Patient Name	: Mrs.MANISHA VERMA	Collected	: 09/Mar/2024 09:59AM
Age/Gender	: 35 Y 2 M 10 D/F	Received	: 09/Mar/2024 10:47AM
UHID/MR No	: CAOP.0000000006	Reported	: 09/Mar/2024 11:29AM
Visit ID	: CAOPOPV7	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 115445		

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DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBCs	Predominantly Normocytic Normochromic
WBCs	Show Mild Leucocytosis with neutrophilia . No abnormal cells seen
Platelets	Adequate in number, verified on smear No Hemoparasites seen in smears examned
Impression	Mild Neutrophilic Leucocytosis
Advice	Clinical correlation.

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

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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	12.1	g/dL	12-15	Spectrophotometer
PCV	38.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	**4.81**	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	**79**	fL	83-101	Calculated
MCH	**25.2**	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	**17**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	**11,300**	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	**7571**	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2825	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	339	Cells/cu.mm	20-500	Calculated
MONOCYTES	565	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.68		0.78- 3.53	Calculated
PLATELET COUNT	170000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**35**	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

.

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Patient Name	: Mrs.MANISHA VERMA	Collected	: 09/Mar/2024 09:59AM
Age/Gender	: 35 Y 2 M 10 D/F	Received	: 09/Mar/2024 10:47AM
UHID/MR No	: CAOP.0000000006	Reported	: 09/Mar/2024 11:38AM
Visit ID	: CAOPOPV7	Status	: Final Report
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	A			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination

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Patient Name	: Mrs.MANISHA VERMA	Collected	: 09/Mar/2024 02:04PM
Age/Gender	: 35 Y 2 M 10 D/F	Received	: 09/Mar/2024 03:27PM
UHID/MR No	: CAOP.0000000006	Reported	: 09/Mar/2024 04:09PM
Visit ID	: CAOPOPV7	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	**180**	mg/dL	70-100	GOD - POD

Please correlate with clinical details and other relevant investigations

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	**198**	mg/dL	70-140	GOD - POD

Please correlate clinically.

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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Patient Name	: Mrs.MANISHA VERMA	Collected	: 09/Mar/2024 09:59AM
Age/Gender	: 35 Y 2 M 10 D/F	Received	: 09/Mar/2024 03:48PM
UHID/MR No	: CAOP.0000000006	Reported	: 09/Mar/2024 08:58PM
Visit ID	: CAOPOPV7	Status	: Final Report
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Emp/Auth/TPA ID	: 115445		

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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
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	7.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	169	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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Patient Name	: Mrs.MANISHA VERMA	Collected	: 09/Mar/2024 09:59AM
Age/Gender	: 35 Y 2 M 10 D/F	Received	: 09/Mar/2024 10:51AM
UHID/MR No	: CAOP.0000000006	Reported	: 09/Mar/2024 11:05AM
Visit ID	: CAOPOPV7	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	200	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	**357**	mg/dL	<150	
HDL CHOLESTEROL	**30**	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	**170**	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	**71.4**	mg/dL	<30	Calculated
CHOL / HDL RATIO	**6.67**		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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Age/Gender	: 35 Y 2 M 10 D/F	Received	: 09/Mar/2024 10:51AM
UHID/MR No	: CAOP.0000000006	Reported	: 09/Mar/2024 11:05AM
Visit ID	: CAOPOPV7	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	**52**	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	110.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. **Hepatocellular Injury:**

• AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.

• ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI .• Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.

• AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. **Cholestatic Pattern:**

• ALP – Disproportionate increase in ALP compared with AST, ALT.

• Bilirubin may be elevated.• ALP elevation also seen in pregnancy, impacted by age and sex.

• To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. **Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels.• Correlation with PT (Prothrombin Time) helps.

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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	0.60	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	42.60	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	19.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	3.0-5.5	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated

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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*	25.00	U/L	16-73	Glycylglycine Kinetic method

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Patient Name	: Mrs.MANISHA VERMA	Collected	: 09/Mar/2024 09:59AM
Age/Gender	: 35 Y 2 M 10 D/F	Received	: 09/Mar/2024 03:42PM
UHID/MR No	: CAOP.0000000006	Reported	: 09/Mar/2024 07:50PM
Visit ID	: CAOPOPV7	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.29	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	**7.130**	µlU/mL	0.34-5.60	CLIA

Comment:

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

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

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

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

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

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

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Patient Name	: Mrs.MANISHA VERMA	Collected	: 09/Mar/2024 09:59AM
Age/Gender	: 35 Y 2 M 10 D/F	Received	: 09/Mar/2024 11:25AM
UHID/MR No	: CAOP.0000000006	Reported	: 09/Mar/2024 11:34AM
Visit ID	: CAOPOPV7	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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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	6.5		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	POSITIVE (++)		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRLICH
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-6	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Result is rechecked. Kindly correlate clinically

Dr.Shivangi Chauhan
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UR2301423

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Apollo Health and Lifestyle Limited
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Hyderabad, Telangana State 500038
Email ID: customer.care@apollodiagnostics.in
T: 040 44442424

Patient Name	: Mrs.MANISHA VERMA	Collected	: 09/Mar/2024 09:59AM
Age/Gender	: 35 Y 2 M 10 D/F	Received	: 09/Mar/2024 11:25AM
UHID/MR No	: CAOP.0000000006	Reported	: 09/Mar/2024 11:37AM
Visit ID	: CAOPOPV7	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 115445		

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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
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (++)		NEGATIVE	Dipstick

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

Please correlate clinically.

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

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