

Patient Name	: Mrs.POOJA KAPOOR	Collected	: 23/Mar/2024 10:36AM
Age/Gender	: 39 Y 10 M 22 D/F	Received	: 23/Mar/2024 11:28AM
UHID/MR No	: SCHI.0000019256	Reported	: 23/Mar/2024 03:26PM
Visit ID	: SCHIOPV28013	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: gtgrd		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240080214



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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.3	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	41.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>5.1</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>81.2</b>	fL	83-101	Calculated
MCH	<b>26.1</b>	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	<b>15</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,930	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55.2	%	40-80	Electrical Impedance
LYMPHOCYTES	32.3	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	8.5	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3273.36	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1915.39	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	189.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	504.05	Cells/cu.mm	200-1000	Calculated
BASOPHILS	47.44	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.71		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	187000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	17	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

NO HEMOPARASITES SEEN



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
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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Patient Name : Mrs.POOJA KAPOOR	Collected : 23/Mar/2024 03:44PM
Age/Gender : 39 Y 10 M 22 D/F	Received : 23/Mar/2024 04:11PM
UHID/MR No : SCHI.0000019256	Reported : 23/Mar/2024 08:59PM
Visit ID : SCHIOPV28013	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	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  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	100	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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UHID/MR No : SCHI.0000019256	Reported : 23/Mar/2024 07:05PM
Visit ID : SCHIOPV28013	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

**Comment:**


Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:


REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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Age/Gender : 39 Y 10 M 22 D/F	Received : 23/Mar/2024 11:28AM
UHID/MR No : SCHI.0000019256	Reported : 23/Mar/2024 10:46PM
Visit ID : SCHIOPV28013	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>227</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	95	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	52	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>175</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>156</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.37		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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.

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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

- 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).



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.00	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.40	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	89.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	3.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	25.60	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	12.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	2.5-6.2	Uricase
CALCIUM	9.80	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	3.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.00	U/L	12-43	Glycylglycine Nitoranalide



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>15.38</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.160	µIU/mL	0.34-5.60	CLIA

Kindly correlate clinically


**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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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324



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Patient Name : Mrs.POOJA KAPOOR	Collected : 23/Mar/2024 10:36AM
Age/Gender : 39 Y 10 M 22 D/F	Received : 23/Mar/2024 04:31PM
UHID/MR No : SCHI.0000019256	Reported : 23/Mar/2024 06:14PM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/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:UR2314539



Patient Name : Mrs.POOJA KAPOOR	Collected : 23/Mar/2024 10:36AM
Age/Gender : 39 Y 10 M 22 D/F	Received : 23/Mar/2024 04:31PM
UHID/MR No : SCHI.0000019256	Reported : 23/Mar/2024 06:14PM
Visit ID : SCHIOPV28013	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : gtgrd	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF011376



Patient Name : Mrs.POOJA KAPOOR	Collected : 26/Mar/2024 01:24PM
Age/Gender : 39 Y 10 M 25 D/F	Received : 26/Mar/2024 03:51PM
UHID/MR No : SCHI.0000019256	Reported : 28/Mar/2024 10:57AM
Visit ID : SCHIOPV28013	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : gtgrd	

**DEPARTMENT OF CYTOLOGY**

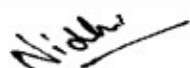
**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	L/434/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Smear shows sheets of superficial, intermediate squamous cells, along with clusters of endocervical cells.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>c</b>	<b>NON NEOPLASTIC FINDINGS</b>	TUBAL METAPLASIA
<b>d</b>	<b>OTHERS</b>	REACTIVE CHANGES SEEN
<b>IV</b>	<b>INTERPRETATION</b>	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 \*\*\*

Page 16 of 16



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

SIN No:CS07733





Consultation Pending  
Done

Name : Mrs. Pooja Kapoor      Age: 39 Y  
Sex: F      UHID: SCHI.0000019256  
Address : eok baroda kunj g-54  
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT  
OP Number: SCHIOPV28013  
Bill No : SCHI-OCR-10068  
Date : 23.03.2024 10:19

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	LIVER FUNCTION TEST (LFT) ✓	
3	GLUCOSE, FASTING ✓	
4	HEMOGRAM + PERIPHERAL SMEAR ✓	
5	GYNACOLOGY CONSULTATION ✓	
6	DIET CONSULTATION ✓	
7	COMPLETE URINE EXAMINATION ✓	
8	URINE GLUCOSE (POST PRANDIAL) ✓	
9	PERIPHERAL SMEAR ✓	
10	ECG ✓	
11	LBC PAP TEST - PAPSURE ✗	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
13	DENTAL CONSULTATION ✓	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓	
15	URINE GLUCOSE (FASTING) ✓	
16	SONO MAMOGRAPHY - SCREENING - Pending ✓	
17	HbA1c, GLYCATED HEMOGLOBIN ✓	
18	X-RAY CHEST PA - Pending ✗	
19	ENT CONSULTATION - Pending ✗	
20	CARDIAC STRESS TEST (TMT) - Pending ✗	
21	FITNESS BY GENERAL PHYSICIAN ✓	
22	BLOOD GROUP ABO AND RH FACTOR ✓	
23	LIPID PROFILE ✓	
24	BODY MASS INDEX (BMI) ✓	
25	OPHTHAL BY GENERAL PHYSICIAN ✓	
26	ULTRASOUND - WHOLE ABDOMEN ✓	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

eye | ENT | TMT | PAP | ~~X-Ray~~ X-Ray

Height: 154.4 cm  
Weight: 69.1 kg  
B.P.: 109/78  
Pulse: 70  
SP02: 98



भारत सरकार  
GOVERNMENT OF INDIA



पूजा कपूर

Pooja Kapoor

जन्म तिथि / DOB : 01/05/1984

महिना / FEMALE

Mobile No. 8587081726

4860 8478 2271



मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

W/O: रविंदर कपूर, म.न. 45 सी, मोती नगर, फोकल पोयंट  
एस.ओ. लुधियाना,  
पंजाब - 141010



Address

W/O: Ravinder Kapoor H.N. 45 C Moti  
Nagar Focal Point S.O Ludhiana Punjab -  
141010

4860 8478 2271



1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,  
Bengaluru-560 001

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	POOJA KAPOOR
DATE OF BIRTH	01-05-1984
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-03-2024
BOOKING REFERENCE NO.	23M159424100102260S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. KAPOOR RAVINDER
EMPLOYEE EC NO.	159424
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	NEW DELHI, NEHRU PLACE
EMPLOYEE BIRTHDATE	14-06-1982

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **19-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

Consultation Ready

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Rooj Kapoor on 23/3

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<input type="checkbox"/> Medically Fit	
<input type="checkbox"/> Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1..... 2..... 3..... However the employee should follow the advice/medication that has been communicated to him/her. Review after _____	
<input type="checkbox"/> Currently Unfit. Review after _____ recommended	
<input type="checkbox"/> Unfit	

Dr. \_\_\_\_\_  
Medical Officer  
The Apollo Clinic, Uppal



*This certificate is not meant for medico-legal purposes*

## PREVENTIVE HEALTH CARE SUMMARY

NAME :- Pooja Kapoor 39y	UHID No : 19256
AGE / GENDER :-	RECEIPT No :-
PANEL : Arcofemi	EXAMINED ON :- 23/3

H/O Hypothyroidism on thy

**Chief Complaints:**

**Past History:**

DM	:	Nil	CVA	:	Nil
Hypertension	:	Nil	Cancer	:	Nil
CAD	:	Nil	Other	:	Nil

**Personal History:**

Alcohol	:	Nil	Activity	:	Active
Smoking	:	Nil	Allergies	:	Nil

**Family History:**

**General Physical Examination:**

Height	54.4	:	cms	Pulse	70/m	:	bpm
Weight	69.1	:	Kgs	BP	109/78	:	mmHg

Rest of examination was within normal limits.

**Systemic Examination:**

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

## PREVENTIVE HEALTH CARE SUMMARY

NAME :-	Roopa	UHID No :	
AGE :-		SEX :	
PANEL :		RECEIPT No :-	
		EXAMINED ON :-	

### Investigations:

- All the reports of tests and investigations are attached herewith

Tcholesterol 227

### Recommendation:

- low fat diet  
Cap Absolute women 102 x 1-2  
Myvite D3 60 once a week  
2-3 months



Dr. Nayneet Kaur  
Consultant Physician

# Apollo Clinic

## CONSENT FORM

Patient Name: Pooja Kapoor Age: 29

UHID Number: ..... Company Name: .....

I Mr/Mrs/Ms  Pooja Kapoor Employee of .....  
(Company) Want to inform you that I am not interested in getting ENT / TMT / PAP / eye

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Pooja Kapoor Date: 28/03/2024

NAME :	POOJA	AGE/SEX:	39 YRS./F
UHID	19256		
REF BY :	APOLLO SPECTRA	DATE:-	23.03.2024

### ULTRASOUND WHOLE ABDOMEN

**Liver:** Appears normal in size and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Uterus** is antverted and normal in size . It measures 7.2x3.5cm, Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 6.1 mm

Both ovaries are normal in size ,shape and echotexture.

**Right ovary:** 2.8x1.6 cm

**Left ovary:** 2.4x1.6 cm

No obvious adenexal mass is seen. No free fluid seen..

### **IMPRESSION: FATTY CHANGES IN LIVER GRADE 1**

**Please correlate clinically and with lab. Investigations.**



**DR. MONICA CHHABRA**  
CONSULTANT RADIOLOGIST

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

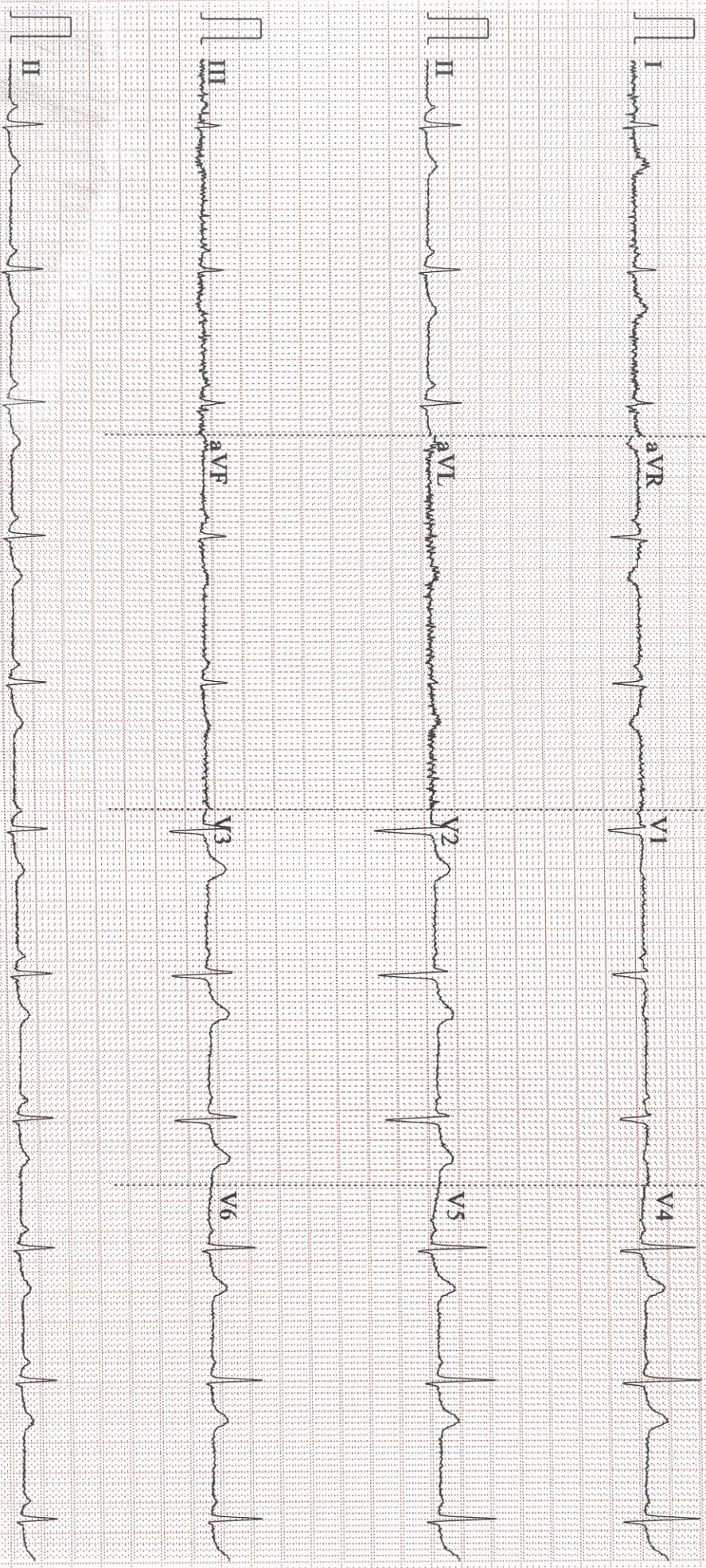


ID: 19256  
MRS. POOJA KAPOOR  
Female 39 Years  
Req. No. :

23-03-2024 12:28:16  
HR : 64 bpm  
P : 102 ms  
PR : 151 ms  
QRS : 74 ms  
QT/QTc/Bz : 394/408 ms  
P/QRS/T : 57/63/41 °  
RV5/SV1 : 0.956/0.484 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:



LMP - 20/3/24

Ⓜ cycle

period used

P2 L2 - NVD

LCB - 18yv

Page 9 404/F

26/3/24

Advs

breast

PIA

PI3 PIN

Ⓜ

- lactating  
w/ h

dr

Patient Name : Mrs.POOJA KAPOOR  
Age/Gender : 39 Y 10 M 22 D/F  
UHID/MR No : SCHI.0000019256  
Visit ID : SCHIOPV28013  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : gtgrd

Collected : 23/Mar/2024 10:36AM  
Received : 23/Mar/2024 11:28AM  
Reported : 23/Mar/2024 03:26PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

----



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240080214



Patient Name : Mrs.POOJA KAPOOR  
Age/Gender : 39 Y 10 M 22 D/F  
UHID/MR No : SCHI.0000019256  
Visit ID : SCHIOPV28013  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : gtgrd

Collected : 23/Mar/2024 10:36AM  
Received : 23/Mar/2024 11:28AM  
Reported : 23/Mar/2024 03:26PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.3	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	41.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>5.1</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>81.2</b>	fL	83-101	Calculated
MCH	<b>26.1</b>	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	<b>15</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,930	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55.2	%	40-80	Electrical Impedance
LYMPHOCYTES	32.3	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	8.5	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3273.36	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1915.39	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	189.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	504.05	Cells/cu.mm	200-1000	Calculated
BASOPHILS	47.44	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.71		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	187000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	17	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

Page 2 of 15



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240080214



Patient Name : Mrs.POOJA KAPOOR  
Age/Gender : 39 Y 10 M 22 D/F  
UHID/MR No : SCHI.0000019256  
Visit ID : SCHIOPV28013  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : gtgrd

Collected : 23/Mar/2024 10:36AM  
Received : 23/Mar/2024 11:28AM  
Reported : 23/Mar/2024 03:26PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240080214



Patient Name	: Mrs.POOJA KAPOOR	Collected	: 23/Mar/2024 10:36AM
Age/Gender	: 39 Y 10 M 22 D/F	Received	: 23/Mar/2024 11:28AM
UHID/MR No	: SCHI.0000019256	Reported	: 23/Mar/2024 03:26PM
Visit ID	: SCHIOPV28013	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: gtgrd		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240080214



Patient Name : Mrs.POOJA KAPOOR	Collected : 23/Mar/2024 03:44PM
Age/Gender : 39 Y 10 M 22 D/F	Received : 23/Mar/2024 04:11PM
UHID/MR No : SCHI.0000019256	Reported : 23/Mar/2024 08:59PM
Visit ID : SCHIOPV28013	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : gtgrd	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	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  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	100	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. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:PLP1436764



Patient Name : Mrs.POOJA KAPOOR	Collected : 23/Mar/2024 10:36AM
Age/Gender : 39 Y 10 M 22 D/F	Received : 23/Mar/2024 03:35PM
UHID/MR No : SCHI.0000019256	Reported : 23/Mar/2024 07:05PM
Visit ID : SCHIOPV28013	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : gtgrd	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated


**Comment:**


Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

  
 Dr. Manju Kumari  
 M.B.B.S, M.D(Pathology)  
 Consultant Pathologist.

  
 Dr. Tanish Mandal  
 M.B.B.S, M.D(Pathology)  
 Consultant Pathologist

SIN No:EDT240036851





Patient Name : Mrs.POOJA KAPOOR	Collected : 23/Mar/2024 10:36AM
Age/Gender : 39 Y 10 M 22 D/F	Received : 23/Mar/2024 11:28AM
UHID/MR No : SCHI.0000019256	Reported : 23/Mar/2024 10:46PM
Visit ID : SCHIOPV28013	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : gtgrd	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	227	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	95	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	52	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	175	mg/dL	<130	Calculated
LDL CHOLESTEROL	156	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.37		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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.

Page 7 of 15



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04673346



Patient Name	: Mrs.POOJA KAPOOR	Collected	: 23/Mar/2024 10:36AM
Age/Gender	: 39 Y 10 M 22 D/F	Received	: 23/Mar/2024 11:28AM
UHID/MR No	: SCHI.0000019256	Reported	: 23/Mar/2024 10:46PM
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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: gtgrd		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

- 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).



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Patient Name : Mrs.POOJA KAPOOR	Collected : 23/Mar/2024 10:36AM
Age/Gender : 39 Y 10 M 22 D/F	Received : 23/Mar/2024 11:28AM
UHID/MR No : SCHI.0000019256	Reported : 23/Mar/2024 08:56PM
Visit ID : SCHIOPV28013	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.00	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.40</b>	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	89.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	3.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's'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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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	25.60	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	12.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	2.5-6.2	Uricase
CALCIUM	9.80	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	3.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated



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Age/Gender : 39 Y 10 M 22 D/F	Received : 23/Mar/2024 11:28AM
UHID/MR No : SCHI.0000019256	Reported : 23/Mar/2024 07:14PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.00	U/L	12-43	Glycylglycine Nitoranalide



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>15.38</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.160	µIU/mL	0.34-5.60	CLIA

Kindly correlate clinically

**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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DEPARTMENT OF IMMUNOLOGY

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Patient Name : Mrs.POOJA KAPOOR  
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Collected : 23/Mar/2024 10:36AM  
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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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 \*\*\*



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