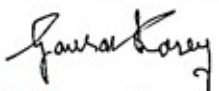
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

| | 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:

- 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

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cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

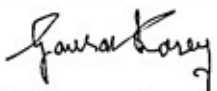
5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

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).

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|-------|-----------------|----------------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.52 | mg/dl | 0-1.2 | NBD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.16 | mg/dl | 0-0.2 | Diazotized sulfanilic acid |
| BILIRUBIN (INDIRECT) | 0.36 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 35.04 | U/l | 0-45 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 35.2 | U/l | 0-31 | IFCC |
| ALKALINE PHOSPHATASE | 93.44 | U/l | 42-98 | IFCC (AMP buffer) |
| PROTEIN, TOTAL | 7.96 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 4.82 | g/dl | 3.5-5.2 | Bromcresol Green |
| GLOBULIN | 3.14 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.54 | | 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:

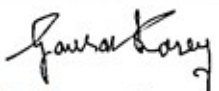
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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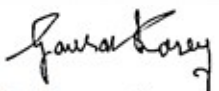
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.77 | mg/dL | 0.51-1.04 | Enzymatic colorimetric |
| UREA | 24.66 | mg/dl | 13-43 | Urease, UV |
| BLOOD UREA NITROGEN | 11.5 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.90 | mg/dL | 2.6-6 | Uricase |
| CALCIUM | 9.40 | mg/dl | 8.6-10.3 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.18 | mg/dl | 2.7-4.5 | Molybdate |
| SODIUM | 141 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 5.0 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 104 | mmol/L | 98-107 | Direct ISE |
| PROTEIN, TOTAL | 7.96 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 3.90 | g/dl | 3.5-5.2 | Bromcresol Green |
| GLOBULIN | 3.14 | g/dL | 2.0-3.5 | Calculated |
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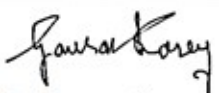
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 15.00 | U/l | 0-38 | IFCC |



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DEPARTMENT OF IMMUNOLOGY

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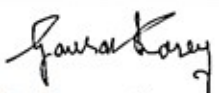
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|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 0.81 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 7.33 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 2.190 | µIU/mL | 0.25-5.0 | ELFA |

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 |



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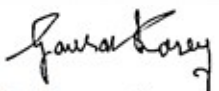
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DEPARTMENT OF CLINICAL PATHOLOGY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | HAZY | | CLEAR | Visual |
| pH | 6.5 | | 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 |
| NITRITE | NEGATIVE | | NEGATIVE | Dipstick |
| LEUCOCYTE ESTERASE | POSITIVE | | NEGATIVE | PYRROLE HYDROLYSIS |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 8-9 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 3-4 | /hpf | <10 | MICROSCOPY |
| RBC | ABSENT | /hpf | 0-2 | MICROSCOPY |
| CASTS | ABSENT | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |



Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist

SIN No:UR2314202



Patient Name : Mrs.MANJOT KAUR
 Age/Gender : 39 Y 3 M 11 D/F
 UHID/MR No : RAMR.0000039957
 Visit ID : RAMROPV149853
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 8360359754

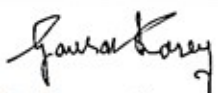
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 Received : 23/Mar/2024 12:34PM
 Reported : 23/Mar/2024 03:41PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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 |



Dr Gaurav Shorey
 MBBS, MD(Pathology)
 Consultant Pathologist

SIN No:UF011352



| | |
|--------------------------------|--|
| Patient Name : Mrs.MANJOT KAUR | Collected : 23/Mar/2024 12:15PM |
| Age/Gender : 39 Y 3 M 11 D/F | Received : 26/Mar/2024 08:00PM |
| UHID/MR No : RAMR.0000039957 | Reported : 28/Mar/2024 11:00AM |
| Visit ID : RAMROPV149853 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 8360359754 | |

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

| | | |
|------------|----------------------------------|---|
| | CYTOLOGY NO. | L/438/24 |
| I | SPECIMEN | |
| a | SPECIMEN ADEQUACY | ADEQUATE |
| b | SPECIMEN TYPE | LIQUID-BASED PREPARATION (LBC) |
| | SPECIMEN NATURE/SOURCE | CERVICAL SMEAR |
| c | ENDOCERVICAL-TRANSFORMATION ZONE | ABSENT |
| d | COMMENTS | SATISFACTORY FOR EVALUATION |
| II | MICROSCOPY | Smear shows sheets of superficial, intermediate squamous cells, in acute inflammatory background. |
| III | RESULT | |
| a | EPITHEIAL CELL | |
| | SQUAMOUS CELL ABNORMALITIES | NOT SEEN |
| | GLANDULAR CELL ABNORMALITIES | NOT SEEN |
| b | ORGANISM | NIL |
| c | NON NEOPLASTIC FINDINGS | INFLAMMATORY SMEAR |
| 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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:CS077355



| PATIENT INFORMATION | | REFERRED BY | SPECIMEN INFORMATION | | |
|-------------------------|-------------|--|----------------------|----------------------|---------------------|
| MRS. MANJOT KAUR | | SELF | SAMPLE TYPE | : Whole Blood - EDTA | |
| AGE | : 39Y 0M 0D | APOLLO HEALTH AND LIFESTYLE LIMITED | LAB ORDER NO | : VMCT24023738 | |
| GENDER | : Female | LAB MR# | : AMCT00086731 | COLLECTED ON | : 23/Mar/2024 16:05 |
| PRIORITY | : Routine | | | RECEIVED ON | : 23/Mar/2024 16:42 |
| OP / IP / DG # | : | | | REPORT STATUS | : Final Report |
| | | | | APPROVED ON | : 23/Mar/2024 17:26 |

| Test Name (Methodology) | Result | Flag | Units | Biological Reference Interval |
|-------------------------|--------|------|-------|-------------------------------|
|-------------------------|--------|------|-------|-------------------------------|

BIOCHEMISTRY

HbA1c - Glycated Hemoglobin

| | | | | |
|------------------------------------|-------|--|-------|--|
| Glycated Hemoglobin, HbA1c (TINIA) | 5.30 | | % | Non diabetic range: 4.8-5.6 Prediabetic range: 5.7-6.4% Diabetes range: >=6.5% |
| Estimated Average Glucose | 105.4 | | mg/dL | |

Interpretation:

Note: HbA1c results may vary in situations of abnormal red cell turnover, such as pregnancy, recent blood loss or transfusion, or some anemias. In such cases only blood glucose criteria should be used to diagnose diabetes (ADA, 2014). Please correlate clinically.

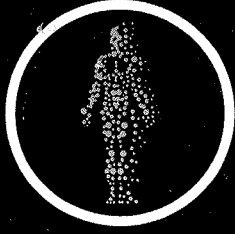
----- End Of Report -----

Avneet Boparai

Dr. Avneet Boparai
Consultant-Pathologist

Disclaimer:

- All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
- Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
- Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
- Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
- Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
- Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
- Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
- If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.



New Asia Diagnostics

(Sister Concern Asia Imaging Centre)

Mark of Excellence



Dr. Jaipal Singh
MBBS, Sonologist
(Consultant Incharge)

Dr. Priti N. Singh
MBBS, DNB
(Radiodiagnosis)

Dr. Amit Saini
MBBS, DNB
(Radiodiagnosis)

Dr. Tejinder Pal Singh
MBBS, PGDCC,
(Cardiology)

Dr. Shankhini Gambhir
MBBS, MD
(Pathology)

6, ALBERT ROAD, NEAR CIRCUIT HOUSE, AMRITSAR-143001

newasiadiagnostics.com

0183-2403403, 5050430

Patient Name : MANJOT KAUR

Age : 39Y

Consultant : APOLLO SPECIALITY HOSPITAL

Sex : Female

Date : 23-March-2024

2D ECHO

INDICATION : CVS EVALUATION

WINDOW : FAIR

DIMENSIONS

AORTIC ROOT

Aortic Annulus : 2.2 cm.
Sinuses of Valsalva : 3.3 cm.
ST Junction : 2.7 cm.
Prox. Asc. Aorta : 3.0 cm.

LV

Range
IDd : 5.0 cms. (4.1-5.8cms)
IDs : 3.8 cms.
IVSd : 0.9 cms. (0.6-1.0cms)
IVSs : 1.2 cms.
PWd : 0.8 cms. (0.6-1.0cms)
PWs : 1.1 cms.
LA : 15 sq.cms. (~20 sq.cms)

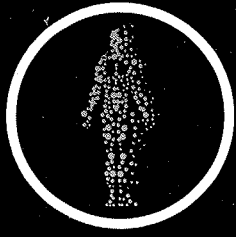
RV

TAM : 2.0 cms.
RIMP : 0.49
RVs' : 12 cm/s.
RVFAC : 37%
Basal Dia. : 3.2 cms.
Mid Dia. : 2.8 cms.
RA : 12 sq.cms.

IMAGING:

NORMAL LV WALL MOTION.

NORMAL RV WALL MOTION.



New Asia Diagnostics

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(Pathology)

6, ALBERT ROAD, NEAR CIRCUIT HOUSE, AMRITSAR-143001

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0183-2403403, 5050430

DOPPLER STUDIES

MITRAL VALVE

E Vel. : 90 cm/s.
A Vel. : 74 cm/s.

AORTIC VALVE

Vmax. : 144 cm/s.
Peak PG : 8.3 mmHg.

TRICUSPID VALVE

TR Vmax. : 175 cm/s.
Mean PAP : Normal.
IVC : Normal.

PULMONARY VALVE

Vmax. : 60 cm/s.

FINAL IMPRESSION:

TACHYCARDIA NOTED

NO RWMA

NORMAL LV SYSTOLIC FUNCTION (EF ~ 55%)

NORMAL CHAMBERS & VALVES

NORMAL RV SYSTOLIC FUNCTION

NO I/C MASS

NO PERICARDIAL EFFUSION.

-----Any overwriting/alterations would render this document invalid-----

Dr. Tejinder Pal Singh
MBBS, PGDCC (Cardiology)
Non-Invasive Cardiologist
Regd No. 36298 (PMC)

Date : 23-03-2024

MR NO : RAMR.0000039957

Department : GENERAL

Doctor :

Name : Mrs. MANJOT KAUR

Registration No :

Age/ Gender : 39 Y / Female

Qualification :

Consultation Timing: 09:44

BMI - 29.1

Advised
Avoid Junk & oily food

Drink 3-4 liters of water entire day
OR
SYP CITRALFA 2 TSF in one glass of water 1-1-1

Rest fit for Job

Dr. Rabhad



Date : 23-03-2024

MR NO : RAMR.0000039957

Name : Mrs. MANJOT KAUR

Age/ Gender : 39 Y / Female

Department : GENERAL

Doctor :

Registration No :

Qualification : *Dentist*

Consultation Timing: 09:44

oral Dental Health sup

Dr

ENT

Ears
nose
throat } *normal*

Opp. Railway Station, Railway Link Road, Naushera House, Court Road, Amritsar 143001, Ph. 0183-2840400
E-mail : info.amritsar@apollohl.com

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

CIN-U85100TG2009PTC099414

Registered Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad-500 016, Telangana, India



Date : 23-03-2024

MR NO : RAMR.0000039957


Department : GENERAL

Doctor :

Name : Mrs. MANJOT KAUR

Registration No :

Age/ Gender : 39 Y / Female

Qualification : 

Consultation Timing: 09:44

VA
6/6
6/6

nc
nc
nc

Color Vision normal



Opp. Railway Station, Railway Link Road, Naushera House, Court Road, Amritsar 143001, Ph. 0183-2840400
E-mail : info.amritsar@apollohl.com

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

CIN-U85100TG2009PTC099414

Registered Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad-500 016, Telangana, India

Original OP Credit Bill

Name : Mrs. MANJOT KAUR
Age/Gender : 39 Y F
Contact No : +918360359754
Address : FAJJUPUR GPS
UHID : RAMR.0000039957

Bill No : RAMR-OCR-5388
Bill/Reg Date : 23.03.2024 09:45
Referral Doctor : SELF
Center : Cradle Amritsar
Emp No/Auth Code : 8360359754



RAMR-0000039957

Corporate Name : ARCOFEMI HEALTHCARE LIMITED
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

| # | Department | Service Name | Qty | Rate | Discount | Amount |
|---|-----------------|--|-----|----------|----------|----------|
| 1 | Package Charges | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324 URINE GLUCOSE(POST PRANDIAL) LIVER FUNCTION TEST (LFT) GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) GYNAECOLOGY CONSULTATION PERIPHERAL SMEAR THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) LBC PAP TEST- PAPSURE ENT CONSULTATION HEMOGRAM + PERIPHERAL SMEAR X-RAY CHEST PA DIET CONSULTATION SONO MAMOGRAPHY - SCREENING HEMC, GLYCATED HEMOGLOBIN DENTAL CONSULTATION 2 D ECHO OPHTHAL BY GENERAL PHYSICIAN BLOOD GROUP ABO AND RH FACTOR URINE GLUCOSE(FASTING) RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ECG COMPLETE URINE EXAMINATION ULTRASOUND - WHOLE ABDOMEN GAMMA GLUTAMYL TRANSFERASE (GGT) BODY MASS INDEX (BMI) LIPID PROFILE GLUCOSE, FASTING FITNESS BY GENERAL PHYSICIAN | 1 | 2,600.00 | 0.00 | 2,600.00 |

Handwritten notes:
Mrs 863kg
H → 172cm
Ofes 114/70
B.P →
Data sub
BMI -

Handwritten note: Rejected by client

Bill Amount: 2,600.00
Total Discount: 0.00
Net Payment: 0.00
Corporate Due: 2,600.00

Received with thanks: Zero Rupees only

Authorized Signature
(Harmanjit Singh)

Name : Mrs. Manjot Kaur
Date : 23/03/2024
Referred By : Self

Age/Sex : 39Y/ F
UHID: RAMR.0000039957

USG WHOLE ABDOMEN

OBSERVATIONS

LIVER is normal in size (13.1 cm), outline and echotexture. No focal lesion is seen. IHBRs are not dilated. Hepatic Veins are normal. PV is normal.

GALL BLADDER is distended. No calculus seen. Wall thickness is normal. No pericholecystic fluid seen. CBD is normal.

PANCREAS Head and proximal body are normal in size, outline and echotexture. Tail is obscured. MPD is not dilated.

SPLEEN is normal in size (10.3 cm), outline and echotexture. No focal lesion is seen.

BOTH KIDNEYS are normal in size and outline. Right kidney measures 10.9x3.6cm. Left kidney measures 10.8x4.5cm. Cortical thickness and echogenicity are normal. CMD is maintained. No e/o calculus / hydronephrosis seen.

URINARY BLADDER appears partially distended. Wall thickness is normal. Lumen is echo free.

UTERUS It is anteverted and normal in size. The myometrium shows normal echotexture. No focal lesion is seen. Endometrium is central & measures 6.1 mm.


BOTH OVARIES: are normal.

No adnexal mass is seen.

No free fluid is seen in the pelvis.

IMPRESSION:-No significant abnormality seen.

Please correlate clinically.



(Dr. Ankita Malik)
Consultant, Department of
Radiology & Fetal Medicine

Mrs.MANJOT KAUR
Age/Gender : 39 Y 3 M 11 D/F
UHID/MR No : RAMR.0000039957
Visit ID : RAMROPV149853
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8360359754

Collected : 23/Mar/2024 09:59AM
Received : 23/Mar/2024 10:47AM
Reported : 23/Mar/2024 02:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

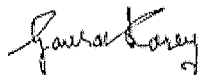
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------------|-------------------------|-----------------|---------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 11.7 | g/dL | 12-15 | CYANIDE FREE COLOUROMETER |
| PCV | 37.30 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 4.26 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 87.4 | fL | 83-101 | Calculated |
| MCH | 27.4 | pg | 27-32 | Calculated |
| MCHC | 31.4 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.1 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,750 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 56.3 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 34.1 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 4.2 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 4.6 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.8 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3800.25 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2301.75 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 283.5 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 310.5 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 54 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.65 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 186000 | cells/cu.mm | 150000-410000 | IMPEDEANCE/MICROSCOPY |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 55 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

RBC :- Predominantly are Normocytic Normochromic

WBC :-TLC and DLC are within normal limits

PLATELETS:-Adequate


Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist
SIN No:BED240079853

Page 1 of 12



: Mrs.MANJOT KAUR
Age/Gender : 39 Y 3 M 11 D/F
UHID/MR No : RAMR.0000039957
Visit ID : RAMROPV149853
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8360359754

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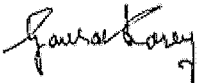
DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION : Normocytic Normochromic Blood Picture.

Page 2 of 12




Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist
SIN No:BED240079853

Name : Mrs.MANJOT KAUR
 Age/Gender : 39 Y 3 M 11 D/F
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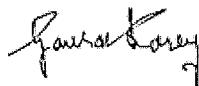
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 Reported : 23/Mar/2024 02:49 PM
 Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|--|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | O | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |




 Dr Gaurav Shorey
 MBBS, MD(Pathology)
 Consultant Pathologist
 SIN No:BED240079853

: Mrs.MANJOT KAUR
Age/Gender : 39 Y 3 M 11 D/F
UHID/MR No : RAMR.0000039957
Visit ID : RAMROPV149853
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8360359754

Collected : 23/Mar/2024 01:31 PM
Received : 23/Mar/2024 02:30 PM
Reported : 23/Mar/2024 03:20 PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 89 | mg/dL | 70-100 | GOD - POD |

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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

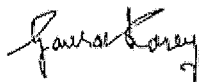
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 125 | mg/dl | 70-140 | GOD, POD |

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.




Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist
SIN No:PLP1436485

: Mrs.MANJOT KAUR
Age/Gender : 39 Y 3 M 11 D/F
UHID/MR No : RAMR.0000039957
Visit ID : RAMROPV149853
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8360359754

Collected : 23/Mar/2024 09:59 AM
Received : 23/Mar/2024 10:47 AM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|--------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 249 | mg/dl | 0-200 | CHOD |
| TRIGLYCERIDES | 103 | mg/dl | 0-150 | GPO, Trinder |
| HDL CHOLESTEROL | 77 | mg/dL | 40-60 | CHOD |
| NON-HDL CHOLESTEROL | 172 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 151.87 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 20.57 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.24 | | - 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | < 0.01 | | <0.11 | Calculated |

Comment:

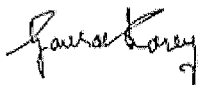
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

| | 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:

- 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

Page 5 of 12



Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist

SIN No:SE04672979



: Mrs.MANJOT KAUR
 Age/Gender : 39 Y 3 M 11 D/F
 UHID/MR No : RAMR.0000039957
 Visit ID : RAMROPV149853
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 8360359754

Collected : 23/Mar/2024 09:59 AM
 Received : 23/Mar/2024 10:40 AM
 Reported : 23/Mar/2024 02:14 PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

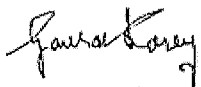
cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

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).

Dr Gaurav Shorey
 MBBS, MD(Pathology)
 Consultant Pathologist

SIN No:SE04672979

: Mrs.MANJOT KAUR
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|-------|-----------------|----------------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.52 | mg/dl | 0-1.2 | NBD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.16 | mg/dl | 0-0.2 | Diazotized sulfanilic acid |
| BILIRUBIN (INDIRECT) | 0.36 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 35.04 | U/l | 0-45 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 35.2 | U/l | 0-31 | IFCC |
| ALKALINE PHOSPHATASE | 93.44 | U/l | 42-98 | IFCC (AMP buffer) |
| PROTEIN, TOTAL | 7.96 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 4.82 | g/dl | 3.5-5.2 | Bromcresol Green |
| GLOBULIN | 3.14 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.54 | | 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:

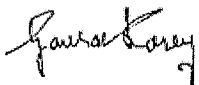
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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.



Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist

SIN No:SE04672979



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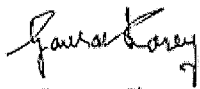
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.77 | mg/dL | 0.51-1.04 | Enzymatic colorimetric |
| UREA | 24.66 | mg/dl | 13-43 | Urease, UV |
| BLOOD UREA NITROGEN | 11.5 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.90 | mg/dL | 2.6-6 | Uricase |
| CALCIUM | 9.40 | mg/dl | 8.6-10.3 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.18 | mg/dl | 2.7-4.5 | Molybdate |
| SODIUM | 141 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 5.0 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 104 | mmol/L | 98-107 | Direct ISE |
| PROTEIN, TOTAL | 7.96 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 3.90 | g/dl | 3.5-5.2 | Bromcresol Green |
| GLOBULIN | 3.14 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.54 | | 0.9-2.0 | Calculated |




 Dr Gaurav Shorey
 MBBS, MD(Pathology)
 Consultant Pathologist
 SIN No:SE04672979

Patient Name : Mrs.MANJOT KAUR
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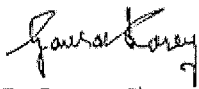
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i> | 15.00 | U/l | 0-38 | IFCC |




 Dr Gaurav Shorey
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 Consultant Pathologist
 SIN No:SE04672979

: Mrs.MANJOT KAUR
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Reported : 23/Mar/2024 01:29 PM
Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

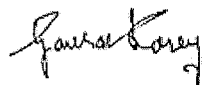
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.81 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 7.33 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 2.190 | µIU/mL | 0.25-5.0 | ELFA |

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 |



Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist
SIN No:SPL24053583



: Mrs.MANJOT KAUR
Age/Gender : 39 Y 3 M 11 D/F
UHID/MR No : RAMR.0000039957
Visit ID : RAMROPV149853
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8360359754

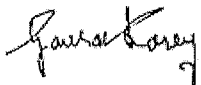
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Received : 23/Mar/2024 11:31AM
Reported : 23/Mar/2024 01:29PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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 | HAZY | | CLEAR | Visual |
| pH | 6.5 | | 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 |
| NITRITE | NEGATIVE | | NEGATIVE | Dipstick |
| LEUCOCYTE ESTERASE | POSITIVE | | NEGATIVE | PYRROLE HYDROLYSIS |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 8-9 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 3-4 | /hpf | <10 | MICROSCOPY |
| RBC | ABSENT | /hpf | 0-2 | MICROSCOPY |
| CASTS | ABSENT | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

Page 11 of 12

Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist
SIN No:UR2314202

: Mrs.MANJOT KAUR
Age/Gender : 39 Y 3 M 11 D/F
UHID/MR No : RAMR.0000039957
Visit ID : RAMROPV149853
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8360359754

Collected : 23/Mar/2024 09:59AM
Received : 23/Mar/2024 11:34AM
Reported : 23/Mar/2024 03:41PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

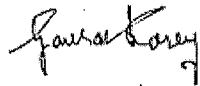
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

| 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, LBC PAP TEST (PAPSURE)


Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist
SIN No:UF011352



| PATIENT INFORMATION | REFERRED BY | SPECIMEN INFORMATION |
|---------------------|-------------------------------------|----------------------------------|
| MRS. MANJOT KAUR | SELF | SAMPLE TYPE : Whole Blood - EDTA |
| AGE : 39Y 0M 0D | APOLLO HEALTH AND LIFESTYLE LIMITED | LAB ORDER NO : VMCT24023738 |
| GENDER : Female | LAB MR# : AMCT00086731 | COLLECTED ON : 23/Mar/2024 16:05 |
| PRIORITY : Routine | | RECEIVED ON : 23/Mar/2024 16:42 |
| OP / IP / DG # : | | REPORT STATUS : Final Report |
| | | APPROVED ON : 23/Mar/2024 17:26 |

| Test Name (Methodology) | Result | Flag | Units | Biological Reference Interval |
|-------------------------|--------|------|-------|-------------------------------|
|-------------------------|--------|------|-------|-------------------------------|

BIOCHEMISTRY

HbA1c - Glycated Hemoglobin

| | | | | |
|------------------------------------|-------|--|-------|--|
| Glycated Hemoglobin, HbA1c (TINIA) | 5.30 | | % | Non diabetic range: 4.8-5.6 Prediabetic range: 5.7-6.4% Diabetes range: >=6.5% |
| Estimated Average Glucose | 105.4 | | mg/dL | |

Interpretation:

Note: HbA1c results may vary in situations of abnormal red cell turnover, such as pregnancy, recent blood loss or transfusion, or some anemias. In such cases only blood glucose criteria should be used to diagnose diabetes (ADA, 2014). Please correlate clinically.

----- End Of Report -----

Avneet Boparai

Dr. Avneet Boparai
Consultant-Pathologist

Disclaimer:

- All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
- Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
- Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
- Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
- Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
- Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
- Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
- If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

No. 3: *Harold Row*

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 76 ms
QT / QTcBaz : 386 / 422 ms
PR : 168 ms
P : 98 ms
RR / pp : 834 / 833 ms
P / QRS / T : 36 / 68 / 46 degrees

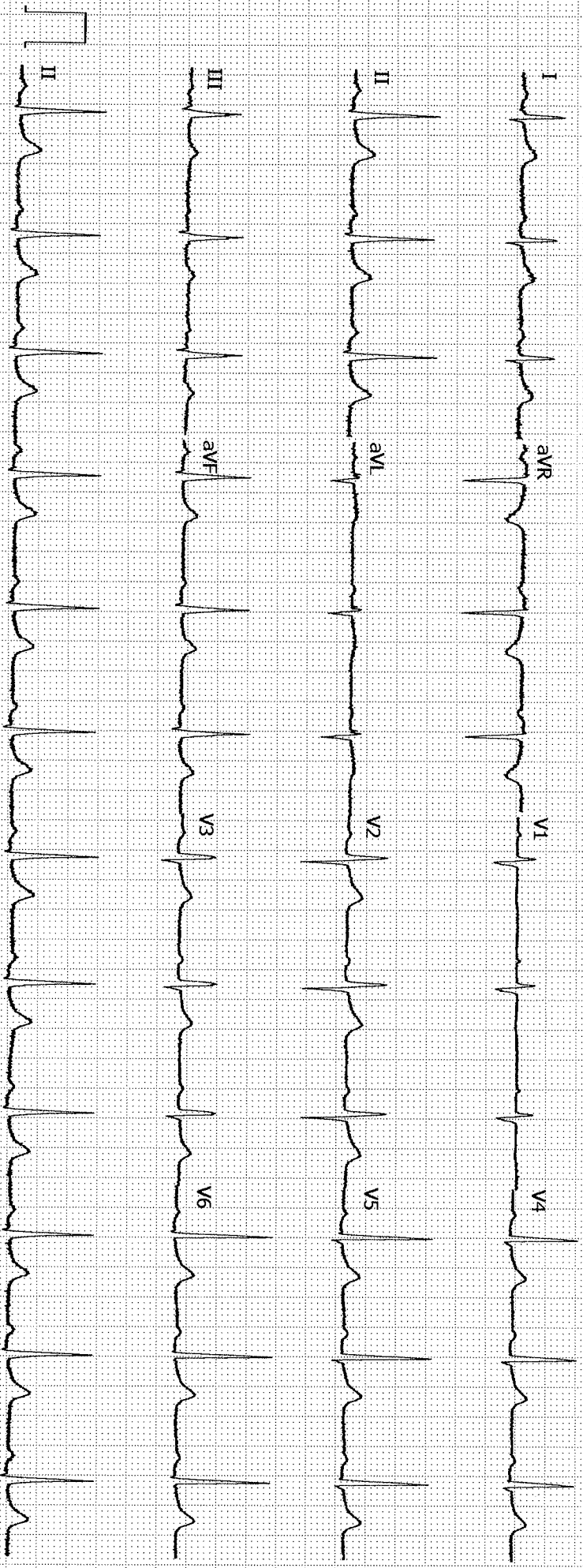
Normal sinus rhythm
Normal ECG

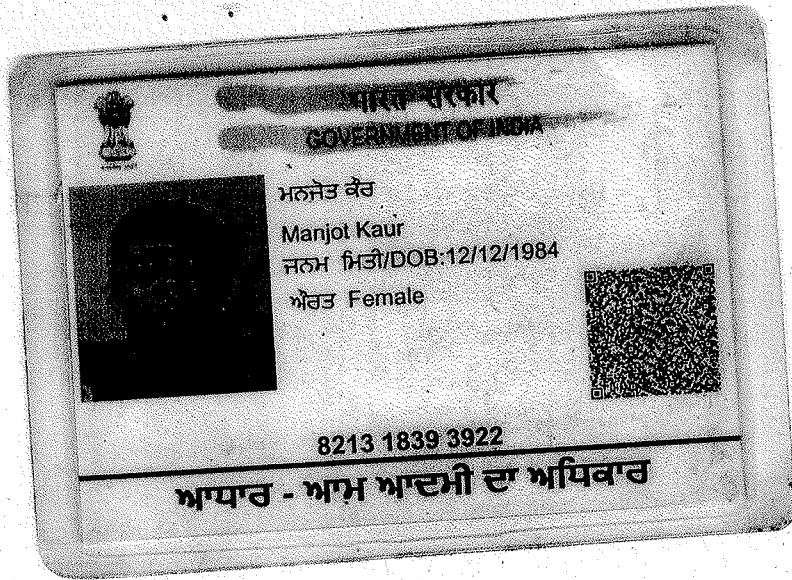
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

72 bpm

---mmHg





Manjot



Fwd: Health Check up Booking Request(bobS16503), Beneficiary Code-115673

Harpreet Singh <harpreetbob2605@gmail.com>

Fri 3/22/2024 10:59 AM

To:Gurdaspur Main Branch, Amritsar Region <GURDAS@bankofbaroda.com>

न के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या 3
5 ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR C

Sent from my iPhone

Begin forwarded message:

From: Mediwheel <wellness@mediwheel.in>

Date: 18 March 2024 at 2:21:35 pm GMT+5:30

To: harpreetbob2605@gmail.com

Cc: customercare@mediwheel.in

Subject: Health Check up Booking Request(bobS16503), Beneficiary Code-115673

011-41195959

Dear MR. SINGH HARPREET,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

Upload HRM Letter

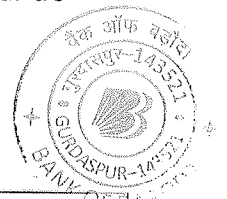
User Package Name : Mediwheel Full Body Health Checkup Female Above 40

Name of Diagnostic/Hospital : Apollo clinic, Amritsar

Address of Diagnostic/Hospital- : Naushera House, Railway Link Road, Amritsar â€" 143001

Appointment Date : 23-03-2024

Preferred Time : 8:00am



| Member Information | | |
|--------------------|---------|--------|
| Booked Member Name | Age | Gender |
| MANJOT KAUR | 40 year | Female |

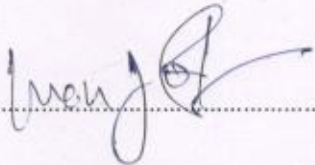
Apollo Clinic

CONSENT FORM

Patient Name: Manjot Kaur Age: 39/1/1 F.
UHID Number: RAMP. 39957 Company Name: ARCO Femi Mediwheret

I Mr/Mrs/Ms Manjot Kaur Employee of ARCO Femi Mediwheret
(Company) Want to inform you that I am not interested in getting Pap Smear Test /
Sonomanography
Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 23/3/24

| | | | |
|----------------------|---------------------|------------------------|---|
| Patient Name: | MR.MANJOT KAUR 39YF | MR No: | RAMR.0000039957 |
| Age: | 39 Years | Location: | APOLLO CRADLE HOSPITAL AMRITSAR,PUNJAB |
| Gender: | F | Physician: | |
| Image Count: | 1 | Date of Exam: | 23-Mar-2024 |
| Arrival Time: | 23-Mar-2024 10:47 | Date of Report: | 23-Mar-2024 11:03 |

X-RAY CHEST PA VIEW

FINDINGS

Rotation present.

Normal heart and mediastinum.

There is no focal pulmonary mass lesion is seen.

No collapse or consolidation is evident.

The apices, costo and cardiophrenic angles are free.

No hilar or mediastinal lymphadenopathy is demonstrated.

There is no pleural or pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.

Dr. Jyothirmal
Dr.M.Jyothirmal. MDRD.
Consultant Radiologist
REG NO : 74706

Patient Name : Mrs.MANJOT KAUR
Age/Gender : 39 Y 3 M 11 D/F
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DEPARTMENT OF HAEMATOLOGY

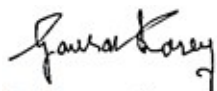
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------------|-------------------------|-----------------|---------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 11.7 | g/dL | 12-15 | CYANIDE FREE COLOURIMETER |
| PCV | 37.30 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 4.26 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 87.4 | fL | 83-101 | Calculated |
| MCH | 27.4 | pg | 27-32 | Calculated |
| MCHC | 31.4 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.1 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,750 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 56.3 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 34.1 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 4.2 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 4.6 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.8 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3800.25 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2301.75 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 283.5 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 310.5 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 54 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.65 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 186000 | cells/cu.mm | 150000-410000 | IMPEDENCE/MICROSCOPY |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 55 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

RBC :- Predominantly are Normocytic Normochromic

WBC :-TLC and DLC are within normal limits

PLATELETS:-Adequate



Dr Gaurav Shorey
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Consultant Pathologist

SIN No:BED240079853



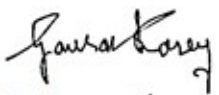
Patient Name : Mrs.MANJOT KAUR
Age/Gender : 39 Y 3 M 11 D/F
UHID/MR No : RAMR.0000039957
Visit ID : RAMROPV149853
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8360359754

Collected : 23/Mar/2024 09:59AM
Received : 23/Mar/2024 10:47AM
Reported : 23/Mar/2024 02:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION : Normocytic Normochromic Blood Picture.



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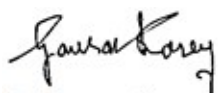


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|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mrs.MANJOT KAUR | Collected | : 23/Mar/2024 09:59AM |
| Age/Gender | : 39 Y 3 M 11 D/F | Received | : 23/Mar/2024 10:47AM |
| UHID/MR No | : RAMR.0000039957 | Reported | : 23/Mar/2024 02:49PM |
| Visit ID | : RAMROPV149853 | Status | : Final Report |
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DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|--|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | O | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |



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| | | | |
|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mrs.MANJOT KAUR | Collected | : 23/Mar/2024 01:31PM |
| Age/Gender | : 39 Y 3 M 11 D/F | Received | : 23/Mar/2024 02:30PM |
| UHID/MR No | : RAMR.0000039957 | Reported | : 23/Mar/2024 03:20PM |
| Visit ID | : RAMROPV149853 | Status | : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--------------------------------------|--------|-------|-----------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 89 | mg/dL | 70-100 | GOD - POD |

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:

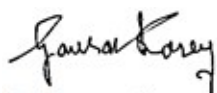
1. The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
2. Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 125 | mg/dl | 70-140 | GOD, POD |

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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| | |
|--------------------------------|--|
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|---------------|-------|-----------------|--------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 249 | mg/dl | 0-200 | CHOD |
| TRIGLYCERIDES | 103 | mg/dl | 0-150 | GPO, Trinder |
| HDL CHOLESTEROL | 77 | mg/dL | 40-60 | CHOD |
| NON-HDL CHOLESTEROL | 172 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 151.87 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 20.57 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.24 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | < 0.01 | | <0.11 | Calculated |

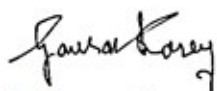
Comment:

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:

- 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



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SIN No:SE04672979



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DEPARTMENT OF BIOCHEMISTRY

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

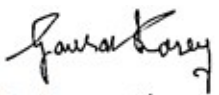
cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

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).



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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|-------|-----------------|----------------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.52 | mg/dl | 0-1.2 | NBD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.16 | mg/dl | 0-0.2 | Diazotized sulfanilic acid |
| BILIRUBIN (INDIRECT) | 0.36 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 35.04 | U/l | 0-45 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 35.2 | U/l | 0-31 | IFCC |
| ALKALINE PHOSPHATASE | 93.44 | U/l | 42-98 | IFCC (AMP buffer) |
| PROTEIN, TOTAL | 7.96 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 4.82 | g/dl | 3.5-5.2 | Bromcresol Green |
| GLOBULIN | 3.14 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.54 | | 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:

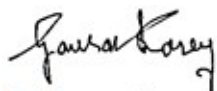
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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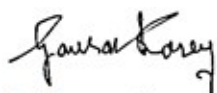


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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.77 | mg/dL | 0.51-1.04 | Enzymatic colorimetric |
| UREA | 24.66 | mg/dl | 13-43 | Urease, UV |
| BLOOD UREA NITROGEN | 11.5 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.90 | mg/dL | 2.6-6 | Uricase |
| CALCIUM | 9.40 | mg/dl | 8.6-10.3 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.18 | mg/dl | 2.7-4.5 | Molybdate |
| SODIUM | 141 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 5.0 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 104 | mmol/L | 98-107 | Direct ISE |
| PROTEIN, TOTAL | 7.96 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 3.90 | g/dl | 3.5-5.2 | Bromcresol Green |
| GLOBULIN | 3.14 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.54 | | 0.9-2.0 | Calculated |



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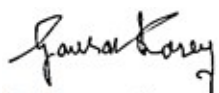


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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM | 15.00 | U/l | 0-38 | IFCC |



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DEPARTMENT OF IMMUNOLOGY

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

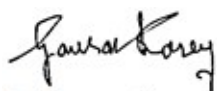
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 0.81 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 7.33 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 2.190 | µIU/mL | 0.25-5.0 | ELFA |

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 |

- 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.
- 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.
- 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.
- 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 |



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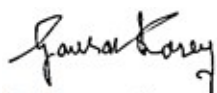
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DEPARTMENT OF CLINICAL PATHOLOGY

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 | HAZY | | CLEAR | Visual |
| pH | 6.5 | | 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 |
| NITRITE | NEGATIVE | | NEGATIVE | Dipstick |
| LEUCOCYTE ESTERASE | POSITIVE | | NEGATIVE | PYRROLE HYDROLYSIS |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 8-9 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 3-4 | /hpf | <10 | MICROSCOPY |
| RBC | ABSENT | /hpf | 0-2 | MICROSCOPY |
| CASTS | ABSENT | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |



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SIN No:UR2314202



| | | | |
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DEPARTMENT OF CLINICAL PATHOLOGY

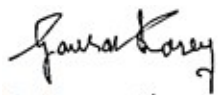
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

| 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, LBC PAP TEST (PAPSURE)



Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist

SIN No:UF011352



| PATIENT INFORMATION | | REFERRED BY | SPECIMEN INFORMATION | |
|-------------------------|-------------|--|----------------------|----------------------|
| MRS. MANJOT KAUR | | SELF | SAMPLE TYPE | : Whole Blood - EDTA |
| AGE | : 39Y 0M 0D | APOLLO HEALTH AND LIFESTYLE LIMITED | LAB ORDER NO | : VMCT24023738 |
| GENDER | : Female | LAB MR# : AMCT00086731 | COLLECTED ON | : 23/Mar/2024 16:05 |
| PRIORITY | : Routine | | RECEIVED ON | : 23/Mar/2024 16:42 |
| OP / IP / DG # | : | | REPORT STATUS | : Final Report |
| | | | APPROVED ON | : 23/Mar/2024 17:26 |

| Test Name (Methodology) | Result | Flag | Units | Biological Reference Interval |
|-------------------------|--------|------|-------|-------------------------------|
|-------------------------|--------|------|-------|-------------------------------|

BIOCHEMISTRY

HbA1c - Glycated Hemoglobin

| | | | | |
|------------------------------------|-------|--|-------|--|
| Glycated Hemoglobin, HbA1c (TINIA) | 5.30 | | % | Non diabetic range: 4.8-5.6 Prediabetic range: 5.7-6.4% Diabetes range: >=6.5% |
| Estimated Average Glucose | 105.4 | | mg/dL | |

Interpretation:

Note: HbA1c results may vary in situations of abnormal red cell turnover, such as pregnancy, recent blood loss or transfusion, or some anemias. In such cases only blood glucose criteria should be used to diagnose diabetes (ADA, 2014). Please correlate clinically.

----- End Of Report -----

Avneet Boparai

Dr. Avneet Boparai
Consultant-Pathologist

Disclaimer:

- All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
- Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
- Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
- Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
- Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
- Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
- Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
- If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.