



Patient Name : Mrs. Shailja Sharan

Age/Gender : 36 Y/F

UHID/MR No. : CINR.0000164038

OP Visit No : CINROPV221500

Sample Collected on :

Reported on : 09-03-2024 20:03

LRN# : RAD2262064

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9717198010

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

PATIENT REFUSED.

Patient Name : Mrs. Shailja Sharan

Age/Gender : 36 Y/F

UHID/MR No. : CINR.0000164038

OP Visit No : CINROPV221500

Sample Collected on :

Reported on : 09-03-2024 13:40

LRN# : RAD2262064

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9717198010

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

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

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

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

UTERUS: Gravid uterus corresponding 23 to 24 weeks.

OVARIES: Both ovaries not visualized.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Name : Mrs. Shailja Sharan

Age: 36 Y

Sex: F

UHID: CINR.0000164038



Address : BANGALORE

OP Number: CINROPV221500

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No : CINR-OCR-94906

Date : 09.03.2024 10:12

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

not done

X not Done

not done

after 11:30am

Signature



Date: 09-03-2024

MR NO : CINR.0000164038

Name : Mrs. Shailja Sharan

Age/ Gender : 36 Y / Female

Consultation Timing: 10:12

Department : GENERAL

Doctor :

Registration No :

Qualification :

Height : 165cm	Weight : 62 kg	BMI : 22.81 gm	Waist Circum : 102cm
Temp : 98.2°F	Pulse : 96b/m	Resp : 18b/m	B.P : 110/70mmHg

General Examination / Allergies
History

11.9/2024

Clinical Diagnosis & Management Plan

6 months (ANC) at ulsoor

Analy scan (N)

Hb (N)

B-pue

Regular interval
Food intake

For well feet

on
Hematin
- LyTT ✓

Papsman not
done

2nd dose

7th month
(26-28)
LyTT

(Gaviscon hief 2 tsp
if needed) Run
1 lotto
x food / Empty stomach.

Follow up date:

Doctor Signature

73 bpm

-- / -- mmHg

09.03.2024 12:43:21

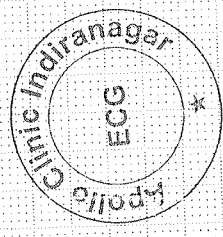
APOLLO CLINIC
INDIRANAGAR
BANGALORE

Mrs shailja
ID: 164038

17.11.1987
36 Years

Female

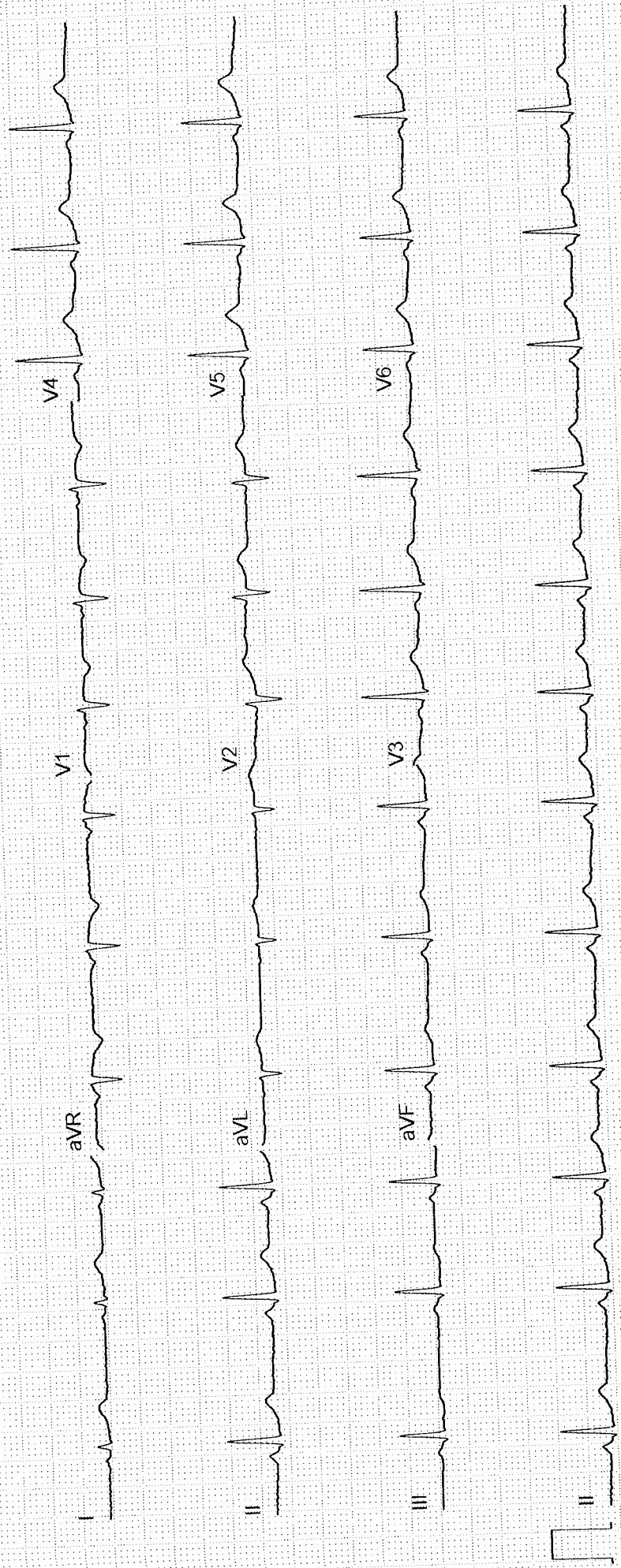
QRS : 78 ms
QT / QTcBaz : 396 / 442 ms
PR : 122 ms
P : 102 ms
RR/PP : 800 / 800 ms
P / QRS / T : 66 / 82 / 38 degrees



[Handwritten signature]

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

[Handwritten signature]
DR. M. SUDHAKAR RAO
DR. M. SUDHAKAR RAO, FACC, FESC, FSCAI
MBBS, MD, DM (Cardio), FACC, FESC, FSCAI
Consultant Cardiologist
KMC Reg No. CTG0000019KTK
Apollo Clinic



GE MAC2000 1 1

12SL™ v241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz

50 Hz

4x2.5x3_25_R1

Unconfirmed

1/1

NAME: MRS SHAILJA SHARAN	AGE/SEX: 36Y/F	OP NUMBER: 164038
Ref By : SLEF	DATE: 09-03-2024	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.5	IVS(D): 0.9	MV: E Vel: 0.9	A Vel : 0.5
LA: 3.1	LVIDD(D): 4.1	AV Peak: 0.9	
	LVPW(D): 1.0	PV peak: 0.7	
	IVS(S): 0.9		
	LVID(S): 2.4		
	LVPW(S): 1.1		
	LVEF: 65%		
	TAPSE: 2.5		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal

Pericardium:	Normal
IVC:	Normal
Others	---

IMPRESSION :

Normal cardiac chamber and valves

No Regional wall motion abnormality

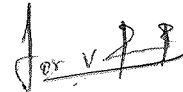
No MR/AR/TR

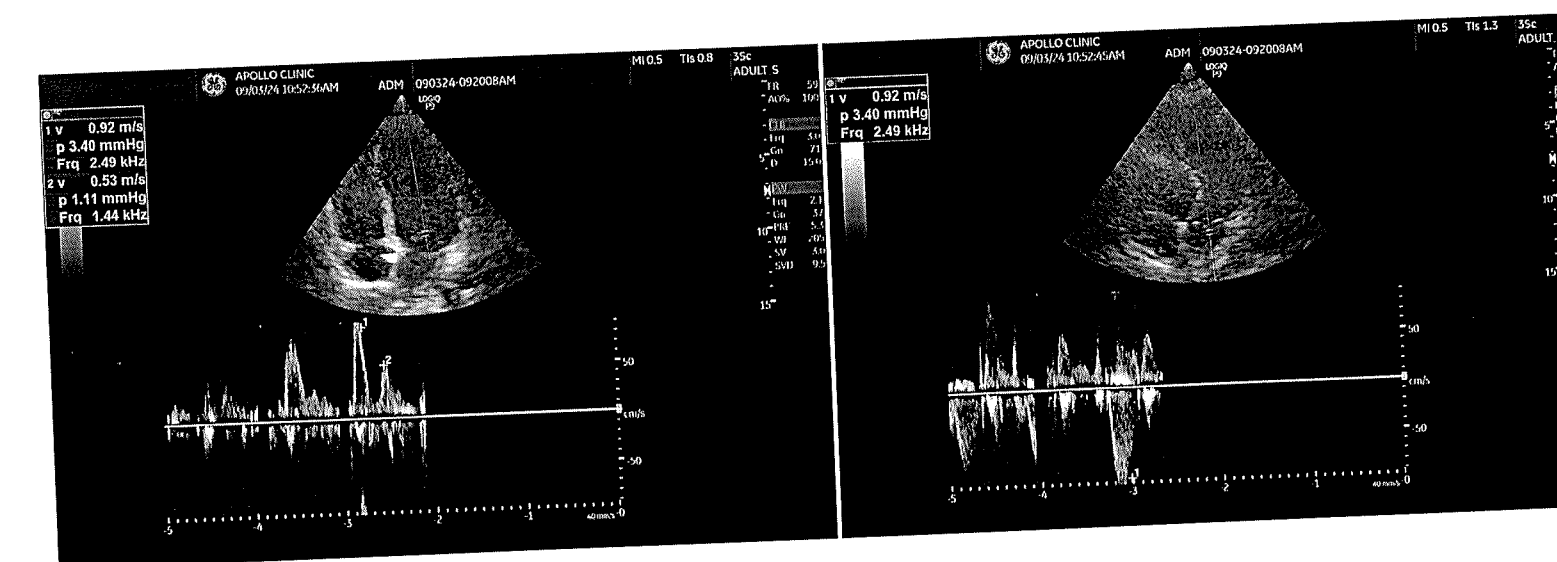
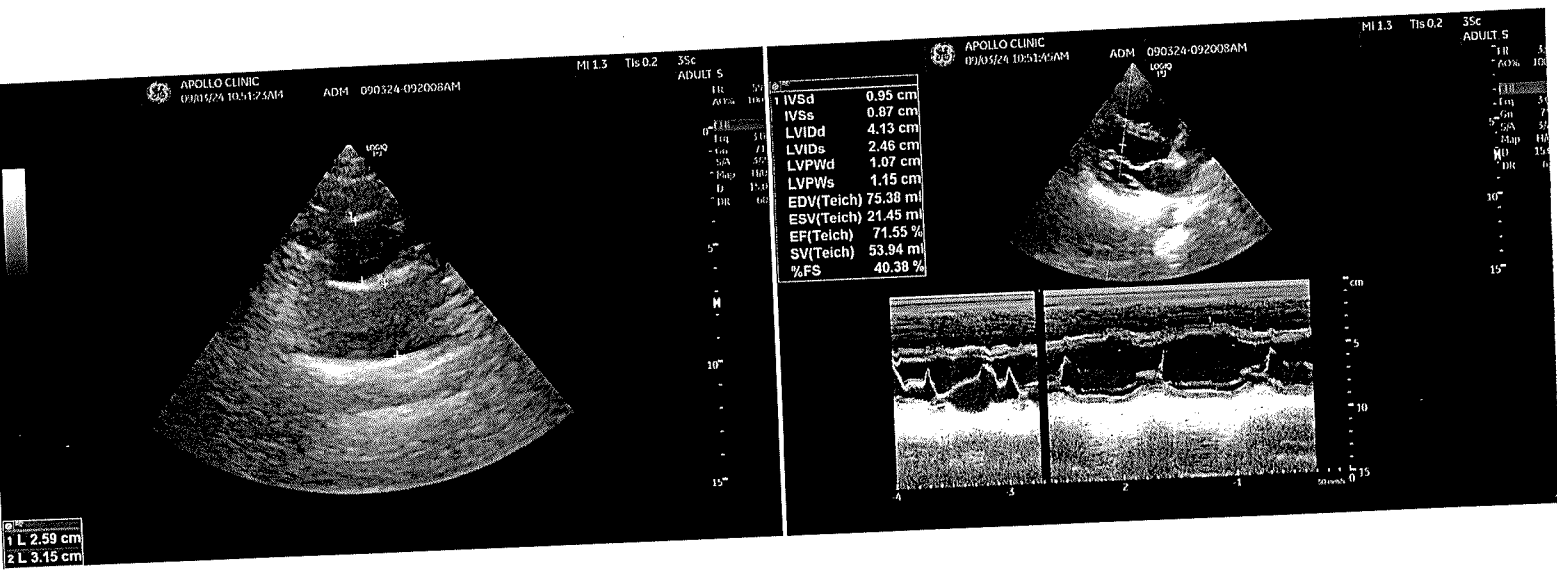
No clot/vegetation/pericardial effusion

Normal LV systolic function - LVEF= 65%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST







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	SHAILJA SHARAN
DATE OF BIRTH	17-11-1987
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-03-2024
BOOKING REFERENCE NO.	23M73516100089926S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. KUMAR ANSHU
EMPLOYEE EC NO.	73516
EMPLOYEE DESIGNATION	CREDIT HEAD
EMPLOYEE PLACE OF WORK	BENGALURU,RO BENGALURU SOUTH
EMPLOYEE BIRTHDATE	01-03-1984

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 **09-02-2024** 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.

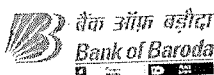
We solicit your co-operation in this regard.

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))



SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

Aadhaar No. Issued: 29/11/2011



भारत सरकार

Government of India



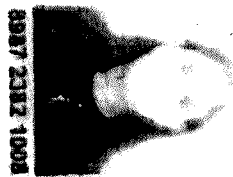
आधार



Shailija Sharan

DOB : 17/11/1987

Female



8987 2382 1008

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XML).

8987 2382 1008

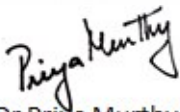
मेरा आधार, मेरी पहचान

Patient Name : Mrs.SHAILJA SHARAN	Collected : 09/Mar/2024 10:19AM
Age/Gender : 36 Y 3 M 22 D/F	Received : 09/Mar/2024 12:36PM
UHID/MR No : CINR.0000164038	Reported : 09/Mar/2024 03:03PM
Visit ID : CINROPV221500	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9717198010	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	36.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.7	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	97.2	fL	83-101	Calculated
MCH	31.9	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	15.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,990	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	75.8	%	40-80	Electrical Impedance
LYMPHOCYTES	18.1	%	20-40	Electrical Impedance
EOSINOPHILS	1.5	%	1-6	Electrical Impedance
MONOCYTES	4.5	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6056.42	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1446.19	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	119.85	Cells/cu.mm	20-500	Calculated
MONOCYTES	359.55	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.99	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	4.19		0.78- 3.53	Calculated
PLATELET COUNT	136000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	24	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				



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



SIN No:BED240063374

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

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

 1860 500 7788
www.apolloclinic.com

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DEPARTMENT OF HAEMATOLOGY

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

RBCs: are normocytic normochromic

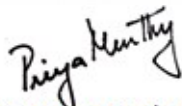
WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear decreased in number. Many macroplatelets are seen.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA WITH THROMBOCYTOPENIA.

Kindly correlate clinically.



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



SIN No:BED240063374

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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

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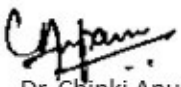
 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mrs.SHAILJA SHARAN	Collected : 09/Mar/2024 10:19AM
Age/Gender : 36 Y 3 M 22 D/F	Received : 09/Mar/2024 12:36PM
UHID/MR No : CINR.0000164038	Reported : 09/Mar/2024 06:50PM
Visit ID : CINROPV221500	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9717198010	

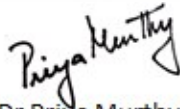
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:BED240063374

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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

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Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mrs.SHAILJA SHARAN	Collected : 09/Mar/2024 10:19AM
Age/Gender : 36 Y 3 M 22 D/F	Received : 09/Mar/2024 03:46PM
UHID/MR No : CINR.0000164038	Reported : 09/Mar/2024 06:04PM
Visit ID : CINROPV221500	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9717198010	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	80	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 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)	81	mg/dL	70-140	HEXOKINASE

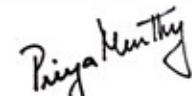
Comment:

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.5	%		HPLC


DR.SHIVARAJA SHETTY
 M.B.B.S.,M.D(Biochemistry)
 CONSULTANT BIOCHEMIST


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



SIN No:EDT240028886

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

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

Patient Name : Mrs.SHAILJA SHARAN	Collected : 09/Mar/2024 10:19AM
Age/Gender : 36 Y 3 M 22 D/F	Received : 09/Mar/2024 03:46PM
UHID/MR No : CINR.0000164038	Reported : 09/Mar/2024 06:04PM
Visit ID : CINROPV221500	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9717198010	

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ESTIMATED AVERAGE GLUCOSE (eAG)	82	mg/dL	Calculated
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Comment:

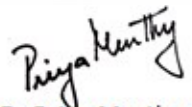
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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SIN No:EDT240028886

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Patient Name : Mrs.SHAILJA SHARAN	Collected : 09/Mar/2024 10:19AM
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	224	mg/dL	<200	CHO-POD
TRIGLYCERIDES	162	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	81	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	110.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.77		0-4.97	Calculated

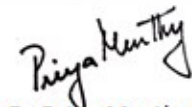
Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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.


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SIN No:SE04655968

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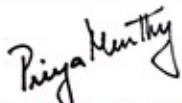
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.45	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.38	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	66.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.38	g/dL	6.6-8.3	Biuret
ALBUMIN	3.59	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		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:

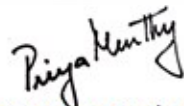
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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SIN No:SE04655968

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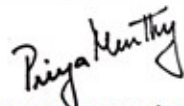
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.50	mg/dL	0.51-0.95	Jaffe's, Method
UREA	11.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.21	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.97	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.38	g/dL	6.6-8.3	Biuret
ALBUMIN	3.59	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		0.9-2.0	Calculated



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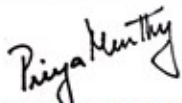
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.00	U/L	<38	IFCC



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Patient Name : Mrs.SHAILJA SHARAN	Collected : 09/Mar/2024 10:19AM
Age/Gender : 36 Y 3 M 22 D/F	Received : 09/Mar/2024 12:58PM
UHID/MR No : CINR.0000164038	Reported : 09/Mar/2024 06:53PM
Visit ID : CINROPV221500	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9717198010	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.5	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.651	µIU/mL	0.34-5.60	CLIA

Comment:

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

- 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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SIN No:SPL24042124

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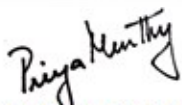
Patient Name	: Mrs.SHAILJA SHARAN	Collected	: 09/Mar/2024 10:19AM
Age/Gender	: 36 Y 3 M 22 D/F	Received	: 09/Mar/2024 12:58PM
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DEPARTMENT OF IMMUNOLOGY

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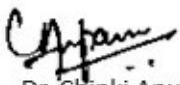
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Age/Gender : 36 Y 3 M 22 D/F	Received : 09/Mar/2024 06:21PM
UHID/MR No : CINR.0000164038	Reported : 09/Mar/2024 08:21PM
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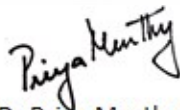
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Chinki Anupam
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



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



SIN No:UR2301580

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

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.SHAILJA SHARAN	Collected : 09/Mar/2024 10:18AM
Age/Gender : 36 Y 3 M 22 D/F	Received : 09/Mar/2024 05:09PM
UHID/MR No : CINR.0000164038	Reported : 09/Mar/2024 08:09PM
Visit ID : CINROPV221500	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9717198010	

DEPARTMENT OF CLINICAL PATHOLOGY

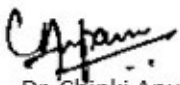
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

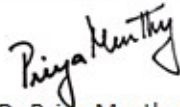
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:UF011087

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